

Effects of Social Support and Romantic Relationships on Body Dissatisfaction

Taylor B. Cummins

University of North Carolina at Charlotte

This study was conducted as an assignment for Research Methodology 2 course at UNCC, under the supervision and assistance of Sara Levens. Taylor Cummins can be contacted at: [tcummin4@uncc.edu](mailto:tcummin4@uncc.edu)

### Abstract

This study examined the effects of social support networks and romantic relationships on body dissatisfaction. Forty-three undergraduate female students between the ages of 18 and 25 completed a questionnaire. The UCLA Loneliness Scale, Relationship Satisfaction Scale, Body Image Satisfaction Scale, Eating Disordered and Body Dissatisfaction-Related Behaviors Standard True–False Questionnaire were used. The author of this research study predicted that strong social support networks and satisfying romantic relationships decrease body dissatisfaction in college females. Results revealed that participants who had strong emotional supports and were satisfied with their romantic relationships were also more satisfied with their bodies. These findings suggest that emotional support networks and satisfying romantic relationships have an effect on a college-aged female's body dissatisfaction levels.

*Keywords:* body dissatisfaction, drive for thinness, social support, romantic relationships

## **Introduction**

Eating disorders and high levels of body dissatisfaction are becoming a trend in today's western societies. Some individuals follow these diets for a short amount of time and go back to old habits, while others more successfully adapt to their new lifestyle. Body dissatisfaction and drive for thinness are common factors that motivate dietary habits. Body dissatisfaction, as defined by Grogan (2008), is negative evaluations of body size, shape, muscularity/muscle tone, and weight, and it usually involves a perceived discrepancy between a person's evaluation of his or her body and his other ideal body. Drive for thinness can be defined as one's desire to get continually get thinner, not just reach one goal of overall being thin (Cherynak & Lowe, 2010). A good example to explain drive for thinness is when an individual has already lost 20 pounds, but continues to strive to lose more weight. Body dissatisfaction and drive for thinness are especially prevalent for females. However, some females have higher body dissatisfaction and a higher drive for thinness than others (Provencher et al., 2009). The difference between body dissatisfaction and drive for thinness is important to understand, especially in reference to this work. Body dissatisfaction is how dissatisfied with one's body they are, this includes specific parts of the body, disliking one's stomach, or the body as a whole, disliking one's body all over. Drive for thinness is the desire to not lose a set weight, but continually get thinner; this is the type of drive behind individuals with eating disorders. Instead of wanting to lose 15 pounds by next month, it is the want to lose 20 pounds, and then another 15 pounds, and more after that. Drive for thinness may also help predict the probability of an individual developing an eating disorder, or if an individual will go to extreme lengths to lose weight. Researchers have studied differences in body dissatisfaction what gives rise to heightened or lowered dissatisfaction. Research has examined the role of social support (Vartanian & Hopkinson, 2010), and romantic

relationships (Weller & Dziegielewski, 2004), and still fewer studies examining all three. It is critical to examine social support and romantic relationships as both have shown to cause of body dissatisfaction and drive for thinness levels differing between people. The research suggests that receiving emotional support from romantic partners and friends decreases the amount of negative feelings towards the self, like body dissatisfaction and drive for thinness. When someone has strong support from loved ones, they are less likely to feel strong negative feelings about their body, and would be less likely to act on these feelings as well. The goal of the present paper therefore is to examine how, then, do social support networks and relationship statuses influence body dissatisfaction and drive for thinness in college females?

As previously stated, there is a considerable amount of research on body dissatisfaction, in regards to social supports or romantic interests. One study in particular, conducted by Lilly Lin and James Kulik (2002), looked at the effects of both social comparisons among peers and romantic relationships. This study has served as the basis for many other related studies (Forbes, Jobe, & Richardson, 2006). The main focus of this study was to analyze body dissatisfaction in college aged females and the effect a romantic interest had on body dissatisfaction. Lin and Kulik (2002) gathered 67 undergraduate females, with an average age of 20 years old, to participate in a mock “dating game” task. Participants were informed their picture was given to a male student to compare with another female student. Each participant was able to see the picture of the man evaluating them, and the control group was also given a picture of the other female. The independent variable measured was the social comparison condition; participants were randomly assigned to one of three groups: no picture of the other woman, a picture of a slender woman, or a photo of an overweight woman. Lin and Kulik (2002) also measured who had boyfriends and who did not; there were an equal number of in-relationship and not in-

