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INTUITIVE EATING PRACTICES AND ATTITUDES OF REGISTERED DIETITIAN NUTRITIONISTS.

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Abstract

Background: Dieting is proven to be ineffective for weight management. Research shows that non-diet approaches, such as intuitive eating (IE), improve weight status and health outcomes. Cognitive factors may influence Registered Dietitian Nutritionists' (RD/Ns) dietary and IE attitudes and practices. RD/Ns play an important role in communicating diet and non-diet approaches in practice with clients. IE can only be communicated to clients by RD/Ns as strongly as RD/Ns practice IE.

Objective: The primary goal of this research was to assess and evaluate Registered Dietitians intuitive eating attitudes and dietary behaviors and practices. RD/Ns IE scores were compared to their body mass index (BMI) and dietary quality. RD/Ns IE philosophies were qualitatively analyzed and compared to their IE scores. A final objective of this research was to validate a current instrument intended to measure RD/Ns IE attitudes, knowledge and practices.

Methods: A cross-sectional study design was used. Participants without the RD/N title were excluded. The survey consisted of five sections: 1. Demographics; 2. 24-hour recall; 3. Eating philosophy; 4. Intuitive Eating Scale-2 (IES-2); 5. Validation instrument. IES-2 scores were calculated; the sample was divided into high, moderate and low IES-2 score groups. Twenty four-hour recalls were analyzed and Healthy Eating Index (HEI) scores were computed. Eating philosophies were analyzed for emerging IE and non-IE themes. Themes were totaled into IE and Non-IE theme scores. Validation scores were calculated and examined for the entire sample and a subsample of RD/Ns who practiced weight management counseling.

Results: Mean IES-2 score was 3.73 ± 0.47 . BMI was negatively correlated to IES-2 scores ($n=83$, $r = -.354$, $p=.001$). No relationship was observed between IES-2 and HEI scores. A variety of non-IE themes emerged (e.g. restriction) from the qualitative analysis. There was a positive

correlation between IES-2 and IE theme scores ($r=.294$, $p=.007$, $n=84$). *Validation tool*: Attitude was positively correlated to IES-2 scores ($n=82$, $r=.242$, $p<.028$). *Subsample*: Total validation score and all validation tool sub scores were positively correlated to IES-2 scores [Total ($n=53$, $r=.413$, $p=.002$), practices ($n=55$, $r=.439$, $p=.001$), knowledge ($n=55$, $r=.282$, $p=.037$) and attitudes ($n=57$, $r=.291$, $p=.028$)]. An Independent t-test confirmed significant differences between RD/Ns that practiced weight management counseling and those that did not for IE theme scores (2.03 ± 1.17 vs 1.35 ± 1.29 , $p=.025$), attitudes (10.58 ± 2.36 vs 8.71 ± 3.39 , $p=.010$) and knowledge (25.12 ± 3.37 vs 23.24 ± 2.74 , $P=.019$).

Conclusion: RD/Ns reported conflicting dietary practices that were both consistent and not consistent with the IE principles. RD/Ns who practiced weight management counseling had more positive attitudes towards and knowledge of IE than those who did not. RD/Ns who practiced weight management counseling also reported IE themes more frequently. RD/Ns who practice weight management counseling may be more knowledgeable of IE related to more frequent exposure of IE. Non-IE themes were still well represented in the entire sample suggesting that RD/Ns' may have conflicting IE attitudes and behaviors. This research can be used to assess and determine future dietetic training needs to benefit dietetic students, Registered Dietitians, clients and patients.

INTUITIVE EATING PRACTICES AND ATTITUDES OF REGISTERED DIETITIAN
NUTRITIONISTS.

by

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Introduction

The Academy of Nutrition and Dietetics (AND) describes Registered Dietitian Nutritionists (RD/N) as the food and nutrition experts in the health field.¹ The most recently published AND healthy eating position paper recommends that Registered Dietitians communicate a “total-diet approach” in weight management practice with clients.² This approach discourages restriction and food and nutrient dichotomies and encourages a variety of both nutrient and energy dense foods in the diet. The rooted idea is that weight management is reflective of overall diet and nutrient balance overtime.

Registered Dietitians traditionally recommend high protein or reduced calorie diet meal plans to overweight and obese patients and clients.³ However, research has demonstrated that these interventions are ineffective. In a two-year randomized clinical trial (RCT), participants were placed in three diet groups with different macronutrient compositions.⁴ Participants were highly motivated individuals and received extensive diet education and diet sample menus. At the end of the two-year study, the authors reported that all diet groups had a significant weight loss within the first six months of dieting. However, after the first six months, participants had reduced adherence to the diet regimen and began to regain weight. Highly motivated participants provided with substantial nutritional guidance cannot even maintain restrictive diets and rigid eating patterns.

In an 18-month randomized prospective trial, overweight men and women were assigned to a low-fat (20% of energy from fat) or moderate-fat (35% of energy from fat) diet group. The mean weight loss in the moderate-fat group was 4.1 kg compared to a 2.9 kg increase in body weight in the low-fat group ($P<.001$). Further, only 20% of the participants in the low-fat diet group were following the prescribed diet at the end of the study compared to 50% in the

moderate-fat diet group.⁵ Traditional diets that require restriction result in cravings, reduced diet adherence and may not be effective weight loss treatments.⁴⁻⁶

Studies continue to demonstrate that diets and restrained eating are associated with higher body mass index (BMI) and increased risk for disordered eating patterns.⁷ This has led practitioners and researchers to apply and explore non-diet approaches to weight management such as intuitive eating. Intuitive eating is a model that encourages self-acceptance and promotes a healthy relationship with all foods.⁸ Studies show that intuitive eating may reduce risk of disordered eating practices, increase measures of self-acceptance⁹ and reduce risk of weight gain and comorbid disease states associated with obesity.¹⁰

Non-Diet Weight Management Approaches

Intuitive Eating

Intuitive eating is an evidence-based model developed by two Registered Dietitians, Evelyn Tribole and Elyse Resch. The intuitive eating model encourages body acceptance and promotes attitude changes that honor personal health and gentle nutrition.^{8,11} The core principles of intuitive eating are unconditional permission to eat, trusting internal cues for hunger and fullness and eating for physical reasons and not emotional reasons. The model emphasizes listening to body signals and feelings such as hunger and fullness. Intuitive eating is not a diet, and individuals are coached to reject the diet mentality because dieting leads to weight gain or regain.⁸ Studies confirm that non-diet approaches improve eating behaviors, increase body satisfaction and self-esteem compared to diet programs.¹²

