



Supplemental Table 2 Characteristics of the cross-sectional studies reviewed (n 70)

Study	Country	Theoretical framework	Sample characteristics	Environmental exposure	Environmental exposure survey instrument	DWCB outcomes	DWCB survey instrument
1. Ackard <i>et al.</i> (2001) ⁽¹¹⁰⁾	USA		3575 females and 3153 males in grades 5–12 from 297 public and private schools 66.8% white, 14.7% black, 11.3% Hispanic, 7.2% other or missing	History of sexual and/or physical abuse	Commonwealth Fund Survey of the Health of Adolescent Girls and Boy	Binge and purge behaviour (ever having binged and purged, defined as eating a lot of food and then making yourself vomit or taking something that makes you have diarrhoea)	Commonwealth Fund Survey of the Health of Adolescent Girls and Boys
2. Ackard <i>et al.</i> (2002) ⁽⁹²⁾	USA		40 946 females and 40 301 males in grades 9–12 90.3% of girls and 89.3% boys were white	- Date violence and rape - Physical abuse and sexual abuse	MAHS; YRBSS	Disordered eating behaviours (use diet pills or speed, vomit on purpose after eating or use laxatives over past 12 months)	YRBS
3. Austin <i>et al.</i> (2004) ⁽⁹³⁾	USA		5430 females, age 14.4 (sd 1.5) years 3790 males, age 14.3 (sd 1.5) years 93.3% white, 1.5% Asian, 0.9% African American, 1.5% Hispanic, 0.8% Native American, 2.2% other ethnicity	- Peer influence (importance to friends that the subject be thin) - Media influence (effort to look like girls/women (asked of girls) or boys/men (asked of boys) in the media)	MRFS	Eating-disordered behaviours (vomiting or using laxatives to control weight, diet pill use and/or binge eating in the past year)	YRBS
4. Austin <i>et al.</i> (2011) ⁽⁹⁾	USA		8196 females and 8782 males in 6th–8th grade 76.7% white, 4.0% Asian, 3.8% black, 0.4% Hawaiian/Pacific Islander, 0.9% American Indian/Alaskan Native, 7.6% Latino, 1.5% multiethnic, 5.1% other	- % of students in child's school eligible for free/reduced-price lunch - % of residents in child's school census tract living at or below poverty threshold	Study survey; US census tracts	Disordered weight-control behaviours (engaging in any of the following behaviours over the past 30 d to lose or maintain weight: vomit or throw up on purpose, take laxatives, take diet pills without a doctor's permission)	Item modified from the YRBS

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5. Ayala <i>et al.</i> (2007) ⁽¹¹⁹⁾	USA		94 females, age 12-8 years 72 males, age 12-8 years (range: 9–18 years) All Mexican-born or children of Mexican parents	<ul style="list-style-type: none"> - Acculturation - Family support for healthy eating (compliment youth when they attempt to eat a healthy diet, encourage youth to eat vegetables or fruits, bring healthy foods, fruit or vegetables home) - Sociocultural attitudes towards appearance (agreement with socially sanctioned standards of appearance as portrayed in the media) 	AR SMA-II	Disordered eating (frequency of dieting during the past year; engaging in any of the following compensatory behaviours: taking ipecac, laxatives or diuretics, vomiting)	Items developed for study or instrument not specified
6. Baker <i>et al.</i> (2009) ⁽¹²⁾	Sweden	Gene–environment	246 and 238 monozygotic and 181 and 169 dizygotic female–female and male–male twin pairs, respectively, and 366 opposite-sex twin pairs. Age range at Wave III = 15–17 years	<ul style="list-style-type: none"> - Shared environmental effects - Unique environmental effects (includes measurement error) 	Items developed for study or instrument not specified	Symptoms of disordered eating <ul style="list-style-type: none"> - Bulimia (i.e. tendency towards episodes of binge eating that may be followed with the impulse to induce vomiting) 	EDI-B (Swedish version)
7. Benedikt <i>et al.</i> (1998) ⁽⁶²⁾	Australia		89 female adolescents (age 15-9 (sd 0.8) years) and their mothers Ethnicity not measured, but most suburban schools in the city studied included a mix of Caucasian and Asian-Pacific ethnic backgrounds	<ul style="list-style-type: none"> - Maternal body dissatisfaction - Maternal struggle with weight and dieting - Maternal weight-loss behaviours (frequency of using the following strategies for weight loss: fasting, skipping meals, crash dieting, diet pill use, laxative use, diuretic use, exercising and calorie counting during the previous 6 months) - Maternal dietary restraint 	DEBQ-R	<ul style="list-style-type: none"> - Daughters' weight-loss behaviours (frequency of using the following strategies for weight loss: fasting, skipping meals, crash dieting, diet pill use, laxative use, diuretic use, exercising and calorie counting during the previous 6 months) - Daughters' dietary restraint 	DEBQ-R



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8. Blodgett Salafia and Lerner (2012) ⁽¹³⁶⁾	USA		72 females and 64 males, age 13-78 (sd 0-88) years, in grades 7-9 92.6% white	Family stress (sample item: 'My parents punished me')	Adolescent Inventory	Bulimic symptoms	EDI bulimia subscale
9. Borjorquez and Unikel (2004) ⁽⁷¹⁾	Mexico		458 females, age 16-5 (sd 1-4) years, from two public high schools in a semi-urban area 77.1% lived with nuclear family, 96.5% Catholic, >50% had father employed in a low-level job, most parents had an educational level of junior high school or lower	<ul style="list-style-type: none"> - Family composition (nuclear, extended, other relatives, presence of father at home, migration status of father, other) - Parental occupation - Parental education - Religion 	Items developed for study or instrument not specified	Disordered eating (self-provoked vomiting; engaging in any of the following to lose weight: fasting, dieting, exercising, using pills, using diuretics, using laxatives, using enemas)	EDI (Spanish version, validated in Mexico); Eating Attitudes & Behavior Checklist ⁽¹⁵⁰⁾
10. Croll et al. (2002) ⁽¹⁾	USA	Social Cognitive Theory	40 640 females and 39 714 males in grades 9 and 12 87% white, 3.5 Asian, 2% black, 1.5% Hispanic, 1% American Indian, 5.5% reported 'Don't know' or provided no answer	<p>Socio-environmental factors</p> <ul style="list-style-type: none"> - Household (one or two-parent household) - Family connectedness (how frequently they felt they could talk to their parents when they had a problem, how much they felt their family: cared about them, cared about their feelings, understood them, has lots of fun together, respects their privacy) - School connectedness (perception of safety in school, school skipping, future plans regarding schooling, how many teachers were interested and respectful towards students, how much participants liked going to school) - Peer support (how much they felt their friends cared about them) 	Minnesota student survey (adapted from YRBS, Adolescent Health Survey)	Unhealthy weight-control behaviours (doing any of the following to lose or control weight over the past 12 months: fasting or skipping meals, smoking cigarettes, using diet pills or speed, vomit on purpose after eating, use laxatives)	Minnesota student survey (adapted from YRBS, Adolescent Health Survey)

