

Additional file 1 regarding manuscript

Eating disorder risks and awareness among female elite cyclists: an anonymous survey

### **The items of the anonymous survey**

1. Year of birth

2. Height in cm

3. Weight in kg

4. My personal ideal weight in kg

5. Please check a response for each of the following statements (Response options always, usually, often, sometimes, rarely, never)

*1. I am terrified about being overweight.*

*2. I avoid eating when I'm hungry.*

*3. I find myself preoccupied with food.*

*4. I have gone eating binges where I feel that I may not be able to stop.*

*5. I cut my food into small pieces.*

*6. I am aware of the calories content of foods that I eat.*

*7. I particularly avoid food with a high carbohydrate content.*

*8. I feel that others would prefer if I ate more.*

*9. I vomit after I have eaten.*

*10. I feel extremely guilty after eating.*

*11. I am occupied with a desire to be thinner.*

*12. I think about burning up calories when I exercise.*

*13. Other people think I'm too thin.*

*14. I am preoccupied with the thought of having fat on my body.*

*15. I take longer than others to eat my meals.*

*16. I avoid foods with sugar in them.*

*17. I eat diet foods.*

*18. I feel that food controls my life.*

*19. I display self-control around food.*

*20. I feel that others pressure me to eat.*

21. *I give too much time and thought to food.*
22. *I feel uncomfortable after eating sweets.*
23. *I engage in dieting behavior.*
24. *I like my stomach to be empty.*
25. *I have the impulse to vomit after meals.*
26. *I enjoy trying new rich foods.*

6. In the past 6 months have you: (Response options never, once a month or less, 2-3 times a month, once a week, 2-6 times a week, once a day or more)

1. *Gone on eating binges where you feel that you may not be able to stop?\**
2. *Ever made yourself sick (vomited) to control your weight or shape?*
3. *Ever used laxatives, diet pills or diuretics (water pills) to control your weight or shape?*
4. *Exercised more than 60 minutes a day to lose or to control your weight?*

\*Defined as eating much more than most people would under the same circumstances and feeling that eating is out of control.

7. Did you lost 20 pounds (9-10kg) or more? (Response options yes/no)

8.. Have you ever been treated for an eating disorder? (Response options yes/no)

9. The Criteria for Anorexia Athletica (Response options yes/no)

1. *Limiting intake of "bad" foods for weight loss.*
2. *Delayed puberty\**
3. *Menstrual dysfunction*
4. *Gastrointestinal complaints*
5. *Absence of medical illness or affective disorder explaining the weight reduction*
6. *Distorted body image*
7. *Dieting to improve performance*
8. *Restriction of energy intake (energy deficit after training)*
9. *Bingeing (weight loss and suddenly weight gain)*
10. *Compulsive exercise*

10. General questions (Response options yes/no)

1. *Do you think woman cycling is a risk sport for develop eating disorders?*
2. *Where you ever instigated to lose weight to improve your performance?*
4. *Do you know people with eating disorders?*
5. *If so (YES in question 4), are those female cyclists?*
6. *Did you felt uncomfortable while doing the questionnaire?*