Bacon et al conducted a six-month RCT with participants who were obese and chronic dieters. Participants were randomly placed into a traditional diet treatment group or a non-diet treatment group. Registered Dietitians planned and educated each group for 24 weeks. The diet

group participants were encouraged to moderately restrict energy and fat intake, keep a food diary and monitor weight. The non-diet group was educated on body acceptance, eating behavior, nutrition, physical activity and social support. Non-diet participants were encouraged to accept their body as is, regardless of BMI, and to abandon feelings of self-worth or weight shame. Non-diet group participants were also educated on how to regulate internal hunger cues, make food choices that respected both health and taste, and to exercise for enjoyment and not weight loss. At the end of the study the researchers reported a low attrition for the non-diet group (8% dropout) and a high attrition rate for the traditional diet group (42% dropout). Participants in the non-diet group maintained body weight and BMI throughout the entire study. Participants in the diet group had a significant weight loss from baseline through the 52-week follow-up. By the end of the study, the diet group showed a trend towards an increase in BMI, though the finding was not statistically significant. Additionally, significant differences in restrained eating, desire for thinness, body dissatisfaction, depression and self-esteem between the two groups were reported.¹³ Non-diet approaches are proven to support long term behavior changes and healthful eating and living habits.^{10,12,13}

The results of a New Zealand study with 1,600 women also confirmed a negative correlation between BMI and intuitive eating scores.¹⁴ Women who reported trying to lose weight (n=398) at the start of the study were significantly heavier ($p<.001$) at the end of the 3 years compared to the women who reported weight maintenance (n=423) or no attempt at weight loss (n=153). The study also found a positive association between women who reported taking “diet pills” with weight gain ($p=.035$). Women who reported trying to lose weight at the start of the study, also had a 2-point decrease in their intuitive eating scores by the end of the study.

Additionally, the women who reported trying to lose weight had a significant increased risk of binge eating at the 3-year mark (odds ratio=3.24; CI: 1.69-6.20; $p<.001$).

Cole and Horacek applied the PRECEDE-PROCEED (P-P) health promotion planning model in developing an intuitive eating program for a group of women. The community needs and intuitive eating scores were considered in developing the intuitive eating program titled “My Body Knows When.” The program was proven successful at transitioning participants away from a diet mentality and towards a non-diet approach to eating using the P-P model. The researchers successfully identified concerns amongst the participants about adhering to the intuitive eating model post intervention. Resources were developed and shared with the participants at the end of the intervention to improve adherence to the intuitive eating model. Despite the participants’ awareness for relapse, at the 6-month follow-up nearly 25% of the participants had transitioned from a “Somewhat Intuitive Eater” or “Intuitive Eater” back to a “Somewhat Dieter” or “Dieter.” Although the difference was not significant, the trend back towards dieting attitudes and behaviors, were predicted by the authors to be related to societal body expectations that negatively impact body acceptance, promote dieting and consequently reducing intuitive eating.¹⁵

Intuitive eating is shown to be effective in the treatment of eating disorders. In a 2-year pilot study, patients across all eating disorder categories (bulimia nervosa, anorexia nervosa and not otherwise specified), successfully developed intuitive eating skills.¹⁶ In a systematic-review of intuitive eating research studies, it was found that intuitive eating was associated with less disordered eating practices and improved positive body image (N=24). Studies showed that high intuitive eating scores positively correlated with self-acceptance and self-esteem. However, the review found that the research on intuitive eating is limited for a number of reasons. First, most

sample populations were college-student females and therefore, outcomes cannot be generalized to the broader population. Second, many studies utilized a cross-sectional study design reducing the value of the study methodology and outcomes. Overall, the study revealed that intuitive eating may have positive outcomes on body acceptance and lessen the risk of disordered eating patterns.⁹ Researchers should sample different populations and conduct randomized control trials to validate the current literature.

The intuitive eating model is frequently incorporated into health promoting lifestyle programs. For instance, Health at Every Size (HAES) is a program that teaches intuitive eating as a part of a broader well-being and health promoting intervention. HAES encourages well-being and size acceptance, as opposed to weight loss and dieting.¹⁷ HAES programs, teach nutrition through discussion and reflection of diet behavior and food intake rather than traditional nutrition education and healthy food choice recommendations.¹⁸ This approach to nutrition encompasses many of the intuitive eating principles and HAES interventions are proven to have lower attrition rates than traditional diet interventions and improve body image and psychological health.¹⁵ These programs discourage dieting for weight loss and encourage individuals to focus on size acceptance and general well-being. Research shows that weight loss might not be a necessary health outcome in all overweight and obese individuals and some overweight and obese people might benefit from healthy lifestyle changes without weight loss.¹⁹ Non-diet approaches that encompass the intuitive eating principles can help individuals create sustainable healthy lifestyle behaviors and dietary habits that improve overall health regardless of weight loss.

Non-diet approaches and interventions are expected to improve diet quality because intuitive eaters learn how to naturally choose foods that support their own health and body.⁸

Dieting encourages food restraint which can lead to food cravings and overeating. The intuitive eating model discourages restriction and dieting, may prevent cravings and overeating thus improving overall diet. It is debated as to if individuals who allow themselves to eat in harmony with personal food desires actually have lower diet quality.²⁰ However, limited research exists on non-diet approaches and diet quality. The research that does exist is mixed and shows that non-diet interventions have positive associations with diet quality and no association between diet quality and intuitive eating.^{15, 18, 21}

Mindfulness

Mindfulness-based interventions (MBI) and Mindfulness-Based Stress Reduction (MBSR) are also non-diet interventions for weight management. Studies show that mindfulness interventions have a positive effect on reducing BMI²² and disordered eating behaviors.²³ MBI and MBSR techniques encourage individuals to focus their attention on self-awareness during high stress situations, or experiences, in order to respond to each experience in an appropriate, accepting and non-judgmental manner.²⁴

Intuitive eating and mindfulness are different but share similar constructs. Intuitive eating and mindfulness encourage self-awareness and acceptance. These traits encourage positive eating attitudes and discourage negative thinking about food which may result in deprivation or eating restraint. Individuals who practice mindful eating do not necessarily partake in intuitive eating. In a cross-sectional study with college women (N=125), it was found that mindfulness scores were not significantly correlated with intuitive eating scores. Mindfulness was not significantly associated with disordered eating, restrained eating or body mass index. However, increased intuitive eating scores were significantly correlated with decreased eating restraint ($r = -.61, p < .001$).²⁵ The authors' of the study hypothesize that certain intuitive eating constructs,

such as the unconditional permission to eat when hungry, actually reinforce bodily acceptance more so than mindful interventions.

However, mindfulness studies do show significant improvements in physical health, dietary behaviors and disordered eating patterns.^{26,27} Alberts et al found a significant reduction in food cravings, dichotomous thinking, body image concerns, emotional eating and external eating in an 8-week randomized control trial (N=26).²⁸ Additionally, in a small RCT (N=10), obese individuals who participated in a 6-week mindful eating intervention, titled Mindful Eating and Living (MEAL), showed significant improvements in mental and physical health behaviors, such as increased mindfulness measures and significant decreases in weight, depression, stress, binge eating and C-reactive protein.²⁹

Unlike intuitive eating, mindfulness is not a model, and mindfulness interventions often fail to encompass additional constructs of intuitive eating which discourage disordered eating behaviors and encourage honoring hunger and body acceptance.³⁰ Such constructs are fundamental in teaching individuals the skills needed to reduce psychological distress associated with negative body image and improve their relationship with food.