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11. de Bruin <i>et al.</i> (2009) ⁽⁵³⁾	Netherlands	Achievement goal theory	94 female aesthetic performers (59 gymnasts, age 14-8 (SD 1-6) years and 35 dancers, age 15-5 (SD 0-8) years)	<ul style="list-style-type: none"> - Perceived motivational climate (perceptions of the degree to which their coaches created mastery and/or performance climates) - Weight-related pressure from coach (pressure to diet and attribution of failure to girls' weight) - Weight-related peer pressure ('girls talk regularly about dieting', 'girls judge each other on appearance', 'girls take over each other's bad eating habits', 'girls are pestered about being unattractive or being fat', 'team/classmates use unhealthy-weight control methods') 	PMCSQ	Dieting and weight-control behaviours (fasting/strict diets, self-induced vomiting, use of diuretics/diet pills, use of laxatives/suppositories over past 3 months)	BUILT-R
12. Dixon <i>et al.</i> (1996) ⁽¹³⁵⁾	New Zealand		232 females, age 14-0 (SD 0-7) years, in 8th and 9th grade in an urban New Zealand secondary school 59% European, 10% Maori, 18% Pacific Islands, 13% Asian	<ul style="list-style-type: none"> - Parental encouragement to diet - Parental dieting 	Items developed for study or instrument not specified	Dieting behaviours (exercise, drink water, skip meals, count calories, fast, smoke cigarettes, crash diet, vomit, take diet pills, take laxatives, take diuretics)	DBQ
13. Eisenberg <i>et al.</i> (2005) ⁽¹⁶⁾	USA		2337 females (1/3 in middle school and 2/3 in high school) from 31 public middle and senior high schools in ethnically and socio-economically diverse communities 45-7% white	<ul style="list-style-type: none"> - School-wide dieting norm (prevalence of girls at each school who indicated that they were 'currently trying to lose weight') - Friends' dieting 	Items developed for study or instrument not specified	<ul style="list-style-type: none"> - Unhealthy weight-control behaviours (took diet pills; self-induced vomiting; used laxatives; used diuretics; fasted; ate very little food; used food substitute (powder/special drink); skipped meals; smoked more cigarettes) - Extremely unhealthy weight-control behaviours (self-induced vomiting; took laxatives; took diuretics; smoked) 	Items developed for study or instrument not specified

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Study	Country	Theoretical framework	Sample characteristics	Environmental exposure	Environmental exposure survey instrument	DWCB outcomes	DWCB survey instrument
14. Eisenberg <i>et al.</i> (2012) ⁽¹⁰²⁾	USA		1143 females and 983 males, age 14-4 (sd 2-0) years 46.1% in 6th-8th grade; 53.9% in 9th-12th grade 18.9% white, 29.0% African American or black, 19.9% Asian American, 16.9% Hispanic, 3.7% Native American, 11.6% mixed or other	Friends' disordered eating behaviours (identified via survey linking to nominated friends. Participants recorded the ID of their three closest female friends and three closest male friends in order of closeness. Data provided by each nominated friend on his or her own survey was linked by ID number to each individual student, allowing for the creation of friends' predictors unique to each participant)	Project EAT survey	Extreme weight-control behaviours (took diet pills, self-induced vomiting, used laxatives and/or used diuretics)	Project EAT survey
15. Fonseca <i>et al.</i> (2002) ⁽¹⁰⁸⁾	USA		4625 females and 4417 males in 7th, 9th and 11th grade from public schools in Connecticut	<ul style="list-style-type: none"> - Family communication - Parental supervision and monitoring - Family connectedness - Connectedness with friends and other adults - History of sexual abuse - Maternal or paternal absence from the home - Overall perceived parental expectations 	VCYS	Extreme dieting (vomiting, taking diet pills, laxatives or diuretics to lose or keep from gaining weight)	Items developed for study or instrument not specified
16. French <i>et al.</i> (1997) ⁽¹⁴²⁾	USA		17 159 female adolescents in public schools (mean age or range not provided) 86% white, 8.3% black, 1.0% Hispanic, 1.7% American Indian, 2.9% Asian	<ul style="list-style-type: none"> - Family connectedness - Peer acceptance concerns - History of sexual abuse 	Items developed for study or instrument not specified	Purging behaviours (frequency of self-induced vomiting after eating and of using laxatives, diuretics or ipecac for losing weight)	Items developed for study or instrument not specified

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17. French <i>et al.</i> (1995) ⁽¹¹²⁾	USA		17 135 females and 16 258 males, age 15:0 (sd 1.8) years 86% white, 8% black, 1% Hispanic, 2% Native American, 3% Asian American	<p>Environmental exposure</p> <ul style="list-style-type: none"> - Family connectedness (perceptions of family and parental care, attention and understanding) - Perceptions of caring and connectedness by non-family members (e.g. at school or church) - Peer acceptance concerns (concerns with peer relationships such as treatment by friends, being liked by others, losing a best friend and one's appearance) - Family stress (occurrence of stressful events within the family over the past year) - History of sexual abuse 	<p>Environmental exposure survey instrument</p> <p>Items developed for study or instrument not specified</p>	<p>DWCB outcomes</p> <p>Purging behaviours (frequency of vomiting on purpose after eating; using any of the following to lose weight: laxatives, ipecac, diuretics not just for your period)</p>	<p>DWCB survey instrument</p> <p>Items developed for study or instrument not specified</p>
18. Fulkerson <i>et al.</i> (2002) ⁽¹⁵⁾	USA		429 females and 381 males, age 14-6 (sd 1.7) years, and their female caregivers 39.4% were in middle school; 60.6% in high school 31% white, 25% black, 17% Asian, 14% Hispanic, 10% Native American, 3% other, 3% mixed	<p>Environmental exposure</p> <ul style="list-style-type: none"> - Mothers' weight and weight-related behaviours (mothers' report of their frequency of dieting and satisfaction with current body weight) - Mothers' perceptions of adolescents and encouragement to diet (maternal report) 	<p>Environmental exposure survey instrument</p> <p>Project EAT survey</p>	<p>DWCB outcomes</p> <ul style="list-style-type: none"> - Summary score of less extreme unhealthy weight-control behaviours (fasting, eating little food, food substitutes (i.e. liquid meals), skipping meals and smoking cigarettes over the past year) - Summary score of more extreme unhealthy weight-control behaviours (taking diet pills, laxatives, diuretics or vomiting over past year) 	<p>DWCB survey instrument</p> <p>Project EAT survey</p>