relationship participants in each group. For dependent variables, researchers measured body dissatisfaction, anxiety, confidence, self-esteem, and male attractiveness with proven scales and questionnaires. The study found that when college females were compared with their peers, their body dissatisfaction fluctuated. In addition to that, boyfriend status affected anxiety levels when females were being compared and there was potentially the embarrassment of being deemed less “acceptable” than a thinner peer. If a participant had a boyfriend, they were less anxious in this situation than those who did not. They also found peer comparisons could alter both what the individual thinks about themselves and their perceptions of others attractiveness. This study reveals a strong connection between body dissatisfaction and social networks, whether that be romantic relationships with a significant other, friendly relationships other females or males, etc. In closing, Lin and Kulik believed that comparisons with peers considered thin can cause more body dissatisfaction in college females, even if self-esteem is not significantly affected. Being compared with larger peers, on the contrary, does not always decrease body dissatisfaction. In general, high rates of body dissatisfaction in college female may be directly related to social comparison.

Another study conducted with similar primary purposes was conducted by Gordon Forbes, Rebecca Jobe, and Raynette Richardson. Their study was a continuation of Lin and Kulik’s research, and also assessed body dissatisfaction and romantic relationships. Researchers had participants complete the Figural Rating Scale (FRS); each participant was asked which image represented their current body, their ideal body, other women’s ideal body, and the body a man would think is ideal for a woman to have. Researchers took this data and compared the answers of those with boyfriends to those without. They concluded that while all participants showed a general dissatisfaction with their bodies, those who had a boyfriend also had lower

levels of body dissatisfaction in participants than those who did not. These findings are consistent with the results of Lin and Kulik (2002).

In sum, several studies have shown social supports and romantic relationships have an effect on body dissatisfaction, but none compare all three concepts at once. The prediction for this present paper is that strong social support networks and satisfying romantic relationships decrease body dissatisfaction and drive for thinness in college females.

## **Methods**

### **Participants**

Participants were females that are registered undergraduate students at University of North Carolina at Charlotte, and were recruited through the online SONA participant pool of psychology students. All 43 of the participants were females; 4 were Asian (8.9%), 10 were African American/Black (22.2%), 3 were Hispanic (6.7%), 23 were White/Caucasian (51.1%), 1 were Native American (2.2%), and 4 were identified as another race (8.9%). All participants were between the ages of 18 and 25, with the majority of these participants were between 20 and 23 and the average age for the sample was approximately 20 years old. Of the 43 participants, 25 reported being a stable romantic relationship, but length of relationship was not gathered during the survey.

### **Materials and Measures**

Loneliness was assessed with an established questionnaire, The UCLA Loneliness Scale. Out of the original 20 questions from the UCLA Loneliness Scale, 9 were used to measure loneliness. These questions required participants to rate how much a statement applied to them in the form of “I often/sometimes/rarely/never feel this way”. These questions included “I am unhappy doing

so many things alone”, “I have nobody to talk to”, “I lack companionship”, “I feel as if nobody really understands me”, etc. High scores were indicative of low loneliness, while low scores were indicative of high loneliness. Data on levels of loneliness were gathered during the survey to assess levels of social support.

Social and Emotional supports were assessed with the Adult Toolbox Social Relationship Scale. Out of the original 16 questions from this questionnaire, 10 questions were used total. 5 questions were used to measure emotional support section and the remaining 5 were used to measure social supports. These questions required participants to rate how much a statement applied to them in the form of “I often/sometimes/rarely/never feel this way”. These questions included “I have someone who understands my problems”, “I have someone I trust to talk with about my problems”, “I have someone I trust to talk with about my feelings”, “I get invited to go out with my friends”, “I feel like I have a lot of friends,” “I feel close to my friends”, etc. In this instance, emotional support scores were representative of how much support an individual received from friends, while friendly support scores were representative of how many friends the individual has. High scores were indicative of high emotional supports and large amounts of friends, while low scores were indicative of low emotional supports and low amounts of friends.