Flexible Control

Flexible control is another weight management practice and suggests that all foods fit in moderation.³¹ The fundamentals of flexible control include consuming less than desired amounts of calorie-dense foods, reducing meal size to account for a calorie-dense foods consumed earlier in the day and considering weight management when making dietary decisions. These concepts seem to parallel restriction and rigid dietary control.³² Tylka et al found that flexible control was inversely related to intuitive eating and that intuitive eating was related to lower rigid control, lower psychological distress and lower BMI; Whereas, flexible control was positively associated

with rigid control and not related to BMI. Rigid control and flexible control are both related to dieting and weight management³³ but the relationship between dieting, restraint and flexible control is unclear. It seems that flexible control, dieting and restriction are entangled because flexible control is not practiced without features of dieting and restriction. Although, flexible control seems to encompass some aspects of non-diet approaches, such as all foods fit in moderation, it also includes diet like practices such as reducing a meal size to compensate for calories consumed earlier in the day.

Diet and Non-Diet Attitudes and Behaviors of Registered Dietitians

Registered Dietitians play an important role in communicating both traditional diet and non-diet approaches to their clients.¹⁻³ One published study assessed the non-diet perspectives of 104 Canadian Registered Dietitians. The study reported that Registered Dietitians had mixed responses in terms of size acceptance, weight loss as a goal of dieting, restrictive portion sizes and meal plans. Registered Dietitians reported mixed opinions about the appropriateness of non-diet approaches with regard to weight status of a client. In particular, there were mixed opinions about whether non-diet approaches were appropriate for obese and overweight clients with comorbidities.³⁴

Few studies have examined Registered Dietitians intuitive eating and dietary attitudes and practices. Most studies have assessed the eating attitudes and behaviors of undergraduate Dietetic students and these studies are specifically focused on disordered eating behaviors.³⁵⁻³⁷ Recently, there has been a number of international studies that have explored the relationship between RD/Ns and a disordered eating pattern termed orthorexia.³⁸⁻⁴⁰

Orthorexia is described as the obsession with healthy food and is less associated with the quantity of food, and more associated with the quality of food. The term was first introduced in

1997 by the physician Steven Bratman.³⁸ Orthorexia is healthy eating to the extreme. In a cross-sectional study that included 283 Austrian dietitians, more than one third (n=102) of the dietitians changed their eating patterns in recent years to be healthier, or to only include healthy foods, due to reduced physical ability to cope with stress, emotions or a physical or emotional disorder. Nearly 50% of the sample of dietitians had some orthorectic behavior (n=99, 34.9%) or orthorexia (n=36, 12.8%). Nearly 10% of dietitians with the observed orthorectic behavior had increased sense of self-esteem from eating only healthy foods (n=25, 8.8%). Orthorectic dietitians had also experienced an eating disorder in the past more frequently than their non-orthorectic colleagues, although this finding was not significant (20% vs 8%; $p=.093$).³⁹

Korinth et al. found that dietetic students practiced greater food restriction to control their body weight than other students. Specifically, the dietetic students had higher rigid control of food, but also had higher flexible control compared to other students. The authors reported that the increased rigid control may counterbalance the increased flexible control. The study also confirmed that the dietetic students did not have any more disordered eating behaviors or orthorexia tendencies than other students.⁴⁰

In a sample of dietetic students (N=62), the majority of students selected an ideal body weight that was lower than their actual weight (67.7%). The majority of students also selected an ideal body image that had less fat and more muscle mass than their own body composition (56.4%).⁴¹ Members of the dietetic community may feel additional societal pressure to eat a certain way and achieve and maintain a certain weight given the nature of the field. This stress may affect their own dietary behaviors. Cognitive (knowledge, expectations) and environmental (social norms) constructs may influence Registered Dietitians from practicing intuitive eating.

Registered Dietitians and Intuitive Eating

Few researchers have investigated RD/Ns' intuitive eating attitudes and practices or if RD/Ns' are applying the intuitive eating model in practice with clients. Recently Schafer et al developed a tool to assess and measure Registered Dietitians intuitive eating knowledge, attitudes and practices.³⁷ The study utilized a cross-sectional design and online survey. Exploratory factor analysis confirmed four-factors: 1. Knowledge of intuitive eating; 2. Attitudes towards intuitive eating; 3. Traditional and restrictive practices; and 4. Non-restrictive and intuitive eating practices. The authors maintained only items that strongly loaded onto a factor ($\geq .35$) and did not cross-load. Confirmatory factor analysis demonstrated that the survey was valid (RMSEA value .07) and reliable (Cronbach's Alpha $\geq .70$ for each factor). The instrument can be used to assess RD/Ns' and other health professionals' knowledge, attitude and practices of intuitive eating.⁴² Research regarding Registered Dietitians intuitive eating practices, attitudes and knowledge is sparse and further research is needed. To the knowledge of these authors', the tool has yet to be validated by any other researcher.

Non-diet approaches to weight loss are not a Didactic Program in Dietetics (DPD) or Dietetic Internship competency. Dietetic students with a history of eating disorders and disordered eating are currently permitted to enroll in DPD programs to become future Registered Dietitians. The ethics of this are debated though a possible solution that has been proposed is that DPD programs incorporate non-diet approach curriculum into required courses.⁴³

Framing this research using Social Cognitive Theory⁴⁴, we can determine how cognitive factors (i.e. advanced knowledge about food/nutrition, attitudes about dieting) might influence Registered Dietitians own eating behaviors and willingness to adopting a non-diet approach. The Registered Dietitian's effectiveness for teaching non-diet approaches to clients and patients will

be influenced by his/her own eating attitudes and behaviors. Registered Dietitians can only teach/implement intuitive eating, and other non-diet approaches, as strongly as they practice these approaches. It is imperative to assess Registered Dietitians eating attitudes and behaviors, in order determine what types of diet and nutrition messages might be communicated and delivered in practice to clients. This research can be used to assess and determine future DPD requirements that can benefit dietetic students, Registered Dietitians, clients and patients. The primary goal of this research was to assess and evaluate Registered Dietitians intuitive eating attitudes and dietary behaviors and practices.

Study Objectives

1. To determine what percentage of Registered Dietitians' practice the intuitive eating principles by evaluating their intuitive eating scores.
2. To evaluate how BMI is associated with intuitive eating scores.
3. To evaluate if there is a relationship between intuitive eating scores and diet quality.
4. To qualitatively evaluate eating philosophies for Intuitive Eating themes.
5. To validate intuitive eating scores via a comparison to Intuitive Eating content analyzed themes.
6. To validate a current instrument intended to measure the intuitive eating attitudes, knowledge and practices of Registered Dietitians.

Methods

Study Design

A cross-sectional study design was used to evaluate the dietary intake, eating philosophy and Intuitive Eating practices of Registered Dietitian Nutritionists (RDNs). The data used in this analysis were collected from January 2017 through February 2017. The study utilized a survey which was distributed through the online survey program Qualtrics. The survey was titled the “Dietary Routines and Practices of Registered Dietitian Nutritionists” (The “DRP”). The survey contained five sections: 1. Demographics; 2. 24-hour recall; 3. My eating and dieting philosophy; 4. The Intuitive Eating Scale-2;⁴⁵ and 5. The validation tool.⁴² The survey can be found in Appendix A. The survey was carefully ordered to reduce the risk of asking a leading question. The researchers predicted that if the IES-2 section was placed before the “My eating and dieting philosophy” questions, then the participants may have been influenced by the IES-2 section, and respond to the philosophy questions in a biased way that favored intuitive eating. This study was approved by the Syracuse University internal review board.

