* Dataset collected in academic year 2023-2024 by project students (from Laura Renshaw-Vuillier and Rachel Moseley)
* Participants recruited on SONA + word of mouth
* Excel file details
	+ Demographics
* Participant subject: anonymous ID for participants
* Dataset number: based on who collected the data (1: Laura; 4= Rachel)
* Age; sex (at birth); ethnicity
* Numeric ever had ED: 1 yes; 2 no
* If diagnosed… : diagnosis for those that responded yes to question above
* If diagnosed…. : data of diagnosis from question above
* If diagnosed… : whether their Ed is still active (1); thought they were in remission but they’re not (2); in remission (3)
* Any mental health diagnoses? Yes/No + diagnosis
* Ever diagnosed autistic? Yes/no + date
* Ever diagnosed ADHD? Yes/No + date
* Other NDD diagnosis? Other neurodevelopmental conditions
* Work/education status
	+ Questionnaires
* DERS: Difficulties in Emotion Regulation Scale
	+ Cl: clarity; aw@ awareness; na: non acceptance; G: difficulties engaging in goal directed behaviours when upset; imp: acting impulsively when upset; strat: access to emotion regulation strategies
* TAS: Toronto Alexithymia Scale
	+ DIF: difficulties identifying feelings; DDF: difficulties describing feelings; EOT: externally oriented thinking
* EDEQ: eating disorder examination questionnaire
	+ R: restraint; SC: shape concerns; EC: eating concerns; WC: weight concerns
* ERQ: Emotion regulation questionnaire
	+ reappraisal and suppression
* EBQ: Emotion Beliefs questionnaire
	+ Cont: beliefs about controllability of emotions; use: beliefs about usefulness
* Orthorexia: E-DOS
* ON group: above or below threshold of ≥ 25
* GAD-7: anxiety
* PHQ-9: depression
* CES-D: depression
* ERS: emotion reactivity scale
	+ Persistence; sensitivity; intensity
* More details about the scales:

***The Dusseldorf Orthorexia Scale- English version (E-DOS)***

The E-DOS is a 10-item scale measuring orthorexic eating tendencies. Items are scored on a 4-point Likert scale from 1 (this does not apply to me) to 4 (this applies to me). Higher scores indicate greater ON symptomatology, with scores ≥ 25 indicating risk of ON (n= 93, or 16.5% of the sample) and ≥30 indicating likely presence of ON (n= 27, or 4.8 % of the sample). The E-DOS has good psychometric properties including excellent internal consistency which was confirmed in our sample (α = 0.87). We used the cut-off score of 25 to split our sample in a ‘at risk or likely presence of ON’ group and a ‘low ON’ group.

***Emotional Regulation Questionnaire (ERQ)***

The ERQ evaluates the frequency of use of reappraisal and suppression as strategies to regulate emotions. The scale consists of 10 questions (six for reappraisal and four for suppression) with responses scored on a 7-point scale from 1 (strongly disagree) to 7 (strongly agree). Scores for reappraisal range from 6-42, while those for suppression range from 4-28; in each, higher scores mean higher usage of that strategy. The ERQ has good psychometric properties which was confirmed in our sample (reappraisal, α= 0.87; suppression, α= 0.76).

***The Difficulty in Emotion Regulation Scale, Short form (DERS-SF)***

The DERS-SF is a 18-item self-report measure assessing clinical impairments in emotion regulation. It contains six subscales: lack of emotional clarity, lack of emotional awareness, difficulties engaging in goal-directed behaviour when upset, difficulties with impulse control when upset, non-acceptance of emotions, and limited access to emotion regulation strategies (henceforth ‘clarity’, ‘awareness’, ‘goals’, ‘impulse’, ‘non-acceptance’, ‘strategies’). Its items are scored on a 5-point scale from 1 (almost never) to 5 (almost always), with higher scores (ranging between 18-90) indicating more difficulties. This short-form has strong psychometric properties, which was confirmed in our sample (α = 0.91 for the total score; α = 0.82 for clarity; α = 0.76 for awareness; α = 0.89 for goals; α = 0.90 for impulse; α = 0.83 for non-acceptance; α = 0.82 for strategies).

***Emotion Beliefs Questionnaire (EBQ)***

The EBQ is a 16-item measure assessing beliefs about the controllability and goodness/usefulness of emotions in two subscales. Items are answered on a 7-point Likert scale from 1 (strongly disagree) to 7 (strongly agree). Scores ranging between 8-56, higher scores on the controllability subscale indicate that respondents believe that emotions are uncontrollable. Scores similarly ranging between 8-56, higher scores on the usefulness/goodness subscale indicates that respondents believe that emotions are bad and/or useless. It has good psychometrics properties which was confirmed in our sample (α = 0.88 for the total score; α = 0.86 for controllability; α = 0.81 for usefulness).

***The Toronto Alexithymia Scale (TAS-20)***

The TAS-20 has 20 statements which can be subdivided into three factors, reflecting difficulties identifying feelings (DIF), difficulties describing feelings (DDF), and an inclination towards externally-orientated thinking (EOT). Items are scored on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). With scores ranging from 20-100, a total score of 61 or above indicates a clinically-substantive level of impairment (30.1 % of the total sample; 43.0% of the ‘at risk of ON’ group; and 27.5% of the ‘low ON’ group). The TAS-20 has good psychometric properties including excellent internal consistency which was confirmed in our sample (α = 0.84 for the total score; α = 0.86 for DIF; α = 0.79 for DDF; α = 0.54 for EOT – below the 0.70 threshold but not unusual for the EOT subscale.

**Participants**

The final sample included 562 participants (sex at birth: n= 412 females, n= 148 males, n= 2 other) with a mean age of 21.7 (SD= 7.3, age range= 57). The majority of participants were White British or White European (84.9%), the rest being mixed race ethnic groups (6.6%), Black (3.4%), Asian (2.8%), or other (2.3%). A total of 34 participants reported ever receiving a diagnosis of an eating disorder, with n=21 reporting an active disorder at the time of the study, and n=13 a history of an eating disorder. Most participants were recruited from the lead author’s institution, or through word of mouth.