Romantic relationship satisfaction was assessed using The Relationship Satisfaction Scale. All of the original 4 questions were used in a matrix table format. Participants were asked how committed they were to their partner, how satisfied were they overall with their partner, how sexually satisfied were they with their partner, and how emotionally satisfied were they with their partner. They were required to answer by selecting one of four answers, not at all, somewhat, moderately, or extremely, for each question. Higher scores indicated higher relationship satisfaction, while lower scores indicated lower relationship satisfaction.

Body dissatisfaction was assessed using the Body Image Satisfaction Scale. 4 of the questionnaires original 4 questions were used. Participants were required to rate how well each statement applied to themselves. The statements used included “I would like to change a lot about my body”, “Overall, I am satisfied with my looks”, “I would like to change a lot about my looks”, and “Overall, I am satisfied with my body”. Scores were coded by each answer having a number attached to it; higher numbers indicated a lower body dissatisfaction and lower numbers indicated a higher body dissatisfaction.

Drive for thinness was measured using the Eating Disordered and Body Dissatisfaction-Related Behaviors Standard True–False Questionnaire. Of the questionnaires original 9 questions, 6 were used on the survey. All 6 questions were in a True/False format. Participants were required to answer whether they felt a statement described them and their life by indicating true if it did, and false if it did not. Higher scores were indicative lower drive for thinness and lower risk for participating in behaviors related to high levels of body dissatisfaction, and lower scores were indicative of higher drive for thinness and greater risk for participating in behaviors related to high levels of body dissatisfaction.

### **Design**

This study compared relationship satisfaction and social support networks with body image. The questionnaires measured if the participant is in a relationship, the quality of their relationship, presence and strength of their social support networks, and amount of body dissatisfaction. Independent t-tests and correlational tests were used to analyze collected data. The variables romantic relationship status and body weight satisfaction were tested for a correlation. Participants were separated into relationship group or single group, and their body



dissatisfactions were compared between groups. In another correlational test, participants were compared in terms of emotional supports and romantic supports. Interrelation of emotional supports, friend supports, romantic relationship satisfaction, and overall body dissatisfaction were compared in a series of correlations.

### **Procedures**

Participants signed onto SONA and to begin the questionnaire. Before they could move forward, they had to agree to the presented consent form and answered basic demographic questions. During these demographic questions they were asked their sex and current age. If participants answered that they were male, younger than 18, or older than 25, they were directed to the end of the survey and thanked for their time. If they answered that they were a female between the ages of 18 and 25, they were directed to the next portion of the questionnaire. Each participant completed the survey by selecting the answer that best represented them. All questions were close-ended. After the questionnaire was completed they received a message thanking them for their participation and stating they have fully completed the questionnaire.

### **Results**

It is critical to examine social support and romantic relationships as both have been shown to cause differing body dissatisfaction and drive for thinness levels. The goal of this present paper, therefore, is to examine how social support networks and relationship statuses influence body dissatisfaction and drive for thinness in college females. Data was gathered from female participants who completed online questionnaires to assess aspects of their personal lives and body dissatisfaction.

*Romantic Relationships and Body Dissatisfaction*

To test if being in a romantic relationship affected body dissatisfaction in college females, ages 18 – 25, an independent t-test was conducted on body weight satisfaction between participants “In Relationship” and “Not In Relationship”. The relationship group was composed of 25 participants, and they reported a mean satisfaction of 12.8 ( $SD = 4.69$ ); the single group, composed of 18 participants, reported a mean satisfaction of 10.22 ( $SD = 4.02$ ). The independent t-test report shows that the means are trending toward significantly different. ( $t(43) = 1.884, p < .1$ .) These results suggest that college age females, between 18 and 25, have lower body dissatisfaction, or are more satisfied with their bodies, if they are in a romantic relationship. When testing for correlations with romantic relationship satisfaction, the author found another trend between romantic relationships and body dissatisfaction; a significant, positive correlation between high satisfaction in romantic relationships and low body dissatisfaction,  $r(25) = .524, p < .05$  emerged. As people felt more satisfaction in their romantic relationships, they also felt more satisfaction with their bodies. Together, these results suggest that being in a romantic relationship decreases body dissatisfaction, especially if this romantic relationship is satisfying to the individual.