Participant Recruitment

Participants were recruited through the Academy of Nutrition and Dietetic Weight Management and Research Practice Groups (DPGs). Participants were contacted through DPG listservs. The survey was approved by the Academy of Nutrition and Dietetics and by each DPG executive board. Participants were informed that participation in the survey would result in the opportunity to win a \$10.00 Amazon gift card. The survey was automated so that only participants with the RD/RDN credential could complete the entire DRP. However, all participants, even those without the RD/RDN credential, had the opportunity to enter the random

drawing for the gift card. One-hundred participants were randomly selected to receive the gift card incentive. Participants were contacted via email 1-week following the initial email to encourage participation.

Inclusion Criteria

Participants had to be members of AND, and hold the Registered Dietitian or Registered Dietitian Nutritionist credential. RD/N credentials were not verified, for it was assumed that participants were honest. Students, allied health field professionals, and nutritionists without the RD/RDN credential were not eligible to participate.

Measurements

Demographics

Demographic data collected were sex, age, level of education, height in feet and inches, weight in pounds, current employment status, area of practice, years worked in the nutrition and dietetics field.

Intuitive Eating Scale -2

The Intuitive Eating Scale-2 is a validated tool developed by a Professor of Psychology. The tool was validated on a sample population of college men and women and tested Cronbach's coefficient alpha scores were .85 and .89 respectively. The 23-items are ranked on a Likert-scale from 1 (strongly disagree) to 5 (strongly agree). Higher scores indicate greater intuitive eating. The 23-items can be grouped into four factors titled: 1. Eating for physical rather than emotional reasons (EPR); 2. Unconditional Permission to Eat (UPE); 3. Reliance on Hunger and Satiety Cues (RHSC); 4. Body-Food Choice Congruence (B-FCC).⁴⁵

Weight

Height was converted into meters squared, weight was converted into kilograms and body mass index (BMI) was calculated using weight in kilograms/height m². Self-perception of body size was indicated as: underweight, healthy, overweight or obese.

Dietary Quality

Dietary information was obtained via a 24-hour recall. Participants were asked to self-report everything consumed the day before the survey was completed. Participants were asked to identify quantity and indicate brand name of food item. Assessing dietary intake is essential for understanding the dietary patterns and nutrient compositions of RD/Ns' diets. To the knowledge of this author, no study has yet examined RD/RDNs' dietary intakes. The 24-hour recall assessment is frequently criticized as an inaccurate method for dietary intake data collection. Research shows a great deal of random and systematic error and bias in this methodology. Individuals with irregular meal patterns are shown to underreport actual intake.⁴⁶ However, given the nature of the professional field, it can be assumed that RD/Ns' are educated to a superior level to accurately estimate food amounts and serving sizes thus, reducing the risk for random error.

Qualitative Assessment for Intuitive Eating

The survey included the following open-ended questions: A. Describe your eating habits; B. Describe your eating philosophy. Participants were also asked to report how often they follow their eating philosophy. Responses were on a continuous five-point scale from always to never (always, most of the time, half of the time, rarely and never). These questions were developed by the authors. Each question was phrased to be a non-leading question. The authors chose to not reference intuitive eating or non-diet approaches because it was important to not impose a diet

philosophy upon the participant. These questions were intended to understand the participants own dietary approaches and eating attitudes.

The Attitudes, Knowledge and Practices Validation Study

The last section of the survey was intended to serve as a validation study, it utilized a tool designed to assess the intuitive eating attitudes, knowledge, and practices of Registered Dietitian Nutritionists via three sections:⁴²

1. Attitudes: These questions assessed the attitudes toward intuitive eating and traditional weight loss approaches. Items were reflective of the four fundamental elements of intuitive eating (unconditional permission to eat, eating based on internal cues, eating for physical rather than emotional reasons, body–food congruence).

Questions were answered on a Likert scale (1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree).

2. Knowledge: Participants were given a series of statements that describe their dietary behaviors. The behaviors were both compatible and non-compatible with the four fundamentals of intuitive eating. There were four additional statements that assessed the current knowledge of published research on intuitive eating. The participant was to indicate if the statement was a characteristic or not a characteristic of intuitive eating, or if they did not know.

3. Intuitive and Non-intuitive Eating Practices: The only participants who completed this section were those who reported that they currently counsel overweight/obese clients for weight management. Participants were asked a series of

questions about their current practices and recommendations to clients with regards to traditional diets, exercise and other health related lifestyle choices. Questions were answered on a Likert scale (0=never, 1=sometimes, 2=often, 4=usually). Non-intuitive eating practice questions were reverse scored and then summed with intuitive eating practices to create practice sub score.

Data Analysis

All data were analyzed in IBM SPSS software version 24. Descriptive statistics were run for all demographic variables. BMI was calculated using the self-reported height and weight.

IES-2 Scores

Intuitive eating scores were calculated using the scoring procedures provided with the IES-2 tool.⁴⁵ Items 1, 2, 3, 7, 8, 9, and 10 were reverse scored (1=5; 2=4 3=3; 4=2; 5=1).

Average IES-2 scores were calculated by adding all items together and dividing by twenty-three.

Average scores for each subscale were also calculated accordingly:

- Unconditional permission to eat was computed as the average of items 1, 2, 3, 4, 5 and 6.
- Eating for physical rather than emotional reasons was the average of items 7, 8, 9, 10, 11, 12, 13 and 14.
- Reliance on hunger and satiety cues was computed as the average of items 15, 16, 17, 18, 19 and 20.
- Body-food choice congruence was the average of items 21, 22 and 23.

IES-2 scores were categorized by thirds dependent upon high, moderate and low IES-2 scores. Cutoff points for each group were determined by way of a frequency test. The high IES-2 cutoff point was ≥ 3.92 and the low score cutoff point was ≤ 3.43 . This allowed the researchers to create equal groups and to maximize the strength of ANOVA tests used in the data analysis.

Dietary Analysis

Dietary 24-hour recalls were inputted into the United States Department of Agriculture's

free food tracking tool SuperTracker.⁴⁷ If an exact food item or brand was not in SuperTracker, then nutrient values of the item was researched and a food item in SuperTracker with equivalent or similar nutritional values was entered.

Nutrient report analyses were generated for each 24-hour recall. Nutrient reports included: Total ounces of grains and whole grains (oz), vegetables, fruits and dairy in cups, ounces of protein (oz), oil in teaspoons (tsp), total calories, percent of total calories from protein, carbohydrate, total fat and saturated fat, grams of protein, carbohydrate, fiber and added sugar (gm), calories from added sugars and saturated fat (gm), cholesterol (mg), calcium (mg), sodium (mg), iron (mg), vitamin A (ug RAE), vitamin D (UG), vitamin E (MG AT) and vitamin K (UG).