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Study	Country	Theoretical framework	Sample characteristics	Environmental exposure	Environmental exposure survey instrument	DWCB outcomes	DWCB survey instrument
19. Fulkerson <i>et al.</i> (2006) ⁽⁶³⁾	USA		49 620 females and 49 138 males in grades 6–12 from public and alternative schools in 213 cities and 25 states 60% were in grades 9–12; 40% in grades 6–8 86% Caucasian, 5% multiracial, 4% Latino, 2% Asian-Pacific Islander, >2% each for African American or American Indian	<ul style="list-style-type: none"> - Family meal frequency (number of times per week that all people in the family who live together eat dinner together) - Family support - Family communication - Parent involvement in schooling - Family modelling - Adult role models - Positive peer influence - High expectations (parents and teachers) 	Profiles of Student Life: Attitudes and Behaviours Survey	Binge/purge behaviours (frequency of binge eating and then throwing up or using laxatives)	Profiles of Student Life: Attitudes and Behaviours Survey
20. Fulkerson <i>et al.</i> (2007) ⁽⁶⁴⁾	USA	Social Cognitive Theory	684 females and 667 males in 7th–12th grades from 31 schools in the upper mid-western USA All at risk for overweight or overweight (BMI \geq 85th percentile)	<ul style="list-style-type: none"> - Family connectedness - Family mealtime environment (priority of family meals and atmosphere of family meals) - Family commentary on weight (teasing) - Parental encouragement to diet 	Project EAT survey	Unhealthy weight-control behaviours (fasted, ate very little, used food substitutes, skipped meals, smoked more cigarettes, gone on a diet, self-induced vomiting, took diet pills, used laxatives, used diuretics)	Project EAT survey
21. Gerner and Wilson (2005) ⁽¹⁴⁰⁾	Australia		131 females, age 15.3 (sd 0.6) years, from 1 Catholic and 1 independent girls' school	<ul style="list-style-type: none"> - Peer acceptance - Perceived social support - Friendship intimacy - Perceived impact of thinness on friendships 	PSS-FR; IFS; PITO	Restrained eating (range of dieting behaviours)	DEBQ-R
22. Goodwin <i>et al.</i> (2011) ⁽¹⁰⁹⁾	UK		457 females and 371 males, age 14.1 (sd 0.7) years 98.6% British adolescents	<ul style="list-style-type: none"> - Perceived pressure to be thin from family, friends and peers - Perceived encouragement from mother, father and best friend to lose weight and/or to become more muscular 	PSPS; mSCIQ ⁽¹⁴⁶⁾	<ul style="list-style-type: none"> - Compulsive exercising - Disordered eating 	CET ⁽¹⁵¹⁾

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23. Griffiths and McCabe (2000) ⁽⁷²⁾	Australia		111 females, age 12-5 (SD 0-6) years 3 private girls' schools and 1 public girls' school	Perceived views of society, parents and peers (specifically boyfriend and girlfriend) regarding weight	Dissatisfaction Subscale EDI-2	Disordered eating (bulimic eating behaviours, food restriction behaviours)	E&MIII
24. Grigg <i>et al.</i> (1996) ⁽¹⁴⁾	Australia		869 females, age 14-17 years	<ul style="list-style-type: none"> - Social influences - Family dieting - Acceptance of thin female stereotypes promoted by media - Approval of current body weight by family, peers and others 	Items developed for study or instrument not specified	<ul style="list-style-type: none"> - Extreme dieting methods (crash dieting, fasting, slimming tablets, diuretics, laxatives and/or cigarettes to lose weight) - Disordered eating (engaging in one or more of the following in the past month: binge eating 3+ times, vomiting after a meal for weight control, trying to lose weight when already very underweight) - Unhealthy dieting (engaging in one or more of the following methods to control weight over the past month: inappropriately cutting out foods (dairy, meat and/or cereal products) and not compensating with a balanced diet, skipping meals, using inappropriate or 'fad' diets, crash dieting, fasting, using diet aids, slimming tablets, laxatives, diuretics or cigarettes to lose weight) 	Items developed for study or instrument not specified

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25. Hanna and Bond (2006) ⁽⁷³⁾	Australia		196 females from 3 private secondary schools; 119 female university students (age range of 14–28 years for all subjects, mean age for secondary students not provided) Secondary students and university students analysed separately; only secondary student analysis and results considered for current review	<ul style="list-style-type: none"> - Family conflict (amount of openly expressed anger, aggression, conflict within the family environment) - Verbal messages regarding weight and shape (perceived frequency of negative verbal messages regarding weight and shape from mothers) 	FES	Disturbed eating behaviours bulimia subscale (frequency of disturbed eating behaviours such as eating in secrecy)	EDI-2
26. Harrison (2000) ⁽⁷⁴⁾	USA		366 youth in grades 6, 9 and 12 (49.7% female) 81.8% European-American, 9.2% African-American and 7.0% Asian-American	<ul style="list-style-type: none"> - Media exposure (overall TV viewing per week, thin-ideal TV exposure, fat-character TV exposure) - Magazine exposure (thin-ideal magazines, sports magazines) - Selective exposure based on interest (selective exposure to specific types of media content based on interest in that content, such as fitness, dieting and sports) 	Items developed for study or instrument not specified	Bulimic symptomatology (episodes of binge eating and purging)	EDI-B
27. Harrison (2001) ⁽⁷⁵⁾	USA	Self-discrepancy theory	366 youth in grades 6, 9 and 12 (49.7% female) 81.8% European-American, 9.2% African-American and 7.0% Asian-American	<ul style="list-style-type: none"> - Media exposure (overall TV viewing, thin-ideal TV exposure, frequency of viewing of specific TV programmes and genres) - Magazine exposure (number of magazines read per month, thin-ideal and/or sports magazine exposure) 	Items developed for study or instrument not specified	Bulimic symptomatology (episodes of binge eating and purging)	EDI-B

