

Supplementary Materials

Motivational Ruler



INSTRUCTIONS: Using the ruler above, please circle the number that best describes how you CURRENTLY think about your ED:

Importance to change. Please ask yourself the following questions:

How important is for you to change? What score would you give yourself out of 10?

(Not at all) 1 2 3 4 5 6 7 8 9 10 (Extremely important)

Ability to change. Please ask yourself the following questions:

How confident are you in your ability to change? What score would you give yourself out of 10?

(Not at all) 1 2 3 4 5 6 7 8 9 10 (Extremely confident)

Cognitive and Behavioral flexibility

Please indicate your CURRENT thoughts and behaviors using the following scale:

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

1. How often do your thoughts involve paying very strict attention to small details?

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

2. How often do your thoughts involve focusing on the “big picture”?

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

3. How often do you find yourself closely sticking to rules and rituals in your behaviour?

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

4. How often do you feel comfortable behaving in a spontaneous manner?

Alliance with therapist

Please indicate your responses using the following scale:

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

1) How often do you feel like your therapist understands you?

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

2) How often do you feel confident that your therapist is pointing you in the right direction?

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

3) How often do you feel that you and your therapist are working toward mutually agreed upon goals?

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

4) How often do you trust your therapist?

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

5) How often do you feel that your therapist is offering you new ways of looking at your problem?

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always