Nutrient analyses were then used to compute a 'Healthy Eating Index' score (HEI).⁴⁸ HEI scores were based on similar methodology described by Kennedy et al was applied. HEI scores are based on an additive score out of 100-points. HEI scores are intended to measure overall nutrient balance and diet variety. Scores of 100 indicate a diet with lots of variety and a nutrient balance which is consistent with 2015-2020 USDA Dietary Guidelines.⁴⁹ The index is based on 10 components of the diet and each component has an equal weight. Components include: 1. Grains; 2. Vegetables; 3. Fruits; 4. Milk/dairy; 5. Meat/meat alternatives; 6. Total percent of calories from fat; 7. Total percent of calories from saturated fat; 8. Total cholesterol (mg); Total sodium (mg); 10. Food variety. Food variety is the total count of unique foods consumed. Salad dressings were considered a unique food. Casseroles, soups and chili were considered more than one unique food dependent upon the description of the item provided in the 24-hour recall. Condiments (i.e. mustard) were not considered a unique food.

The first 5 components of the HEI score were scored based on the 2015-2020 Dietary

Guideline food group recommendations.⁴⁹ The recommended food group servings for specific daily calorie levels (1,600, 1,800, 2,000 and 2,200) were considered and scores were adjusted accordingly. If total energy intake was <1600 calories, then the recommended food group serving sizes for a 1600 calorie diet was used. Participants who consumed ≤ 900 kcals per day were excluded (n=2).

Ten points were allotted if the recommended serving, for the calorie level, was consumed. Zero points were allotted if no servings were consumed. If participants exceeded the recommended serving size for grains, vegetables, fruit, milk/dairy or meat/meat alternative then no additional points were allotted and the maximum score was assigned. Scores were weighted according to the number of servings consumed if consumption was greater than 0 and less than the recommended serving size. For instance, if 1.5 out of 6 recommended servings were consumed then 2 points were assigned. Scores for total percentage of calories from fat, saturated fat, cholesterol and sodium were also scored according to the Dietary Guidelines. Intakes that exceeded the nutrient recommendations received less than 10-points. These points were also weighted according to the methodology described by Kenney et al. If less than the recommended amount was consumed no additional points were assigned and the maximum score was given.

Qualitative Data Analysis

Content analysis was completed using Nvivo, a textual analysis software program.⁵⁰ Responses were coded for emerging themes that reflected intuitive and non-intuitive eating principles.⁸ If multiple themes were present within one response then the response was coded for all themes present. Sixteen unique themes were identified. The researchers categorized each theme as intuitive or non-intuitive, depending upon its consistency with the intuitive eating

principles. The researchers consistently classified fifteen of the themes as intuitive or non-intuitive. The exception was the theme healthy in which there was a discrepancy between the researchers as to if this theme was classified as intuitive or non-intuitive. The researchers discussed the classification theme in depth, and decided that for the purpose of this research, healthy was a non-intuitive theme because the term implies that some foods are less healthy than other foods, and this concept is not consistent with the intuitive eating model. Intuitive theme and non-intuitive theme scores were calculated by summing coded intuitive and non-intuitive theme frequencies.

The Attitudes, Knowledge and Practices Validation Tool Scores

The validation tool was scored according to the original authors' methodology.⁴² Sub scores for each factor were calculated by adding all the questions together. Total scores were calculated by adding the attitude, knowledge and practice sub scores together. Questions that were not consistent with intuitive eating were reverse scored. Total scores were only calculated for participants who indicated that they practiced weight management counseling.

Results

Demographics

Nearly 200 participants began the study (N=188), but over half of participants were not eligible to participate, or opted out prior to completion of both the 24-hour recall and IES-2 sections. In addition, participants who consumed ≤ 900 kcals in the 24-hour recall were omitted from the study. Of the participants that completed both survey sections, nearly 25% consumed ≤ 1200 kcals (22.8%) and 4% consumed ≤ 900 kcals. The minimum Recommended Dietary Intake for energy intake of adults is 1200 kcals per day.⁴⁹ However, in order to retain as much of the sample as possible, participants with intakes ≥ 901 kcals were included. Participants who completed the intuitive eating scale, in its entirety, and consumed ≥ 901 kcals were included (n=84).

The majority of the participants were white 96.4% (n=81), females 98% (n=83) and between 24 and 71 years old with a mean age of 41.64 ± 12.86 (Table 1). Over two-thirds of the sample held a Master's degree or higher 70.3% (n=59). Nearly half of the sample worked in a hospital or clinical setting 46.7% (n=41), and about a quarter in public health, wellness or private counseling 22.7% (n=19). Most of the sample were paid employees or self-employed 96.4% (n=81). Participants worked in the nutrition and dietetics field for 1 to 41 years with a mean of 25.58 ± 11.72 years. There were no significant differences between RD/Ns who finished the full survey and those who did not (Appendix B).

Mean height was 65.1 ± 2.48 inches (n=84) and a range of [59 to 72] inches. Mean weight was 140.3 ± 24.9 pounds (n=83), with a range of [95 to 232] pounds. Calculated BMI ranged from [17.99 to 42.52 kg/m²] (n=83) with a mean of 23.36 ± 3.92 kg/m². Over 80% of the

sample perceived their body size as healthy 81.9% (n=68), and the rest perceived it as overweight 15.7% (n=13) or obese 2.4% (n=2).

Table 1. Demographics, IES-2 and HEI Scores

	N	Mean $\pm$ SD	Range
Age (years)	84	41.64 $\pm$ 12.86	24-71
BMI (kg/m ²)	83	23.36 $\pm$ 3.92	17.99-42.52
Height (inches)	84	65.06 $\pm$ 2.48	59-72
Weight (pounds)	83	140.3 $\pm$ 24.97	95-232
Years practiced/worked in the dietetics field	84	15.58 $\pm$ 11.72	1-41.00
IES-2 Average Score	84	3.73 $\pm$ 0.47	2.74-4.87
Unconditional permission to eat sub score	84	3.59 $\pm$ 0.58	2.17-4.83
Eating for physical not emotional sub score	84	3.71 $\pm$ 0.72	1.75-5.00
Hunger and satiety sub score	84	3.66 $\pm$ 0.67	2.17-5.00
Body food choice congruence sub score	84	4.17 $\pm$ 0.53	3-5.00
HEI Score	81	75.74 $\pm$ 10.01	47.5-92.5

IES—2

Mean IES-2 total scores and sub scores are found in Table 1. Tukey HSD test confirmed a significant difference in BMI between the low and moderate intuitive eating groups (25.36 ± 5.19 vs. 22.77 ± 2.79 , $p=.026$) and the low and high intuitive eating groups (25.36 ± 5.19 vs. 21.80 ± 2.18 $p=.001$) (Table 2). There were no significant differences in age or the number of years practiced between the three intuitive eating groups. BMI was negatively correlated to IES-2 scores ($n=83$, $r= -.354$, $p=.001$) (Appendix C).

Dietary Analysis and HEI Scores

The average HEI score was 75.3 ± 10.01 points ($n=84$) with a range of [47.5 to 92.5]. No significant differences were observed between low, moderate and high IE groups and HEI scores (Table 2). Descriptive values for specific nutrients are in Appendix D and E. There was a significant difference in total servings of oil between the low and moderate intuitive eating groups (3.31 ± 1.98 vs 5.3 ± 2.81 , $p=.018$) and the low and high intuitive eating groups (3.31 ± 1.98 vs 5 ± 3.08 , $p=.049$) (Appendix F).