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28. Hautala <i>et al.</i> (2008) ⁽¹⁰⁷⁾	Finland		561 females; 8th grade 475 males; 8th grade (age 14–15 years)	Social factors (teasing, loneliness and communication with parents)	Items developed for study or instrument not specified	Eating disorder symptoms (intentional vomiting, loss of control over eating)	SCOFF
29. Hill and Franklin (1998) ⁽⁶³⁾	UK		Two groups of 20 females (age 11 years) and their mothers (one group was characterized as low dietary restraint and the other as high dietary restraint)	Family functioning (perceived family cohesion, organization, moral-religious emphasis, maternal influences on weight and dieting concerns)	Items developed for study or instrument not specified	Dietary restraint	Items developed for study or instrument not specified
30. Hodson <i>et al.</i> (2006) ⁽¹¹³⁾	USA	Ecodevelopmental perspective	361 Latina females, age 17-2 (sd 1-4) years 70% born in the USA, 21% born in Mexico, 5% born elsewhere, 4% did not report their place of birth	- Child abuse and neglect (emotional, physical or sexual abuse, emotional or physical neglect) - Parental alcohol problems - Family disconnection - Cultural pride	CTC; CAST-6; MEIM	Bulimic behaviours (frequency of purging activities: making oneself vomit, taking laxatives, taking water pills, chewing food but spitting it out)	Items developed for study or instrument not specified
31. Kalliala-Heino <i>et al.</i> (1999) ⁽¹¹⁷⁾	Finland		4453 females and 4334 males, age 14–16 years	Peer relationships (whether or not the respondent had close friends with whom to discuss confidential issues, whether the respondent had been bullied at school during the ongoing term, perception of atmosphere among his/her classmates)	Items developed for study or instrument not specified	Binge-eating behaviour (vomiting, strict dieting, fasting, engaging in heavy exercise or abusing laxatives/diuretics in order to avoid gaining weight)	Items developed for study or instrument not specified
32. Kaluski <i>et al.</i> (2008) ⁽¹²⁰⁾	Israel		2978 females, age 14-7 (sd 1-6) years 50-2% from higher-SES schools and 49-8% from lower-SES schools 72% of students were Jewish, 15-8% Moslem, 7% Christians, 6-3% Druze, 1% other	School SES (high, low)	Study survey	Disordered eating (made oneself vomit when one had a feeling of fullness/satiety and/or reduced more than 3 kg in weight over a 3-month period)	SCOFF adapted

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33. Keel <i>et al.</i> (1997) ⁽¹³⁾	USA		51 mother–father–daughter triads 51 females, age 14-8 (SD 1.8) years (range: 12–18 years) Participants were from a predominantly Caucasian, middle-class suburb	<ul style="list-style-type: none"> - Parental weight concerns and dissatisfaction - Parental comments on daughters' weight status - Frequency and stringency of dieting of other family members (reported by mothers, fathers and female adolescents) 	Items developed for study or instrument not specified	Disordered eating behaviours (presence and frequency of abnormal eating and purging behaviours, including binge eating, vomiting, use of diuretics, laxatives, fasting and compulsive exercise)	Items developed for study or instrument not specified
34. Keery <i>et al.</i> (2006) ⁽⁶⁴⁾	USA	Social Cognitive Theory	429 females and 381 males (age 14-6 years) and their female caregivers 39.4% of youth were in middle school; 61.6% in high school 34.1% white, 27.8% black, 9.8% Asian, 15.3% Hispanic, 10.9% Native American, 2.1% other/mixed	<ul style="list-style-type: none"> - Adolescent report of maternal dieting - Maternal report of dieting 	Project EAT survey	Unhealthy weight control behaviours (doing any of the following things in order to lose weight or keep from gaining weight during the past year: fasted, ate very little food, took diet pills, made myself vomit, used laxatives, used diuretics, used food substitute, skipped meals, smoked more cigarettes)	Project EAT survey
35. Keery <i>et al.</i> (2005) ⁽⁷⁶⁾	USA		372 females, age 12-6 (SD 0.9) years 85% Caucasian, 5% Hispanic, 2% African-American, 2% Native American, 1% Asian, 4% other	<ul style="list-style-type: none"> - Appearance-related teasing from parents - Appearance-related teasing from siblings - Internalization of sociocultural ideals 	Perception of Teasing Scale – Weight Teasing Frequency subscale; SATAQ	Bulimic behaviours (frequency of self-induced vomiting)	EDI-B
36. Klump <i>et al.</i> (2000) ⁽⁵⁴⁾	USA	Gene–environment	602 females (301 twin pairs), age 17-5 (SD 0.5) years	<ul style="list-style-type: none"> - Shared environmental influence (suggested if the monozygotic and dizygotic twin correlations are both statistically significant and similar in size) - Non-shared environmental influence (suggested if both the monozygotic and dizygotic twin correlations are small) 	Items developed for study or instrument not specified	Compensatory behaviours (completely stop eating for more than a day to control weight, vomit to control weight, take diet pills, laxatives or medicine (i.e. diuretics) to control weight)	M-EDI

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37. Klump <i>et al.</i> (2002) ⁽⁶⁵⁾	USA	Gene-environment	512 females (166 monozygotic and 90 dizygotic twin pairs), age 17-5 (sd 0-5) years	<ul style="list-style-type: none"> - Shared environmental influence (environmental influences that are shared by reared-together twins and are thus a source of their behavioural similarity) - Non-shared environmental influence (environmental influences that are not shared by reared-together twins and are thus a source of their behavioural dissimilarity) 	Items developed for study or instrument not specified	Compensatory eating behaviours (use of compensatory behaviours such as self-induced vomiting, laxatives, diuretics, diet pills and exercise)	M-EDI
38. Lee and Lee (1996) ⁽⁶⁵⁾	China		294 females, age 15-9 (sd 1-5) years	<ul style="list-style-type: none"> - Family cohesion - Family conflict 	FES	Disordered eating (included behaviours such as vomiting after eating and/or avoiding eating when hungry); score of 20 or higher on the EAT-26 was considered 'eating disordered'	EAT-26
39. Levine <i>et al.</i> (1994) ⁽¹⁰⁵⁾	USA		385 females, age 13-2 (sd 0-9) years 99% Caucasian, majority from working- or middle-class families	<ul style="list-style-type: none"> - Media influences (frequency of reading certain magazines; importance of magazine articles or advertisements in influencing idea of perfect body and how to obtain it; interest in emulating models in the media) - Parental influences (parental attitudes and behaviours with regard to weight and shape; perception of mother's investment in thinness) - Weight-related family teasing and criticism - Peer influences (perception of level of influence of female friends' interest in dieting, weight and shape) 	Items developed for study or instrument not specified	Disturbed eating (frequency of a range of behaviours associated with anorexia and bulimia)	ChEAT