*Drive for Thinness*

The author also compared groups to test if being in a romantic relationship affected levels of drive for thinness, or how often college-aged female participants participated in behaviors related to high body dissatisfaction. An independent t-test was conducted on how often participants reported behaviors that reflected high body dissatisfaction between those in the relationship group and single group. The relationship group reported a mean frequency of drive for thinness-behaviors of 13.16 ( $SD = .289$ ), and the single group reported a mean frequency

drive for thinness-behaviors of 12.5 ( $SD = .373$ ). The independent t-test report shows that the means are not significantly different, but do suggest a trend. ( $t(43) = .1475$ ,  $p < .1$ .) This trend suggests that individuals who are in a relationship participate in high-dissatisfaction behaviors more often than those who are not in a relationship.

### *Emotional Supports and Body Dissatisfaction*

Participants responded to questions on their current emotional supports ( $M = 20.14$ ,  $SD = 4.79$ ), current friend supports ( $M = 18.16$ ,  $SD = 5.49$ ), romantic relationship satisfaction ( $M = 14.6$ ,  $SD = 1.91$ ), and body dissatisfaction ( $M = 11.72$ ,  $SD = 4.56$ ). It was predicted that strong social support, both friendly and emotional, and satisfying romantic relationships predict less body dissatisfaction. As predicted, there was a positive correlation between strong emotional support and low levels of body dissatisfaction,  $r(43) = .543$ ,  $p < .05$ . Simply, as people felt they had more emotional support from others they were close with, the more satisfied they felt with their bodies. When looking at these results, there was another slight positive trend visible; this trend suggested that those with more friendly supports have lower body dissatisfaction,  $r(43) = .272$ ,  $p > .05$ . While not significant, it does suggest that having a larger amount of friends does influence body dissatisfaction. It could be suggested that emotional support from a few individuals has a greater influence on body dissatisfaction than having numerous friends who do not provide emotional support. All of these combined suggest that individuals with high levels of emotional support and relationship satisfaction, in turn, have low levels of body dissatisfaction.

Figure 1 shows the correlational comparison between body dissatisfaction and emotional support. A score of 0 is indicative of a high body dissatisfaction and low emotional support

rating; scores of 25 and 20 are indicative of low body dissatisfaction and high emotional support. The line of best fit shows a positive correlation between the two variables.

Figure 2 shows the correlational comparison between levels of body dissatisfaction and romantic relationship satisfaction. A score of 0 on the Y axis is indicative of a high body dissatisfaction, and a score of 0 on the X axis is indicative of low romantic relationship satisfaction; a score of 20 on the Y axis is representative of low body dissatisfaction, while a score of 15 on the X axis is representative of high romantic relationship satisfaction.

#### *Amount of Friends and Body Dissatisfaction*

More tests were performed to find correlations between friendly supports, or amount of friends, and body dissatisfaction. While slight trends were evident, no significant data emerged. After comparing correlations from friendly supports, or social ties, and emotional supports to body dissatisfaction, it appears that emotional supports have a significant effect on dissatisfaction while social ties do not; simply, it is not the quantity of friends an individual has, but the quality. Individuals who reported having few, very supportive friends reported lower levels of body dissatisfaction than those who had numerous friends but felt low levels of emotional support.

Correlational tests and independent t-tests were conducted between drive for thinness and all other variables. Some very slight trends were found between drive for thinness and body dissatisfaction, but no significant results arose.

### **Discussion**

It is common in today's western society for college females to participate in risky eating behaviors in order to lose weight; this stems from an overall low level of body dissatisfaction. The goal of this paper was to examine how social support networks and relationship statuses influence body dissatisfaction and drive for thinness in college females. As shown by Forbes, Jobe, & Richardson (2006), there are correlations between body dissatisfaction and relationship status. The author of this research wanted to explore if the romantic relationship satisfaction influenced body dissatisfaction. The author predicted that strong social support networks and romantic relationships decrease body dissatisfaction and drive for thinness in college females. After conducting a series of questionnaires on 43 undergraduate college females, the findings showed that this hypothesis was true. High emotional support and high relationship satisfaction were both positively correlated with low body dissatisfaction. The only variables that did not have correlations with low body dissatisfaction were having large social networks and high drive for thinness. Having a large social network did not show any correlation, and this suggests that it is the quality of friends, not quantity, they influences satisfaction. In addition to that, no trends were found between drive for thinness and any variables. This research can be expanded upon and explored to find which variables influence body dissatisfaction the most. Also, these findings can be used to prevent, predict, or treat unusually high body dissatisfaction and individuals at risk for eating disorders.