Table 2. ANOVA Intuitive Eating Group			
	Low IE	Moderate IE	High IE
IE Scale-2	3.27 ± 0.20 ^a	3.66 ± 0.14 ^b	4.27 ± 0.30 ^c
IE Scale-2 sub scores			
<i>Unconditional permission to eat</i>	3.25 ± 0.45 ^a	3.49 ± 0.5 ^a	4.05 ± 0.48 ^b
<i>Eating for physical rather than emotional reasons</i>	3.14 ± 0.58 ^a	2.65 ± 0.46 ^b	4.36 ± 0.51 ^c
<i>Hunger and satiety</i>	3.17 ± 0.45 ^a	3.59 ± 0.39 ^b	4.25 ± 0.63 ^c
<i>Body and food choice congruence</i>	3.83 ± 0.41 ^a	4.17 ± 0.49 ^b	4.54 ± 0.46 ^c
BMI	25.36 ± 5.15 ^a	22.77 ± 2.79 ^b	21.80 ± 2.18 ^b
HEI	73.66 ± 9.59	76.5 ± 9.41	77.14 ± 10.92
Similar Superscripts are not significantly different. Italicized Subscripts are significant at the p<.01 level.			

Qualitative Analysis

Each open-ended question was coded for intuitive eating and non-intuitive eating themes. The themes were framed based on consistency with the 10 intuitive eating principles and the full intuitive eating model. The themes were categorized as intuitive or non-intuitive. The full table of themes and quotes is presented in Appendix G.

Intuitive Eating Themes

The intuitive eating category entailed the following themes: 1. Moderation; 2. Intuitive eating concepts; 3. Enjoy; 4. All foods fit; 5. Variety; and 6. Regular meals.

Moderation: RD/Ns reported moderation of food when describing their dietary habits. The theme moderation is consistent with the third intuitive eating principle, make peace with food. Food restriction results in cravings and deprivation, while consuming moderate amounts of all food, can reduce craving intensity and the amount of the craving needed to be consumed to feel satisfied. “*I believe in eating foods you enjoy but trying not to overeat on these foods,*” and

“Moderation - 80/20 rule - 80 percent of the time try to do the 'right' thing by eating fruits, vegetables, lean meats, healthy grains. Twenty percent of the time, may eat out, have dessert.”

Intuitive Eating Concepts: RD/Ns directly stated some concepts from the Intuitive Eating book. For instance, *“Listen to your body and your cravings, be mindful and in the moment.”* This is consistent with the IE principles honor your hunger, make peace with food and discover the satisfaction factor. RD/Ns also touched on IE principles without using IE language. For instance, *“Food is good! Eat it in variety and with devotion,”* which is reflective of the principles make peace with food.

Regular Meals: Attending to biological signals for eating, *“Eat when I'm hungry/stop when full,”* and *“I eat 3 meals daily, 2-3 snacks depending on hunger levels and physical activity that day.”* To address biological needs, one needs to eat regularly. The concept of regular meals and snacks is not an intuitive eating principle however, the concept of planning meals to take care of self is mentioned in later chapters of the book. The authors encourage individuals to eat small meals, or snacks, even when not hungry, to avoid becoming famished which is not respectful to one's health. RD/Ns frequently reported regular meals and snacks as part of their dietary habits. For instance, *“Regular meals/snacks, usually eat every 3-5 hours and try to get balanced meals.”*

Non-Intuitive Eating Themes

The non-intuitive eating category entailed the following themes: 1. Vegetarian/vegan; 2. Restriction; 3. Food is medicine; 4. Diets; 5. General IE contradictions; 6. Weight loss history; 7. Limited Variety; 8. Irregular Meals and 9. Guilt; and 10. Healthy.

Vegetarianism and veganism: Vegetarianism and veganism may be a lifestyle however, current vegetarian and vegan trends also imply restriction and dieting. Vegetarian and vegan dietary patterns are not consistent with the first IE principle, reject the diet mentality. For instance, *“Mostly vegetarian (beans, lentils) chicken 1-2x/week, tuna every other week, beef/pork/turkey less than 1x/month,”* and *“I am currently vegan but do go back to eating vegetarian or pescetarian.”*

Restriction: Restriction is not consistent with the intuitive eating model, contradicts the all foods fit concept and the intuitive eating principles, make peace with food and challenge the food police. Examples include, *“Avoid kcal-containing beverages at all costs,” “Eat high quality food whenever possible. Moderation is an acceptable mantra for most food. Avoid high fructose corn syrup and trans fat whenever possible,”* and *“Keep the junk out of the house, and it's simple to avoid it.”*

Food is Medicine: The theme food is medicine also emerged. The theme was not considered to be consistent with the intuitive eating model because it implied that food is ritually consumed for the purpose of health and nutrition, and not for pleasure or enjoyment. Responses included, *“You must listen to your body to find out what foods to which you may be sensitive. Your body has an innate ability to work the way it is designed if it is given the right fuel. Eat as close to nature as possible (whole food).”*

Diets: Diets and weight loss mechanisms were reported, *“Try to choose lower fat foods.” “Follow weight watchers and the healthy plate,” “Mostly paleo M-F, turkey chicken, beef, pork + veggies,” “To control food portions, I like to incorporate portion controlled frozen meals and snack bars,” “Protein with each meal, eating at least every 4 hours but not after 7PM,” “Drink*

more water when I'm hungry,” “Right now I am trying to lose weight so I am tracking my food on fitbit app. I generally eat 3 meals/day + snacks,” “I avoid eating after dinner,” “I do not add sugar to foods and never drink beverages with sugar in them. I have cut out pastries and candy (even at potlucks).”

Limited Variety: RD/N’s also reported limited diet variety. Repetitive and regimented meals limit nutrient intake and repetitive patterns are consistent with diet routines. Dietary habits were described as, *“Boring,” “Dinner meal follows the myplate guide; lunch is leftovers; breakfast is oatmeal,” “Very consistent-eat the same thing for breakfast and lunch almost everyday,” “I eat the same lunch almost every day. I rotate about 5 different breakfasts,” “Usually pretty regimented.”* These patterns are not consistent with the intuitive eating principle honor your health because regimented meals encourage eating for the sole purpose of health and nutrition. Regimented dietary patterns suggest that health and weight outcomes are dependent on every food and dietary choice. The intuitive eating model emphasizes that weight management is dependent upon food choices overtime and not individual food choices. This concept is important in recognizing the pleasure of eating, or discovering the satisfaction of factor, which is intuitive eating principle number six.

Guilt: Guilty conscious was also reported and the theme is consistent with the intuitive eating principle, challenge the food police. Examples include, *“Love sweets! -didn't have any yesterday because had a lot of sweets the day before plus I was drinking wine yesterday- didn't want to go overboard (gluttony),” “I no longer drink cow's milk, rather I use almond milk.”* These examples imply that that there are *wrong* and *right* dietary choices and that *wrong* are less desirable than the *right* dietary choices. This is a dichotomous way of thinking about food because foods are categorized as *good* and *bad*.