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40. Libbey <i>et al.</i> (2008) ⁽⁶⁵⁾	USA		84 females and 46 males, age 15-2 years (range: 12-20 years) 58.4% white, 13.6% black, 0.8% Hispanic, 2.4% Asian, 7.2% American Indian, 3.2% other, 14.4% mixed 38% overweight and 62% obese	Weight-related teasing (frequency of teasing, number of sources of teasing (no teasing = 0, teasing by peers or family = 1, teasing by peers and family = 2), extent to which teasing bothered youth)	Project EAT survey	Unhealthy weight-control behaviours (fasting, skipping meals, taking laxatives, diuretics, diet pills or vomiting)	Project EAT survey
41. Lieberman <i>et al.</i> (2001) ⁽¹⁴¹⁾	Canada		876 females, age 14-1 (sd 1.2) years 4 English-language private schools; sample originates from a middle-upper SES group from a large urban area	- Social reinforcement and peer modelling of eating behaviours - Self-reported teasing on weight, body shape and appearance - Peer-reported teasing	POTS; RCP	Disordered/problematic eating behaviours (frequency of a range of behaviours on the Dieting and Bulimia/Food Preoccupation Subscales)	ChEAT
42. Maharaj <i>et al.</i> (1998) ⁽⁶⁹⁾	Canada		113 females with insulin-dependent diabetes mellitus (age 15-2 (sd 2.2) years) and their mothers	- Quality of the overall family climate - Parent and peer relations - Quality of adolescents' relations with mothers, fathers and peers	FES; IPPA; MFP	Behavioural disturbance (presence and frequency of binge eating, self-induced vomiting, laxative/diuretic use, insulin omission to promote weight loss or complete avoidance of food consumption)	DSED
43. Maharaj <i>et al.</i> (2001) ⁽⁶¹⁾	Canada		88 females with diabetes mellitus (age 14-9 (sd 2.2) years) and their mothers	- Quality of mother-daughter interactions (videotaped observations of mother-daughter interactions during both problem-solving tasks) - Mothers' facilitation of autonomy - Mother-daughter intimacy	AIRS	Inappropriate eating/weight-loss behaviours (laxative/diuretic use, self-induced vomiting, insulin underdosing, food avoidance, binge eating)	DSED-M

Supplemental Table 2 Continued

Study	Country	Theoretical framework	Sample characteristics	Environmental exposure	Environmental exposure survey instrument	DWCB outcomes	DWCB survey instrument
44. Maharaj <i>et al.</i> (2003) ⁽⁶⁰⁾	Canada		88 females with diabetes mellitus (age 15-0 (sd 2.2) years) and their mothers 85% white, 4% black, 2% Asian, 1% Indian and 8% other	Environmental exposure - Maternal weight and shape concerns (engagement in one or more of the following disordered eating and/or weight-control behaviours: food avoidance for weight control, binge eating, self-induced vomiting, laxative/diuretic use, dieting, exercise for weight control purposes and current weight dissatisfaction) - Mother-daughter relationships (communication, trust, and alienation) - Mother's promotion of autonomy	DSED-M; IPPA; AIRS	Inappropriate eating/weight-loss behaviours (laxative/diuretic use for weight control, food avoidance for weight loss, self-induced vomiting, intentional insulin underdosing or omission for weight loss, binge eating)	DSED-M
45. Mensinger <i>et al.</i> (2007) ⁽⁶⁶⁾	USA	Feminist theory of conflicting gender roles	866 females, age 16 years (range: 13-20 years) 11 private schools; 4 single sex and 7 co-educational 76% white, 6.5% black, 6% Asian/Pacific Islander, 5.5% Latina, 6% biracial or other; predominantly middle- and upper middle-class	Perception of gender role prescriptions (appearance, androgynous gender role norms, dating concerns)	SGSS; SWS	Disordered eating (attitudes and behaviours, including vomiting)	EAT-26
46. Neumark-Sztainer <i>et al.</i> (1996) ⁽⁴⁹⁾	USA		152 females and 152 males with diabetes mellitus (index group); 409 females and 441 males without a chronic illness (comparison group) Age 14-9 (sd 1.8) years, range: 12-18 years 82% white, 10% African-American, 1% Hispanic, 3% Native Indian, 4% Asian	- History of sexual abuse - Family connectedness	Items developed for study or instrument not specified	Disordered eating behaviours (frequency of vomiting on purpose after eating; using any of the following to lose weight: laxative, ipecac and diuretics (water pills) not just for one's periods)	Items developed for study or instrument not specified



Supplemental Table 2 Continued

Study	Country	Theoretical framework	Sample characteristics	Environmental exposure	Environmental exposure survey instrument	DWCB outcomes	DWCB survey instrument
47. Neumark-Sztainer <i>et al.</i> (1996) ⁽¹³³⁾	USA	Specific model tested	341 females, age 15-3 (SD 0-4) years 3 comprehensive high schools in Jerusalem serving middle- and lower middle-class sectors of the non-religious Jewish population	Socio-environmental variables: - Weight of mother as perceived by daughter - Weight concerns of mother as perceived by daughters - Number of close friends - Frequency of discussions about dieting with friends - Pressure from family and peers towards thinness	Items developed for study or instrument not specified	Weight-loss methods (checklist of 14 healthy weight-loss methods (i.e. exercise), unhealthy weight-loss methods (i.e. powdered drinks) and dangerous weight-loss methods (i.e. vomiting) used in the past)	Items developed for study or instrument not specified
48. Neumark-Sztainer <i>et al.</i> (1998) ⁽¹¹⁴⁾	USA		4860 females and 4483 males in grades 7, 9 and 11 in public schools 10-9% reported having a chronic illness	- History of sexual abuse - History of physical abuse - Family communication - Parental caring - Parental monitoring (perceived level of autonomy in decision making regarding curfew, friends, clothes, amount of TV watched) - Family structure (two-parent v. other) - Parental expectations - Peer support (perceived level of communication and caring from peers)	VCYS	Disordered eating behaviours (self-induced vomiting, taking laxatives or taking diuretics)	VCYS
49. Neumark-Sztainer <i>et al.</i> (2000) ⁽¹¹⁵⁾	USA		4753 females and 4259 males in grades 7, 9 and 11	- Sexual abuse - Physical abuse - Family communication - Parental caring - Parental monitoring (perceived level of autonomy in decision making regarding curfew, friends, clothes, amount of TV watched) - Family structure (two-parent v. other) - Parental expectation (low, moderate, high) - Peer support (perceived level of communication and caring from peers)	VCYS	Disordered eating behaviours (vomited, taken diet pills, laxatives or diuretics over past week to lose weight or keep from gaining weight)	VCYS

