

Supplementary Online Content

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eTable. Exposure, Outcome, and Control Variables Used in the Analysis
eReferences.

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

eTable. Exposure, Outcome, and Control Variables Used in the Analysis

Measure	Description
Parent Conversations with their Adolescents	
Parent Conversations About Healthy eating and Weight	Weight and weight-related conversations were assessed using six items that were modeled after items in the Parental Energy Index. ¹ Mothers and fathers were asked, “How often in the past year...”: (1) Have you had a conversation with your child about healthy eating habits?; (2) Have you had a conversation with your child about his/her weight or size?; (3) Have you mentioned to your child that he/she weighs too much?; (4) Have you mentioned to your child that he/she should eat differently in order to lose weight or keep from gaining weight? Participants responded to each item using a 5-point scale, ranging from 1 (<i>Never or Rarely</i>) to 5 (<i>Almost every day</i>). We used these questions to create a variable that determined whether certain types of conversations occurred. The first category, no eating or weight conversations, consisted of parents who never or only a few times a year engaged in any type of weight talk or healthful eating conversations. The second category, conversations about healthful eating only, consisted of parents who answered that they have conversations about healthy eating “a few times a month” or more frequently, but did not engage in any weight talk. The third category, weight conversations, consisted of parents who answered that they have conversations about their child’s weight or size, mention that their child weighs too much, or mention that their child should eat differently to lose weight “a few times a month” or more frequently, regardless of conversations about healthful eating. In analyses that included both parents, weight talk variables were combined into a single categorical variable with levels of: 1) neither parent discusses weight or healthy eating with the adolescent, 2) either parent talks with the adolescent about healthy eating, but neither parent engages in weight talk, 3) only one parent has conversations with their adolescent about weight, and 4) both parents have conversations with their adolescent about weight.
Adolescent Disordered Eating Behaviors	
Adolescent Dieting	Adolescents were asked, “How often have you gone on a diet during the last year? By ‘diet’ we mean changing the way you eat so you can lose weight... 1) never; 2) 1–4 times; 3) 5-10 times; 4) more than 10 times; or 5) I am always dieting” (test-retest $r = .65$). To distinguish dieters from nondieters, responses were recoded to the dichotomous “never dieting” versus “ever dieting.” This dichotomous distinction has been utilized previously within the literature and been found to be predictive of weight gain and other negative health outcomes over time. ^{2,3}
Adolescent Weight Control Behaviors	Adolescent unhealthy and extreme weight control behaviors were assessed with the question, “Have you done any of the following things in order to lose weight or keep from gaining weight during the past year?” Unhealthy weight control behaviors (UWCB) included: (1) fasted, (2) ate very little food, (3) used a food substitute (powder or a special drink), (4) skipped meals, and (5) smoked more cigarettes. Extreme weight control behaviors included: (1) took diet pills, (2) made myself vomit, (3) used laxatives, and (4) used diuretics. Participants responded to each behavior with “Yes” or “No”. Both UWCB and extreme UWCB were coded as dichotomous variables (presence of any behavior versus none) , based on our previous research. ⁴ Test-retest reliability was high for both UWCB (85%) and extreme UWCB (99%).

Measure	Description
Adolescent Binge Eating	Binge eating in adolescents was assessed using two items adapted from a scale by Yanovski ⁵ : “In the past year, have you ever eaten so much food in a short period of time that you would be embarrassed if others saw you (binge-eating)?” (Test-retest % agreement = 90%), and “During the times when you ate this way, did you feel you couldn’t stop eating or control what or how much you were eating?” (Test-retest % agreement = 75%). Participants responded “Yes” or “No” to each item. Participants who answered “Yes” to both questions were coded as engaging in binge eating.
Covariates	
Race/Ethnicity, Age, Body Mass Index (BMI), and Parent Educational attainment	Adolescents’ and parents’ race/ethnicity, age and parents’ educational attainment were assessed by self-report in adolescents and parents respectively. <i>Race/ethnicity</i> was assessed with the item, “Do you think of yourself as 1) white, 2) black or African-American, 3) Hispanic or Latino, 4) Asian-American, 5) Hawaiian or Pacific Islander, or 6) American Indian or Native American?,” and respondents were asked to check all that apply. Participants who checked “white” and another option were included in the “other” category. Those who checked two non-white options were categorized as “mixed/other race”. Additionally, those checking “Hawaiian/Pacific Islander” or “American Indian/Native American” were also categorized as “mixed/other race” due to their small numbers in this dataset. Highest level of <i>parent educational attainment</i> was assessed using the following question, “What is the highest level of education that you have completed?” Response options included: less than high school, high school/GED, vocational/technical school, associate degree, bachelor degree, graduate or professional degree. ⁶ Parent and adolescent <i>age</i> was calculated using self-reported birth date and survey completion date. In addition, adolescent <i>BMI</i> was collected using anthropometric measures at school. Students’ heights and weights were measured at school by trained research staff in a private area with standardized equipment and procedures. Parent BMI was self-reported.

eReferences

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