Irregular Meals: Irregular meals were coded as non-intuitive themes. Although eating in response to hunger is an intuitive eating principle, regular eating patterns that avoid deprivation and strong food cravings is a fundamental principle. Dieting is consistent with skipping meals and restricting intake on certain days but not on other days. These patterns are not consistent with the intuitive eating model. For example RD/Ns reported, *“Mon-Fri and more snacking, bagel intake and eggs on weekends, pizza and eating out,” “Weekends are more lax adding gluten free grains, cheese, and wine,” “Skip lunch, eat majority of calories late,” “More restrictive eating Monday-Thursday. More liberal Friday-Sunday,”* and *“Eat out more often or indulge on less healthy foods on the weekend.”*

Intuitive Eating Contradictions: Contradictions concerning intuitive eating and dieting ideas were reported. For instance, *“‘Diets’ drive me crazy, but even then, I am currently avoiding sweets to try to get back into healthier eating patterns post-holiday,” “All things fit into a healthy diet in moderation. Limiting intake of fried foods, red meats, and fast food is ideal,” “Anything can be eaten as long as it is done so in moderation and is combined with a healthy lifestyle of regular exercise, limited processed sugars/sodium/added fats, and is portion controlled.”*

Healthy and Clean: The terms *healthy* and *clean* were regularly reported when RD/Ns described their own dietary habits. For instance, *“Snack a lot, grazer, healthy, frequent, high fiber,” “Generally healthy, balanced macronutrients,” “Clean diet. Minimal processed foods”* and *“Pretty healthy seldom beef, pork chicken processed meat.”* These terms are not consistent with the fourth intuitive eating principle which is challenge the food police. Descriptor words, *healthy* and *clean*, insinuate that there are *less healthy* and *healthier* foods. This is also a dichotomous way of thinking about food. For instance, *“Whole Foods, minimally processed.*

Grilled or baked and leave the fried foods alone,” and “Choices for day take into account what has been previously eaten mentally "counting" vegetables, protein and fruits.”

Intuitive theme and non-intuitive themes were summed to create continuous scores. There was no significant difference between high, moderate and low intuitive eating groups and IE and non-IE coded theme scores (Table 3). Correlation tests confirmed a significant correlation between the IES—2 score and the intuitive theme score ($r=.294$, $p=.007$, $n=84$). There was a significant and negative correlation between intuitive theme scores and non-intuitive theme scores ($r=-.255$, $p=.019$, $n=84$). Correlations between theme scores, IES—2 total score, HEI and the validation tool sub scores are located in Appendix H.

Table 3. IES-2 compared to IE Themes						
	N	Overall sample	Overall range	Low IE	Moderate IE	High IE
Intuitive Eating Theme Score	84	1.82 ± 1.24	0-5	1.55 ± 1.27	1.67 ± 1.12	2.25 ± 1.26
Non-Intuitive Eating Theme Score	84	2.52 ± 1.72	0-9	2.38 ± 1.29	2.96 ± 2.1	2.25 ± 1.67
Similar Superscripts are not significantly different.						

The Attitudes, Knowledge and Practices Validation Tool Results

There was no significant difference between intuitive eating groups and knowledge or attitudes (Table 4). However, the attitude sub score was positively correlated to IES-2 total score ($n=82$, $r=.242$, $p<.028$). The IES—2 sub score, the unconditional permission to eat (UPE), was significantly correlated to attitudes ($n=82$, $r=.281$, $p<.010$) and knowledge ($n=82$, $r=.295$, $p<.008$). Knowledge and attitudes were positively and significantly correlated with each other ($n=78$, $r=.436$, $p<.000$) (Appendix H).

Table 4. IES-2 compared to The Attitudes, Knowledge and Practices Validation Tool

	Descriptive Variables			ANOVA by Intuitive Eating Groups		
	N	Overall sample	Overall range	Low IE	Moderate IE	High IE
Attitudes	82	24.54 ± 3.29	15.00-30.00	23.69 ± 3.37	24.48 ± 3.08	25.5 ± 3.24
Knowledge	79	10.01 ± 2.83	0.00-13.00	9.96 ± 3.11	9.5 ± 2.98	10.58 ± 2.32

Similar Superscripts are not significantly different.

Sub Sample of Registered Dietitians

When the sample was reduced to include only RD/Ns who practiced weight management counseling with overweight and obese clients, significant correlations were observed between IES-2 scores and the three validation tool sub scores practices (n=55, r=.439, p=.001), knowledge (n=55, r=.282, p=.037) and attitudes (n=57, r=.291, p=.028) (Table 5). The total validation tool score was correlated to IES-2 total scores (n=53, r=.413, p=.002). The non-intuitive eating theme score was negatively correlated to the knowledge (n=55, r=-.382, p=.004). The attitudes sub scores were positively correlated to the knowledge sub score (n=82, r=.427, p=.000).

Table 5. IES-2, IE Themes and Validation IE Tool Correlations

	Validation Total Score	Attitudes	Knowledge	Practice	IES-2	IE Theme	Non-IE Theme
Validation Total Score	1						
Attitude	.844**	1					
Knowledge	.579**	.427**	1				
Practice	.940**	.689**	.345*	1			
IES-2 Score	.413**	.291*	.282*	.439**	1		
IE Theme	.049	.044	.130	.061	.312*	1	
Non-IE Theme	-2.03	-.075	-.382**	-.110	-.056	-.208	1

*Correlation is significant at the p<0.05 level.

**Correlation is significant at the p<.01 level.

RD/Ns who reported that they practiced weight management were divided into low, moderate and high intuitive eating groups, using the same methodology used for the entire sample (low=IES-2 score 0-3.41, medium=3.42-3.88 and high ≥ 3.89). There was a significant difference in intuitive eating groups and IES-2 scores (3.27 ± 0.19 vs. 3.67 ± 0.14 vs. 4.27 ± 0.3 , $p=.000$). There were also significant differences between practice sub scores (39.54 ± 6.19 vs 43.17 ± 7.35 vs 47.39 ± 5.62 , $p=.007$) (Table 6).

Table 6. ANOVA by Intuitive Eating Group—Registered Dietitians who Counseled Overweight and Obese Clients (n=53)			
	Low IE	Moderate IE	High IE
IE Scale -2	3.19 ± 0.18^a	3.61 ± 0.16^b	4.32 ± 0.31^c
IE Scale – 2 sub scores			
<i>Unconditional permission to eat</i>	2.23 ± 0.53^a	3.44 ± 0.53^a	4.04 ± 0.52^b
<i>Eating for physical rather than emotional reasons</i>	2.91 ± 0.48^a	3.64 ± 0.41^b	4.41 ± 0.47^c
<i>Hunger and satiety</i>	3.2 ± 0.41^a	3.53 ± 0.37^a	4.32 ± 0.57^b
<i>Body and food choice congruence</i>	3.85 ± 0.46^a	4.04 ± 0.52^a	4.65 ± 0.39^b
BMI	24.92 ± 5.13	23.5 ± 4.85	21.32 ± 1.49
HEI	74.62 ± 6.83	76.06 ± 8.95	77.24 ± 10.73
IE theme score	1.85 ± 1.34	1.86 ± 1.08	2.42 ± 1.12
Non-IE theme score	2.54 ± 1.3	2.58 ± 1.86	2.05 ± 1.58
Total Validation Tool Score	74.33 ± 8.9^a	78.17 ± 11.19^{ab}	85.28 ± 8.96^b
Validation tool subs cores			
<i>Attitudes</i>	24 ± 4.14	24.64 ± 2.94	26.53 ± 2.99
<i>Knowledge</i>	9.5 ± 3.06	10.5 ± 2.19	11.37 ± 1.86
<i>Practices</i>	39.54 ± 3.06^a	43.17 ± 7.34^{ab}	47.39 ± 5.62^b
Similar Superscripts are not significantly different. $p < 0.05$ Italicized superscripts are significant at the $p < 0.01$ level.			