Supplemental Table 2 Continued

Study	Country	Theoretical framework	Sample characteristics	Environmental exposure	Environmental exposure survey instrument	DWCB outcomes	DWCB survey instrument
50. Neumark-Sztainer <i>et al.</i> (2002) ⁽⁶⁶⁾	USA	Social Cognitive Theory	4746 adolescents, age 14-9 (sd 1.7) years 49.8% females; 50.2% males 48.5% Caucasian, 19.0% African-American, 19.2% Asian-American, 5.8% Hispanic, 3.5% Native American, 3.9% mixed/other	<ul style="list-style-type: none"> - Frequency of weight-teasing - Weight-teasing by peers - Weight-teasing by family members 	Project EAT survey	Unhealthy weight-control behaviours (fasted, ate very little, took diet pills, self-induced vomiting, used laxatives, used diuretics, used food substitutes, skipped meals, smoked more cigarettes)	Project EAT survey
51. Neumark-Sztainer <i>et al.</i> (2003) ⁽⁶¹⁾	USA	Specific theoretical model tested using structural equation modelling	4746 adolescents, age 14-9 (sd 1.7) years 49.8% girls, 50.2% boys 48.5% Caucasian, 19.0% African-American, 19.2% Asian-American, 5.8% Hispanic, 3.5% Native American, 3.9% mixed/other 31 public middle and high schools from urban and suburban school districts	<ul style="list-style-type: none"> - Family weight-related social norms and teasing behaviours - Peer weight-related social norms and teasing behaviours - Family connectedness 	Project EAT survey	<ul style="list-style-type: none"> - Unhealthy weight-control behaviours (fasted, ate very little, used food substitutes, skipped meals, smoked more cigarettes, gone on a diet, self-induced vomiting, took diet pills, used laxatives, used diuretics) - Chronic dieting 	Project EAT survey
52. Neumark-Sztainer <i>et al.</i> (2004) ⁽⁶⁷⁾	USA	Social Cognitive Theory	4746 adolescents, age 14-9 (sd 1.7) years 49.8% females, 50.2% males 31 public middle and high schools from urban and suburban school districts	<ul style="list-style-type: none"> - Family meal patterns (frequency of family meals, priority of family meals, atmosphere at family meals, structure/rules at family meals) - Family connectedness - Weight-related pressure within the home (maternal and paternal encouragement to diet) 	Project EAT survey	<ul style="list-style-type: none"> - Less extreme unhealthy weight-control behaviours (fasted, ate very little, used food substitutes, skipped meals, smoked more cigarettes) - Extreme weight-control behaviours (self-induced vomiting, took diet pills, used laxatives, used diuretics) - Chronic dieting 	Project EAT survey

Supplemental Table 2 Continued

Study	Country	Theoretical framework	Sample characteristics	Environmental exposure	Environmental exposure survey instrument	DWCB outcomes	DWCB survey instrument
53. Neumark-Sztainer <i>et al.</i> (2010) ⁽⁹⁰⁾	USA	Social Cognitive Theory	356 females, age 15-8 (sd 1.2) years 18.0% were overweight and 28.2% were obese 28.4% black, 24.4% white, 14.3% Hispanic, 23.0% Asian, 2.5% Native American, 7.3% mixed/other	<ul style="list-style-type: none"> - Home/family weight-related environment: - Parents' weight talk (encouraging their children to diet) - Parent dieting - Family weight-teasing 	Project EAT survey	<ul style="list-style-type: none"> - Unhealthy weight-control behaviours (fasted, ate very little, used food substitutes, skipped meals, smoked more cigarettes, gone on a diet, self-induced vomiting, took diet pills, used laxatives, used diuretics) - Extreme weight-control behaviours (self-induced vomiting, took diet pills, used laxatives, used diuretics) 	Project EAT survey
54. Paxton <i>et al.</i> (1999) ⁽¹⁰⁶⁾	Australia		523 females in grade 10, age 15.5 (sd 0.4) years 2 private girls', 1 Catholic girls', 1 girls' state, and 2 co-educational state (one rural) schools	<ul style="list-style-type: none"> - Friendship network (friendship clique membership and friendship-group cohesion) - Friend relations and perceived attitudes (friends' weight-related attitudes and behaviours, friends' concern with thinness and dieting, frequency with which friends talk about dieting, friends' engagement in weight-loss behaviours, peer pressures to be thin and to diet) - Family pressure (general feelings of support, happiness and acceptance from one's family) - Media pressure (perceived pressure from the media to be thin) 	<ul style="list-style-type: none"> - Friendship support scale⁽¹⁴⁷⁾; Friends as Source of Influence scale (modified from the Magazines as a Source of Influence scale⁽¹⁴⁸⁾; Family Support scale 	<ul style="list-style-type: none"> - Extreme weight-loss behaviours (frequency of use of six weight-loss strategies: fasting, crash dieting, vomiting, use of laxatives, appetite suppressants and diuretics) 	EWLB checklist ⁽¹⁵²⁾

Supplemental Table 2 Continued

Study	Country	Theoretical framework	Sample characteristics	Environmental exposure	Environmental exposure survey instrument	DWCB outcomes	DWCB survey instrument
55. Peterson <i>et al.</i> (2007) ⁽⁷⁸⁾	USA		191 females and 142 males in grades 10–12, age 16:3 years (range: 15–19 years) 94% Caucasian, with African American students comprising the largest minority (3%)	Pressures from mothers, peers and the media (perceived pressures to change appearance, look perfect, lose weight, look attractive, be thin, diet and exercise)	SATAQ	Bulimia symptomatology (episodes of binge eating and purging)	EDI-B
56. Perkins and Luster (1999) ⁽¹¹⁶⁾	USA		7903 females, age 14-5 (SD 1.6) years 73% European American; 27% African American	- History of sexual abuse and/or physical abuse - Religiosity (importance of religion and attendance of religious events) - Family support, parent-adolescent communication and extra-familial influence (i.e. other adult support)	ABQ	Bulimic behaviour (frequency of purging on purpose after eating)	ABQ
57. Pike (1995) ⁽⁶⁹⁾	USA	Cumulative Risk Model	410 females in grades 9–12, age 16 (SD 1.2) years 1 public school and 2 private schools	Level 1 variables: - Family cohesion and adaptability Level 2 variables: - Concern with overweight and dieting in family system and friendship networks - Anorexia and bulimia within social systems (no. of friends or family that have been diagnosed or are currently diagnosed with anorexia nervosa or bulimia nervosa) - Social pressure to diet - Friendship network	FACES-III; Friendship Questionnaire	Bulimic symptomatology (purging and compensatory behaviours characteristic of bulimia)	BUILT