The goal of this paper and research conducted was to examine how social support networks and relationship status influence body dissatisfaction and drive for thinness in college females. It was expected that high levels of emotional supports and high romantic relationship satisfaction would have a positive correlation with low levels of body dissatisfaction. After conducting research, the results support the hypothesis. There was a positive correlation between

romantic relationship satisfaction and low body dissatisfaction; there was also a positive correlation between emotional support and body dissatisfaction. While these findings support the hypothesis, the data did not reveal any significant correlations between drive for thinness and body dissatisfaction, relationship satisfaction, and emotional support.

These results are in line with predictions from the author and previous studies on the effect of social supports and relationship satisfaction on body dissatisfaction. These findings show that emotional support from friends and relationship satisfaction lead to lower body dissatisfaction. Simply, someone having emotional support from the people around them, and also having satisfying romantic relationships, make them feel better about their own body. The findings also suggest that body dissatisfaction is influenced by the emotional support quality from friends, but not by quantity of friends. Having large amounts of friends did not show correlation with body dissatisfaction in the same way that having emotionally supportive friends did.

These results showing a link between body dissatisfaction, emotional support, and relationship satisfaction can be used for various future applications. These correlations and trends can be used as predictors of eating disorders or extremely high body dissatisfaction; this could be done by giving these questionnaires to individuals are considered at-risk for eating disorders. If an individual scores particularly high on the eating disorder section and particularly low on another variable, one that has a significant correlation between itself and high drive for thinness, the individual can be further evaluated for the onset of an eating disorder. On the contrary, this information and correlations could also be used as insights to use when helping an individual to have lower body dissatisfaction. If the exact variables that effect body dissatisfaction the most can be pinpointed, it can give therapists a better idea of what treatment

plans can help the most. In sum, elaboration on drive for thinness research would result in more data for preventing, predicting, and treating eating disorders.

While most aspects of the study behaved as anticipated, revisions could be made in the future to enhance the present study. It would be beneficial to the study and the study's findings to have a larger participant pool, with equal amounts of individuals in relationships and not in relationships. The questionnaires used did work for this study, but it would have been better to use more questions from the original questionnaires. The more questions and questionnaires used on more participants could lead to more specificity when analyzing overall body dissatisfaction scores, relationship satisfaction scores, and emotional support scores.

The next steps in expanding upon this specific study would be to repeat this study with a larger participant pool and more questions. It would be beneficial to add questionnaires to further assess body dissatisfaction and drive for thinness in both eating disordered patients and average females. The questions in the present questionnaire on drive for thinness were more accurate for accessing diagnosed eating-disorder patients and the extent of their illness; it was not intended for the typical 18 to 25 year old college female. If drive for thinness was looked into further, there would be significant links and trends exposed between that variable and body dissatisfaction. In order to look into the correlations between these two specific variables, questions would be needed assess those variables specifically; these questions would need to be aimed towards the general population, not just the diagnosed. It would also be interesting to compare frequencies of individuals diagnosed with eating-disorders and whether they are in relationships versus not in relationships, or how being in a successful romantic relationship can aid eating-disorder recovery.

