

Supplementary Online Content

Mason SM, Flint AJ, Roberts AL, Agnew-Blais J, Koenen KC, Rich-Edwards JW. Posttraumatic stress disorder symptoms and food addiction in women by timing and type of trauma exposure. *JAMA Psychiatry*. Published online September 17, 2014. doi:10.1001/jamapsychiatry.2014.1208.

eAppendix. Properties of the Modified Version of the Yale Food Addiction Scale
eTable. Adjusted Prevalence Ratios for Food Addiction as a Function of Trauma Exposure, Type Of Trauma Reported as Worst, and Number of PTSD Symptoms Experienced in Response

This supplementary material has been provided by the authors to give readers additional information about their work.

eAppendix. Properties of the Modified Version of the Yale Food Addiction Scale

The original YFAS uses 25 questionnaire items to assess 7 diagnostic criteria for food addiction, and has been shown to have adequate internal reliability, high convergent validity with other eating pathology constructs, and discriminant validity with related but distinct disorders such as alcohol abuse¹ in a non-clinical sample of undergraduate students. The modified Yale Food Addiction Scale (mYFAS) uses a core of 9 questionnaire items, with one question for each of the symptom groups included in the 7 diagnostic criteria, plus two items assessing clinically significant impairment and distress. In an application of the mYFAS to the validation data for the YFAS, 9% of participants met the criteria for food addiction using the mYFAS, while 11% met the criteria in the original YFAS validation². The mYFAS shows good construct validity and reasonably high sensitivity compared with the YFAS (79%), providing a valid, though conservative, measure of food addiction.

References:

1. Gearhardt AN, Corbin WR, Brownell KD. Preliminary validation of the Yale Food Addiction Scale. *Appetite*. 2009;52:430–436.
2. Flint AJ, Gearhardt AN, Corbin WR, et al. A Food Addiction Scale Measurement in Two Cohorts of Middle-Aged and Older Women. Under review.

eTable. Adjusted Prevalence Ratios for Food Addiction as a Function of Trauma Exposure, Type Of Trauma Reported as Worst, and Number of PTSD Symptoms Experienced in Response

Type of trauma and number of PTSD symptoms	N (% cases)	PR	(95% CI)
No trauma (referent)	9445 (6.1)	1.0	--
<i>Abuse in childhood:</i>			
Childhood physical abuse			
Trauma, no symptoms	368 (9.8)	1.6	(1.1, 2.1)
1-3 symptoms	734 (12.0)	1.9	(1.5, 2.3)
4-5 symptoms	415 (15.2)	2.3	(1.8, 2.9)
6-7 symptoms	262 (24.4)	3.7	(3.0, 4.7)
Childhood sexual abuse			
Trauma, no symptoms	500 (7.0)	1.1	(0.8, 1.6)
1-3 symptoms	1314 (9.2)	1.4	(1.2, 1.7)
4-5 symptoms	652 (13.3)	2.0	(1.6, 2.5)
6-7 symptoms	414 (20.8)	3.0	(2.5, 3.7)
<i>Abuse in adulthood:</i>			
Unwanted sexual contact as adult			
Trauma, no symptoms	287 (9.8)	1.6	(1.1, 2.3)
1-3 symptoms	531 (9.0)	1.4	(1.1, 1.9)
4-5 symptoms	257 (10.1)	1.6	(1.1, 2.3)
6-7 symptoms	147 (15.0)	2.3	(1.6, 3.4)
Sexually harassed at work			
Trauma, no symptoms	197 (8.1)	1.3	(0.8, 2.1)
1-3 symptoms	158 (7.0)	1.1	(0.6, 2.0)
4-5 symptoms	62 (11.3)	1.9	(0.9, 3.8)
6-7 symptoms	33 (24.2)	3.7	(2.1, 6.8)
Physically attacked as adult			
Trauma, no symptoms	352 (4.3)	0.7	(0.4, 1.2)
1-3 symptoms	866 (8.1)	1.3	(1.0, 1.7)
4-5 symptoms	448 (10.3)	1.6	(1.2, 2.1)
6-7 symptoms	307 (17.6)	2.6	(2.1, 3.4)
<i>Other injury or illness:</i>			
Serious car crash			
Trauma, no symptoms	986 (6.4)	1.0	(0.8, 1.3)
1-3 symptoms	1022 (6.8)	1.1	(0.9, 1.4)
4-5 symptoms	267 (10.9)	1.7	(1.2, 2.4)
6-7 symptoms	173 (22.5)	3.3	(2.5, 4.4)
Natural disaster			
Trauma, no symptoms	634 (6.2)	1.0	(0.8, 1.4)
1-3 symptoms	530 (5.7)	0.9	(0.7, 1.3)
4-5 symptoms	113 (14.2)	2.1	(1.3, 3.3)
6-7 symptoms	54 (14.8)	2.2	(1.2, 4.0)

