

Additional File One: Eating Disorder Lived Experience and Healthcare Provider Participant Initial Surveys

For All Participants:

Thank you for agreeing to participate in this research. We would appreciate it if you could take the time to complete the following questionnaire about yourself and your experience with eating disorders.

What is your name (please include first name and surname)?

What is the best method to contact you regarding participation in this study? Please provide details (eg. email address, phone number) below.

Which of the following groups do you belong to (you may select more than one):

- ☐ Eating disorder lived experience
- ☐ Carer or close personal support of someone with an eating disorder
- ☐ Healthcare provider
- ☐ Christian pastoral carer (eg. clergy, church pastoral care team member, chaplain, teacher/well-being coordinator in Christian educational setting)

What is your age (in years)?

- ☐ Please enter age below: _____
- ☐ Prefer not to say

What is your gender?

- ☐ Male
- ☐ Female
- ☐ Non-binary
- ☐ Prefer not to say

What is your ethnicity?

Please be as specific as possible - for example, if you identify as Australian, please specify 'Caucasian (or European) Australian', 'Asian Australian', 'Aboriginal Australian' etc.

What is your current postcode?

What is the highest level of education that you have completed?

- ☐ Primary school
- ☐ Secondary school (to year 10)
- ☐ Secondary school (to year 12)
- ☐ Professional qualification, certificate, or diploma
- ☐ Bachelor's degree
- ☐ Graduate certificate or diploma
- ☐ Master's degree
- ☐ Doctoral degree

What is your current occupation (or most recent occupation if you have retired or are on leave)?

Please indicate how strongly you agree or disagree with the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I consider myself to be religious	☐	☐	☐	☐	☐
I consider myself to be spiritual	☐	☐	☐	☐	☐

What is your current religious affiliation/s?

- ☐ Christian (please specify denomination, if relevant): _____
- ☐ Other religion (please specify): _____
- ☐ No religion (please specify atheist (do not believe in god/s); agnostic (believe nothing can be known of whether god/s exist); spiritual but not religious; and/or other, if relevant): _____
- ☐ Other (please specify): _____

For Lived Experience Participants:

The following questions ask for some basic information about your eating disorder experience. If you are comfortable, we would appreciate your responses.

What is/was your eating disorder diagnosis? If you have been diagnosed with more than one eating disorder in the past, please select all diagnoses.

- ☐ Anorexia nervosa
- ☐ Bulimia nervosa
- ☐ Binge eating disorder
- ☐ Avoidant/Restrictive Food Intake Disorder
- ☐ Pica
- ☐ Rumination Disorder
- ☐ Other Specified Feeding and Eating Disorder (e.g., atypical anorexia nervosa)
- ☐ Other (please specify): _____

How old do you think you were when your eating disorder symptoms started?

How old were you when you were first formally diagnosed with an eating disorder?

What eating disorder treatments or supports have you accessed (please select all that apply)?

- ☐ Support from family members and/or friends
- ☐ Support from religious community and/or spiritual leader
- ☐ Guided self-help resources
- ☐ Books (please specify): _____

- ☐ Websites (please specify): _____
- ☐ General Practitioner
- ☐ Psychotherapy (e.g., psychologist, counselling) (not during a hospital admission)
- ☐ Twelve Step Groups
- ☐ Dietetics (not during a hospital admission)
- ☐ Exercise physiology (not during a hospital admission)
- ☐ Peer support groups (not during a hospital admission)
- ☐ Eating disorder support organisations (e.g., Butterfly Foundation)
- ☐ Lived experience coach, mentor, or recovery navigator
- ☐ Eating disorder day program
- ☐ Eating disorder residential program
- ☐ Mental health admission
- ☐ Medical admission
- ☐ Other (please specify): _____

Please list any eating disorder treatment that you have received in the past two years?

Please list any eating disorder treatment that you are currently receiving?

Currently, would you consider yourself to have recovered from your eating disorder/s?

- ☐ I have not recovered
- ☐ I have partially recovered
- ☐ I have fully recovered

What support structures do you have in place if you were to experience a difficult time in your recovery?

For Healthcare Provider Participants:

The following questions relate to your experience caring for people with eating disorders in your professional role.

How long have you been working with people experiencing eating disorders?

- ☐ 0-1yrs
- ☐ 2-5yrs
- ☐ 6-10yrs
- ☐ 11-15yrs
- ☐ 16-20yrs
- ☐ >20yrs

In the last 12 months, approximately how many people with eating disorders have you worked with? (If you are on leave, please answer for the most recent 12 months that you have worked).

- ☐ 0
- ☐ 1-2
- ☐ 3-5
- ☐ 6-10

- ☐ 11-20
- ☐ 21-50
- ☐ 51-100
- ☐ >100

Have you completed eating disorder specific training?

- ☐ No
- ☐ Yes - please specify below: _____

What type of treatment or support do you provide to people with eating disorders? (Please select as many as apply.)

- ☐ Medical monitoring
- ☐ Nutrition or dietetics advice
- ☐ Exercise physiology
- ☐ Psychoeducation
- ☐ Counselling
- ☐ Enhanced Cognitive Behaviour Therapy (CBT-E)
- ☐ Specialist Supportive Clinical Management (SSCM)
- ☐ Maudsley Model of Anorexia Nervosa Treatment for Adults (MANTRA)
- ☐ Family Based Therapy (FBT)
- ☐ Schema Therapy
- ☐ Psychodynamic Therapy

- ☐ Other psychotherapy (please specify): _____
- ☐ Lived experience peer support
- ☐ Nursing care
- ☐ Inpatient hospital admission (treating doctor)
- ☐ Other (please specify): _____

How often do you explore relevant spiritual or religious factors with people with eating disorders in your professional role?

- ☐ Never
- ☐ Less than half the time
- ☐ About half the time
- ☐ More than half the time
- ☐ Always