## References:

- Berg, K. C., Frazier, P., & Sherr, L. (2009). Change in eating disorder attitudes and behavior in college women: prevalence and predictors. *Eating Behaviors, 10*(3), 137-142.  
doi:10.1016/j.eatbeh.2009.03.003
- Chernyak, Y., & Lowe, M. R. (2010). Motivations for dieting: drive for thinness is different from drive for objective thinness. *Journal of Abnormal Psychology, 119*(2), 276-28. doi:  
10.137/a0018398
- Cyranowski, J. M., Zill, N., Bode, R., Butt, Z. Kelly, M. R., Pilkonis, P. A., & ... Cella, D. (2013). Adult toolbox social relationship scale. doi:10.1037/t19988-000
- Forbes, G. B., Jobe, R. L., & Richardson, R. M. (2006). Associations between having a boyfriend and the body satisfaction and self-esteem of college women: an extension of the Lin and Kulik hypothesis. *The Journal Of Social Psychology, 146*(3), 381-384.  
doi:10.3200/SOCP.146.3.381-384
- Grogan, S. (2008). *Body image: understanding body dissatisfaction in men, women and children.* (2nd ed.) New York: Routledge.
- Holsen, I., Jones, D. C., & Birkeland, M. S. (2012). body image satisfaction scale.  
doi: 10.1037/t20849-000
- Juarez, L., & Pritchard, M. (2012). body dissatisfaction: commitment, support, and trust in romantic relationships. *Journal Of Human Behavior In The Social Environment, 22*(2), 188-200. doi:10.1080/10911359.2012.647478



- Lavender, Jason M., & Anderson, Drew A. (2008). Eating Disordered and Body Dissatisfaction-Related. *Body Image*, 5(4), 399-403. doi: 10.1016/j.bodyim.2008.04.004
- Lin, L. F., & Kulik, J. A. (2002). Social comparison and women's body satisfaction. *Basic And Applied Social Psychology*, 24(2), 115-123. doi:10.1207/153248302753674622
- McKibbin, W. F., Bates, V. M., Shackelford, T. K., Hafen, C. A., & LaMunyon, C. W. (2010). Risk of sperm competition moderates the relationship between men's satisfaction with their partner and men's interest in their partners copulatory orgasm. *Personality and Individual Differences*, 49(8), 961-966. doi: 10.1016/j.paid.2010.08.005
- Provencher, V., Polivy, J., Wintre, M., Pratt, M. W., Pancer, S., Birnie-Lefcovitch, S., & Adams, G. R. (2009). Who gains or who loses weight? psychosocial factors among first-year university students. *Physiology & Behavior*, 96(1), 135-141. doi:10.1016/j.physbeh.2008.09.011
- Ramirez, A. L., Perez, M., & Taylor, A. (2012). Preliminary examination of a couple-based eating disorder prevention program. *Body Image*, 9(3), 324-333. doi:10.1016/j.bodyim.2012.04.006
- Russell, D , Peplau, L. A., & Cutrona, C. E. (1980). The Revised UCLA Loneliness Scale: Concurrent and discriminate validity evidence. *Journal of Personality and Social Psychology*, 39, 472-480.
- Sheets, V., & Ajmere, K. (2005). Are romantic partners a source of college students' weight concern?. *Eating Behaviors*, 6(1), 1-9. doi:10.1016/j.eatbeh.2004.08.008

- Vartanian, L. R., & Shaprow, J. G. (2008). Effects of weight stigma on exercise motivation and behavior: A preliminary investigation among college-aged females. *Journal Of Health Psychology, 13*(1), 131-138. doi:10.1177/1359105307084318
- Vartanian, L. R., & Hopkinson, M. M. (2010). Social connectedness, conformity, and internalization of societal standards of attractiveness. *Body Image, 7*(1), 86-89. doi:10.1016/j.bodyim.2009.10.001
- Weller, J. E., & Dziegielewski, S. F. (2004). The relationship between romantic partner support styles and body image disturbance. *Journal Of Human Behavior In The Social Environment, 10*(2), 71-92. doi:10.1300/J137v10n02\_04S