Supplemental Table 2 Continued

Study	Country	Theoretical framework	Sample characteristics	Environmental exposure	Environmental exposure survey instrument	DWCB outcomes	DWCB survey instrument
58. Rodgers <i>et al.</i> (2009) ⁽⁷⁹⁾	France		380 females, age 16-0 (sd 0-9) years 221 males, age 16-1 (sd 0-9) years 79% French, 4% North African, 4% African, 2-5% Italian, 2-5% Asian, 3% Hispanic, 2% from other European countries, 3% from other different nationalities	<ul style="list-style-type: none"> - Parental comments regarding body shape and eating - Parental pressure (youth's perception of weight is to both of their parents) - Parental modelling 	MCS; PCS; PIS; MIS	Frequency of disturbed eating behaviours	EDI-BU
59. Sanderson <i>et al.</i> (2008) ⁽⁸⁰⁾	USA, UK		198 females from USA, age 16-6 (sd 1-6) years 2 private, all-girls secondary schools 74 females from UK, age 16-6 (sd 1-1) years 1 private, all-girls secondary school	<ul style="list-style-type: none"> - Social norms related to thinness (perception of ideal body size, perception of body size of typical girl at school, perceptions of the reasons that the average girl in their school exercises) - Culture 	Items developed for study or instrument not specified	Symptoms of anorexia and bulimia (drive for thinness and bulimia subscales)	EDI
60. Schuitz and Paxton (2007) ⁽⁸¹⁾	Australia		324 10th grade females, age 15-9 (sd 0-5) years 1 private girls school, 1 public girls school, 4 public co-educational schools	<ul style="list-style-type: none"> - Friendship qualities (communication, trust, peer acceptance, alienation, conflict) - Perceived friend concern with weight (frequency of talk about weight and shape and actual dieting behaviour among friends) 	IPPA; PFCW	Disordered eating: - Dietary restraint (frequency of deliberate, planned weight-control behaviours) - Use of extreme weight-loss behaviours (fasting, crash dieting, skipping meals, vomiting, use of laxatives and diuretics) - Bulimic symptoms (tendency towards binge eating and compensatory behaviours)	DEBQ-R; EWLB; EDI-B
61. Shisslak <i>et al.</i> (1998) ⁽¹⁴³⁾	USA		523 females in grades 4-8, age range 9-15 years 48% white, 26% Hispanic, 17% Asian American, 5% African American, 2% Native American, 2% other	<ul style="list-style-type: none"> - Sensitivity to weight-related peer pressures (peer pressures for thinness and effects of weight-related teasing from peers) - Mother's pressure for thinness - Father's pressure for thinness - Social support 	MRFS	Frequency of weight-control behaviours (eating less, use of diet pills, exercise, use of laxatives, skipping meals, starving oneself (for a day or more), eating less fats/sweets and self-induced vomiting)	MRFS

Supplemental Table 2 Continued

Study	Country	Theoretical framework	Sample characteristics	Environmental exposure	Environmental exposure survey instrument	DWCB outcomes	DWCB survey instrument
62. Story <i>et al.</i> (1997) ⁽¹⁰⁴⁾	USA		6250 females and 5789 males in grades 7–12 All identified as Native American or Alaskan Native. 46% lived in two-parent homes, 37% lived with single parents, 10% lived in households headed by other relatives, 7% lived in settings headed by non-relatives	<p>Environmental exposure variables:</p> <ul style="list-style-type: none"> - Family connectedness of family and parental care, attention and understanding) - Connectedness to non-family members (perceptions of caring and connectedness at school or church) - Peer acceptance concerns (concerns with peer relationships such as treatment by friends, being liked by others, losing a best friend, and one's appearance) - History of sexual abuse - History of physical abuse 	Indian Adolescent Health Survey	Purging behaviours (frequency of vomiting on purpose after eating and using any of the following to lose weight: laxatives, ipecac, diuretics (water pills) not just for your period)	Items developed for study or instrument not specified
63. Thomas <i>et al.</i> (2005) ⁽⁵²⁾	USA		239 females, age 15 (SD 1.5) years All were ballet students from 5 geographically disparate summer programmes 86% white, 5% black, 5% Asian, 2% Hispanic, 2% American Indian/Alaskan Native	<p>Ballet school type (ballet school attended during the academic year as affiliated with a national professional ballet company, a regional professional ballet company, or not affiliated with a performing troupe)</p>	Items developed for study or instrument not specified	Eating disorder symptoms (behaviours such as dieting, fasting, binge eating, self-induced vomiting, laxative use or exercise outside ballet class)	Items developed for study or instrument not specified
64. Thomsen <i>et al.</i> (2001) ⁽¹⁴⁵⁾	USA		498 females, age 15–18 years 2 suburban high schools in a mid-sized metropolitan area in the western USA 93.5% white; predominantly middle-class SES background	<p>Magazine reading frequency (frequency of reading or looking at women's health and fitness magazines)</p>	Items developed for study or instrument not specified	Eating-disordered dietary practices (used in any of the following as part of a diet for the purposes of weight loss or weight control over the past year: laxatives, appetite suppressants/diet pills, intentional vomiting, limiting calories to fewer than 1200 a day)	Items developed for study or instrument not specified



Supplemental Table 2 Continued

Study	Country	Theoretical framework	Sample characteristics	Environmental exposure	Environmental exposure survey instrument	DWCB outcomes	DWCB survey instrument
65. Thomsen <i>et al.</i> (2002) ⁽¹²⁸⁾	USA		502 females, age 15–18 years 2 suburban high schools in a mid-sized metropolitan area in the western USA 93.5% white; predominantly middle-class SES background	Magazine reading frequency (frequency with which they typically read or looked at women's beauty and fashion magazines)	Items developed for study or instrument not specified	Eating-disordered dietary practices (past or present use of any of the following as part of a diet for the purpose of weight loss or weight control: limiting calories to 1200 or less a day, taking appetite control/weight loss pills, intentionally vomiting, skipping two meals a day, using laxatives)	Items developed for study or instrument not specified
66. Tremblay and Lariviere (2009) ⁽¹⁰¹⁾	Canada		325 females and 283 males, age 9 years 349 females and 313 males, age range 13–16 years	- Family influence (frequency of the following behaviours over the last 6 months: telling the child that he/she is too heavy; telling the child that he/she should eat less or should eat other food to lose weight; telling the child to exercise in order to lose weight; preventing the child eating his/her favourite food to lose weight) - Children's perception of mother-child relationships (affective support and abusive control) - Peer influence (perceptions of pressure to lose weight from friends, mother, father, sibling; negative comments about weight)	FHES; Peer Pressure Scale	Type and frequency of strategies to lose weight (followed a diet, fasted for an entire day, took laxatives or diet pills, reduced or eliminated sugar or fat from his/her diet, engaged in intensive exercise, started to smoke or skipped meals over the past 6 months)	Items developed for study or instrument not specified