Table. Adjusted Prevalence Ratios for Food Addiction as a Function of Trauma Exposure, Type Of Trauma Reported as Worst, and Number of PTSD Symptoms Experienced in Response (Continued)

Type of trauma and number of PTSD symptoms	N (% cases)	PR	(95% CI)
<i>Other injury or illness, continued:</i>			
Life-threatening injury			
Trauma, no symptoms	329 (4.9)	0.8	(0.5, 1.3)
1-3 symptoms	602 (7.5)	1.2	(0.9, 1.6)
4-5 symptoms	222 (9.0)	1.4	(0.9, 2.1)
6-7 symptoms	147 (19.0)	2.8	(2.0, 4.0)
Life-threatening illness			
Trauma, no symptoms	732 (4.4)	0.7	(0.5, 1.0)
1-3 symptoms	1318 (8.0)	1.3	(1.1, 1.6)
4-5 symptoms	474 (11.6)	1.8	(1.4, 2.4)
6-7 symptoms	190 (18.9)	2.9	(2.1, 3.9)
<i>Pregnancy-related trauma:</i>			
Pregnancy complications			
Trauma, no symptoms	941 (5.4)	0.9	(0.7, 1.2)
1-3 symptoms	561 (8.0)	1.3	(1.0, 1.7)
4-5 symptoms	184 (14.1)	2.1	(1.5, 3.0)
6-7 symptoms	100 (25.0)	3.5	(2.5, 5.0)
Miscarriage or stillbirth			
Trauma, no symptoms	2198 (4.7)	0.8	(0.6, 1.0)
1-3 symptoms	1493 (7.4)	1.2	(1.0, 1.5)
4-5 symptoms	515 (11.5)	1.8	(1.4, 2.3)
6-7 symptoms	190 (14.7)	2.2	(1.5, 3.1)
<i>Death of loved one:</i>			
Death of a child			
Trauma, no symptoms	127 (5.5)	0.9	(0.4, 1.9)
1-3 symptoms	418 (7.2)	1.1	(0.8, 1.6)
4-5 symptoms	407 (7.9)	1.3	(0.9, 1.8)
6-7 symptoms	218 (13.3)	2.1	(1.5, 3.0)
Violent death of loved one			
Trauma, no symptoms	1760 (6.0)	1.0	(0.8, 1.2)
1-3 symptoms	2326 (6.7)	1.1	(0.9, 1.2)
4-5 symptoms	861 (11.7)	1.8	(1.5, 2.2)
6-7 symptoms	420 (15.5)	2.3	(1.8, 2.9)

eTable. Adjusted Prevalence Ratios for Food Addiction as a Function of Trauma Exposure, Type Of Trauma Reported as Worst, and Number of PTSD Symptoms Experienced in Response (Continued)

Type of trauma and number of PTSD symptoms	N (% cases)	PR	(95% CI)
<i>Serious injury to others:</i>			
Witnessed serious injury (other than at work)			
Trauma, no symptoms	843 (5.6)	0.9	(0.7, 1.2)
1-3 symptoms	647 (7.0)	1.1	(0.8, 1.5)
4-5 symptoms	155 (10.3)	1.5	(0.9, 2.4)
6-7 symptoms	89 (11.2)	1.7	(0.9, 3.0)
Treated serious injury at work			
Trauma, no symptoms	1013 (6.9)	1.1	(0.9, 1.4)
1-3 symptoms	307 (7.8)	1.2	(0.8, 1.8)
4-5 symptoms	55 (7.3)	1.1	(0.4, 2.9)
6-7 symptoms	26 (3.8)	0.6	(0.1, 3.9)
<i>Trauma not otherwise listed*</i>			
Trauma, no symptoms	667 (7.6)	1.2	(0.9, 1.6)
1-3 symptoms	2101 (7.1)	1.1	(0.9, 1.3)
4-5 symptoms	1510 (10.6)	1.6	(1.4, 1.9)
6-7 symptoms	962 (18.0)	2.7	(2.3, 3.2)

*Women indicating war exposure as their worst trauma were included with women in the 'other trauma' category, because there were too few war-exposed to achieve stable estimates of this trauma type.