## Appendix

1. I am unhappy doing so many things alone
  - a. I often feel this way
  - b. I sometimes feel this way
  - c. I rarely feel this way
  - d. I never feel this way
2. I have nobody to talk to
  - a. I often feel this way
  - b. I sometimes feel this way
  - c. I rarely feel this way
  - d. I never feel this way
3. I lack companionship
  - a. I often feel this way
  - b. I sometimes feel this way
  - c. I rarely feel this way
  - d. I never feel this way
4. I feel as if nobody understands me
  - a. I often feel this way
  - b. I sometimes feel this way
  - c. I rarely feel this way
  - d. I never feel this way
5. There is no one I can turn to
  - a. I often feel this way
  - b. I sometimes feel this way
  - c. I rarely feel this way
  - d. I never feel this way
6. I feel left out.
  - a. I often feel this way
  - b. I sometimes feel this way
  - c. I rarely feel this way
  - d. I never feel this way
7. No one really knows me.
  - a. I often feel this way
  - b. I sometimes feel this way
  - c. I rarely feel this way
  - d. I never feel this way
8. It is difficult for me to make friends
  - a. I often feel this way
  - b. I sometimes feel this way
  - c. I rarely feel this way
  - d. I never feel this way
9. I feel shut out, excluded, and left out from others
  - a. I often feel this way
  - b. I sometimes feel this way
  - c. I rarely feel this way
  - d. I never feel this way
10. I have someone who understands my problems.
  - a. Never
  - b. Rarely
  - c. Sometimes
  - d. Usually
  - e. Always
11. I have someone who will listen to me when I am upset.
  - a. Never
  - b. Rarely
  - c. Sometimes
  - d. Usually
  - e. Always
12. I have someone I trust to talk with about my problems
  - a. Never
  - b. Rarely
  - c. Sometimes
  - d. Usually
  - e. Always
13. I have someone I trust to talk with about my feelings
  - a. Never
  - b. Rarely
  - c. Sometimes
  - d. Usually
  - e. Always
14. When faced with handling a problem, I can get helpful advice and suggestions from someone.
  - a. Never
  - b. Rarely
  - c. Sometimes
  - d. Usually
  - e. Always
15. I get invited to go out and do things with others.
  - a. Never
  - b. Rarely
  - c. Sometimes
  - d. Usually
  - e. Always
16. I have friends I hang out with to relax.
  - a. Never
  - b. Rarely
  - c. Sometimes
  - d. Usually
  - e. Always
17. I feel like I have lots of friends
  - a. Never
  - b. Rarely
  - c. Sometimes
  - d. Usually
  - e. Always
18. Of the friends I have, I feel close to my friends
  - a. Never
  - b. Rarely
  - c. Sometimes
  - d. Usually
  - e. Always
19. I have friends I can have fun with when I want to.
  - a. Never
  - b. Rarely
  - c. Sometimes
  - d. Usually
  - e. Always
20. How committed are you to your partner?
  - a. Not at All
  - b. Somewhat
  - c. Moderately
  - d. Extremely
21. How satisfied are you, overall, with your partner?
  - a. Not at All
  - b. Somewhat
  - c. Moderately
  - d. Extremely
22. How sexually satisfied are you with your partner?
  - a. Not at All
  - b. Somewhat
  - c. Moderately
  - d. Extremely
23. How emotionally satisfied are you with your partner?
  - a. Not at All
  - b. Somewhat
  - c. Moderately
  - d. Extremely
24. I would like to change a couple things about my body.
  - a. Not at all like me
  - b. Not much like me
  - c. Somewhat like me

- d. Quite a lot like me  
e. Just like me
25. Overall, I am satisfied with my looks.  
a. Not at all like me  
b. Not much like me  
c. Somewhat like me  
d. Quite a lot like me  
e. Just like me
26. I would like to change a couple things about my looks.  
a. Not at all like me  
b. Not much like me  
c. Somewhat like me  
d. Quite a lot like me  
e. Just like me
27. Overall, I am satisfied with my body.
- a. Not at all like me  
b. Not much like me  
c. Somewhat like me  
d. Quite a lot like me  
e. Just like me
28. My exercise schedule interferes with other aspects of my life.  
a. True  
b. False
29. I regularly go on strict diets to lose weight.  
a. True  
b. False
30. I take laxatives or diuretics (medicines that encourage the body to excrete waste) to control my weight.  
a. True
- b. False
31. I sometimes make myself vomit in order to control my weight.  
a. True  
b. False
32. I avoid going out because I want to hide my body.  
a. True  
b. False
33. I avoid having intimate contact because I am ashamed of my body.  
a. True  
b. False
34. I wear specific clothing to hide my weight.  
a. True  
b. False

