Supplementary Table 1. Full Yale Food Addiction Scale Version 2.0

This survey asks about your eating habits in the past year. People sometimes have difficulty controlling how much they eat of certain foods such as:

- Sweets like ice cream, chocolate, doughnuts, cookies, cake, candy
- Starches like white bread, rolls, pasta, and rice
- Salty snacks like chips, pretzels, and crackers
- Fatty foods like steak, bacon, hamburgers, cheeseburgers, pizza, and French fries
- Sugary drinks like soda pop, lemonade, sports drinks, and energy drinks

When the following questions ask about "CERTAIN FOODS" please think of ANY foods or beverages similar to those listed in the food or beverage groups above or ANY OTHER foods you have had difficulty with in the past year

IN THE PAST 12 MONTHS:		Never	Less than monthly	Once a month	2-3 times a month	Once a week	2-3 times a week	4-6 times a week	Every Day
1.	When I started to eat certain foods, I ate much more than planned.	0	1	2	3	4	5	6	7
2.	I continued to eat certain foods even though I was no longer hungry.	0	1	2	3	4	5	6	7
3.	I ate to the point where I felt physically ill	0	1	2	3	4	5	6	7
4.	I worried a lot about cutting down on certain types of food, but I ate them anyways.	0	1	2	3	4	5	6	7
5.	I spent a lot of time feeling sluggish or tired from overeating.	0	1	2	3	4	5	6	7
6.	I spent a lot of time eating certain foods throughout the day.	0	1	2	3	4	5	6	7
7.	When certain foods were not available, I went out of my way to get them. For example, I went to the store to get certain foods even though I had other things to eat at home.	0	1	2	3	4	5	6	7
8.	I ate certain foods so often or in such large amounts that I stopped doing other important things. These things may have been working or spending time with family or friends.	0	1	2	3	4	5	6	7
9.	I had problems with my family or friends because of how much I overate.	0	1	2	3	4	5	6	7
10.	I avoided work, school or social activities because I was afraid I would overeat there.	0	1	2	3	4	5	6	7
11.	When I cut down on or stopped eating certain foods, I felt irritable, nervous or sad.	0	1	2	3	4	5	6	7
12.	If I had physical symptoms because I hadn't eaten certain foods, I would eat those foods to feel better.	0	1	2	3	4	5	6	7
13.	If I had emotional problems because I hadn't eaten certain foods, I would eat those foods to feel better.	0	1	2	3	4	5	6	7

14. When I cut down on or stopped eating certain foods, I had physical symptoms. For example, I had headaches or fatigue.	0	1	2	3	4	5	6	7
15. When I cut down or stopped eating certain foods, I had strong cravings for them.	0	1	2	3	4	5	6	7
16. My eating behavior caused me a lot of distress.	0	1	2	3	4	5	6	7
17. I had significant problems in my life because of food and eating. These may have been problems with my daily routine, work, school, friends, family, or health.	0	1	2	3	4	5	6	7
18. I felt so bad about overeating that I didn't do other important things. These things may have been working or spending time with family or friends.	0	1	2	3	4	5	6	7
19. My overeating got in the way of me taking care of my family or doing household chores.	0	1	2	3	4	5	6	7
20. I avoided work, school or social functions because I could not eat certain foods there.	0	1	2	3	4	5	6	7
21. I avoided social situations because people wouldn't approve of how much I ate.	0	1	2	3	4	5	6	7
22. I kept eating in the same way even though my eating caused emotional problems.	0	1	2	3	4	5	6	7
23. I kept eating the same way even though my eating caused physical problems.	0	1	2	3	4	5	6	7
24. Eating the same amount of food did not give me as much enjoyment as it used to.	0	1	2	3	4	5	6	7
25. I really wanted to cut down on or stop eating certain kinds of foods, but I just couldn't.	0	1	2	3	4	5	6	7
26. I needed to eat more and more to get the feelings I wanted from eating. This included reducing negative emotions like sadness or increasing pleasure.	0	1	2	3	4	5	6	7
27. I didn't do well at work or school because I was eating too much.	0	1	2	3	4	5	6	7
28. I kept eating certain foods even though I knew it was physically dangerous. For example, I kept eating sweets even though I had diabetes. Or I kept eating fatty foods despite having heart disease.	0	1	2	3	4	5	6	7
29. I had such strong urges to eat certain foods that I couldn't think of anything else.	0	1	2	3	4	5	6	7
30. I had such intense cravings for certain foods that I felt like I had to eat them right away.	0	1	2	3	4	5	6	7
31. I tried to cut down on or not eat certain kinds of food, but I wasn't successful.	0	1	2	3	4	5	6	7
32. I tried and failed to cut down on or stop eating certain foods.	0	1	2	3	4	5	6	7

33. I was so distracted by eating that I could have been hurt (e.g., when driving a car, crossing the street, operating machinery).	0	1	2	3	4	5	6	7
34. I was so distracted by thinking about food that I could have been hurt (e.g., when driving a car, crossing the street, operating machinery).	0	1	2	3	4	5	6	7
35. My friends or family were worried about how much I overate.	0	1	2	3	4	5	6	7

Scoring:

No Food Addiction = 1 or fewer symptoms
No Food Addiction = Does not meet criteria for clinical significance
Mild Food Addiction = 2 or 3 symptoms and clinical significance
Moderate Food Addiction = 4 or 5 symptoms and clinical significance
Severe Food Addiction = 6 or more symptoms and clinical significance