Supplemental Table 2 Continued

Study	Country	Theoretical framework	Sample characteristics	Environmental exposure	Environmental exposure survey instrument	DWCB outcomes	DWCB survey instrument
67. Unikel <i>et al.</i> (2012) ⁽¹³⁹⁾	Mexico		2357 females in 12th grade (age range 15–19 years) Study sample represents a population of low and middle SES	Family criticism (paternal, maternal and sibling scales, shape- or body weight-related criticism)	Items previously validated in an article published in Spanish ⁽¹⁴⁹⁾	Risky eating behaviours (restrictive and purging behaviours in last 3 months)	CBCAR
68. Utter <i>et al.</i> (2003) ⁽⁹¹⁾	USA		4746 adolescents, age 14-9 (sd 1.7) years 49.8% girls, 50.2% boys 48.5% Caucasian, 19.0% African-American, 19.2% Asian-American, 5.8% Hispanic, 3.5% Native American, 3.9% mixed/other 31 public middle and high schools from urban and suburban school districts	Frequency of exposure to magazines articles about dieting/weight loss	Project EAT survey	Unhealthy weight control (engaging in any of the following order to lose weight or keep from gaining weight during the past year: fasted; ate very little food; used food substitute (e.g. Slim-Fast); skipped meals; smoked more cigarettes) Extreme weight control (used laxatives, took diet pills, made oneself vomit or used diuretics in the past year)	Project EAT survey
69. Vincent and McCabe (2000) ⁽⁹²⁾	Australia		306 females, age 13-7 (sd 1.1) years 297 males, age 13-9 (sd 1.1) years 2 private girls' and 2 private boys' schools 45% Australian, 15% Asian, 11% Italian, 5% Greek, 5% Indian, 19% comprised a number of different nationalities	- Quality of family and peer relationships (perceived family cohesion and adaptability, emotional bonding between family members, degree to which family system is able to change its power structure, parental bonding) - Direct and indirect influence of family and peers (modelling, encouragement, criticism and discussion about weight loss with mother, father, siblings and peers)	FACES II; PBI; IPR	- Behaviours associated with deliberate dieting - Bulimic tendencies	

Supplemental Table 2 Continued

Study	Country	Theoretical framework	Sample characteristics	Environmental exposure	Environmental exposure survey instrument	DWCB outcomes	DWCB survey instrument
70. White and Halliwell (2010) ⁽¹¹⁸⁾	UK	Sociocultural model	219 females and 202 males, age 14-8 (sd 1-2) years Grades 7, 9 and 10 83-4% white, 6-5% mixed race, 3-8% Asian 2% black, 4-3% other	Sociocultural pressures (perceived nature of feedback from mother, fathers, friends and the media with regard to pressure to lose weight, build muscle, and the extent of modelling appearance shaping behaviours)	Items developed for survey or instrument not specified	Excessive exercise (importance, frequency and duration of exercise, compulsive 'need for exercise')	EESA

DWCB, disordered weight-control behaviours; SES, socio-economic status; TV, television. Environmental exposure survey instruments: MAHS, Minnesota Adolescent Health Survey; YRBSS, Youth Risk Behavior Surveillance System; MFRS, McKnight Risk Factor Survey; ARSMA II, Acculturation Rating Scale for Mexican Americans; DEBQ-R, Dutch Eating Behavior Questionnaire Restraint Subscale; YRBS, Youth Risk Behavior Surveillance; PMCSQ, Perceived Motivational Climate in Sport Questionnaire; VCYS, Voice of Connecticut Youth Surveys; Project EAT, Project Eating Among Teens; PSS-FR, Perceived Social Support from Friends Scale; IFS, Intimate Friendship Scale; PITOF, Perceived Impact of Thinness on Friendship Scale; PSFS, Perceived Sociocultural Pressure Scale; mSCIQ, Modified Perceived Sociocultural Influences on Body Image and Body Change Questionnaire; EDI-2, Eating Disorders Inventory 2; FES, Family Environment Scale; CTQ, Childhood Trauma Questionnaire; CAST-6, Children of Alcoholics Screening Test; MEIM, Multiple Ethnic Identity Measure; SATAQ, Sociocultural Attitudes Towards Appearance Questionnaire; POTS, Perception of Teasing Scale; RCP, Revised Class Play; IPPA, Inventory of Parent and Peer Attachment Scale; MFP, Mother-Father-Peer Scale; AIRS, Autonomy and Intimacy Rating Systems; DSED-M, Diagnostic Survey for Eating Disorders-Modified; SGSS, School Gender Socialization Scale; SWS, Superwoman Scale; ABQ, Search Institute's Profiles of Student Life: Attitude and Behavior Questionnaire; FACES-III, Family Adaptability and Cohesion Evaluation Scale III; MCS, Maternal Comments Scale; PIS, Parent Involvement Scale; MIS, Mother Influence Scale; PFCW, Perceived Friend Concern with Weight Scale; FHES, Family History of Eating Scale; FACES II, Family Adaptability and Cohesion Evaluation Scale II; PBI, Parental Bonding Instrument; IPR, Index of Peer Relations; EAT-26, twenty-six-item Eating Attitudes Test. DWCB survey instruments: EDI-B, Eating Disorders Inventory Bulimia Subscale; BUILT-R, Bulimia Test Revised; DBQ, Dutch Behavior Questionnaire; CET, Compulsive Exercise Test; E&MIII, The Eating and Me scale; SCOFF, Sick, Control, One, Fat, Food Questionnaire; ChEAT, Children's Eating Attitudes Test; DSED, Diagnostic Survey for Eating Disorders; EWLB, Extreme Weight Loss Behaviours; BUILT, Bulimia Test; EDI-BU, Eating Disorders Inventory Bulimia; CBCAR, Brief Questionnaire to measure Risky Eating Behaviours; EESA, Excessive Exercise Scale of Adolescents.