An independent samples t-test determined the difference of means for BMI, intuitive eating total and sub scores, HEI scores, intuitive and non-intuitive eating theme scores and the validation tool sub scores between Registered Dietitians that practiced weight management

counseling and those that didn't practice weight management counseling. There was a significant difference between the two groups for intuitive eating theme scores (2.03 ± 1.17 vs 1.35 ± 1.29 , $p=.025$), attitudes (10.58 ± 2.36 vs 8.71 ± 3.39 , $p=.010$) and knowledge (25.12 ± 3.37 vs 23.24 ± 2.74 , $P=.019$). Differences favored the group that indicated they practiced weight management counseling. (Table 7).

Table 7. Differences between RD/Ns who Practice and Do not Practice Weight Management Counseling				
		N	Mean	Significance
BMI	Practice	57	23.13 ± 4.32	
	Do not practice	26	23.86 ± 2.87	.369
IES—2 score	Practice	58	3.75 ± 0.49	
	Do not practice	26	3.68 ± 0.44	.521
Unconditional permission to eat	Practice	58	3.59 ± 0.61	
	Do not practice	26	3.60 ± 0.51	.916
Eating for physical rather than emotional reasons	Practice	58	3.73 ± 0.71	
	Do not practice	26	3.67 ± 0.78	.756
Hunger and satiety sub score	Practice	58	3.72 ± 0.63	
	Do not practice	26	3.54 ± 0.76	.312
Body food choice congruence sub score	Practice	58	4.20 ± 0.57	
	Do not practice	26	4.13 ± 0.46	.569
HEI scores	Practice	58	76.12 ± 9.07	
	Do not practice	26	74.80 ± 12.24	.638
IE Theme Score	Practice	58	2.03 ± 1.17	
	Do not practice	26	1.35 ± 1.29	.025
Non-IE Theme score	Practice	58	2.40 ± 1.64	
	Do not practice	26	2.81 ± 1.88	.341
Attitudes	Practice	55	10.58 ± 2.36	
	Do not practice	24	8.71 ± 3.39	.010
Knowledge	Practice	57	25.12 ± 3.37	
	Do not practice	25	23.24 ± 2.74	.019

Discussion

Most studies have observed intuitive eating in sample populations of adult women^{10,13,15} or college students.⁴⁵ This study also observed intuitive eating practices in a sample of mostly middle-aged women however, this sample is unique because it consisted of only Registered Dietitian Nutritionists. Additionally, over half of the sample indicated that they practiced weight management counseling with overweight and/or obese clients.

The mean IES-2 score was exceptionally heightened between the high and low intuitive eating groups. The low intuitive eating group scored similarly compared to other studies that measured intuitive eating in normal weight individuals and post non-diet intervention groups.^{15,51,52} The high intuitive eating group mean score was nearing a perfect score. Overall, the total sample mean score suggests that dietitians are above average intuitive eaters. RD/Ns' might have scored higher on the IES-2 scale because it is more socially acceptable to eat in accordance to the intuitive eating model (i.e. "I stop eating when I feel full"). This is confirmed by the fact that the content analysis revealed few intuitive eating themes. RD/Ns' with higher IES-2 scores reported as many non-intuitive theme practices in the content analysis as RD/Ns' with low IES-2 scores.

The IES-2 subscale scores were all >3.0 except for the subscale eating for physical hunger rather than emotional reasons. The moderate intuitive eating group scored significantly lower than the high and low intuitive eating groups for this subscale. This subscale has been found to be a low in other studies as well.⁵² This subscale is intended to assess if an individual's eating patterns are motivated by physical hunger or emotional distress.⁴⁵ This subscale measures a variety of intrapersonal factors (i.e. negative emotions, sadness and stress). Dietitians are

likely cognitive of the fact that eating for emotional reasons is an undesirable behavior. The qualitative analysis revealed few themes related to eating for reasons other than physical hunger. However, the subscale was still significantly lower in the moderate intuitive eating group suggesting that reported dietary philosophies and IES-2 scores are conflicting.

An inverse relationship between intuitive eating scores and BMI was also observed. This is consistent with other studies which have a confirmed negative correlations between intuitive eating and BMI.^{10,52,53}

There was no significant difference between the intuitive eating groups and HEI scores. Nor was IES-2 observed to be correlated to HEI scores. Considering that the intuitive eating model is centered on the idea that the body will determine diet and food variety to maintain health, it was expected that advanced intuitive eaters would have higher diet quality than low-intuitive eaters. Other researchers have also found that intuitive eating does not necessarily improve dietary quality.¹⁰ The HEI tool was developed to be consistent with the American Dietary Guidelines.⁴⁹ These guidelines could be considered a regimented eating pattern recommendation that encourages diet like behaviors. The guidelines emphasize consumption of healthy foods (i.e. whole grains, lean proteins, fruit, etc.) and discourage consumption of unhealthy foods. The guidelines quantify the amount of food and nutrients that should be consumed on most days and do not encompass any intuitive eating concepts such as enjoying food and eating food for pleasure, in addition to good health. In this research, there might have been an association between IES-2 and HEI scores because the dietary guidelines are not consistent with the intuitive eating model. Therefore, dietitians with high IES-2 scores, consume foods and certain quantities of foods according to their own personal needs and desires, and not a set of dietary recommendations. Further studies are needed to explore the relationship between diet quality and

intuitive eating.

The high and moderate intuitive eating groups reported greater consumption of oils than the low intuitive eating group. More advanced intuitive eaters may allow themselves the unconditional permission to eat oils and fats, while less advanced intuitive eaters may follow more traditional diet regimens and restrict oils and fats. Other research confirms that dietetic students have been found to consume less solid fat than non-dietetic students.³⁶ Further, Harris measured changes in intuitive eating scores and dietary intake of graduate level dietetic students and naturopathic students at the beginning of their first semester and end of their second semester. The dietetic students significantly increased their intuitive eating scores from the beginning to the end but no significant changes in dietary intake of whole grains, dairy, fruits/vegetables or red/processed meat were observed overtime or between the two groups. However, the dietetic students consumed significantly less added sugar and fewer added sugar beverages per day compared to the naturopathic medicine group.⁵⁵

Although low-fat and low added sugar diets seem desirable, it warrants the need to determine if these dietary behaviors are consistent with restrictive eating, or general healthy eating behaviors that are aligned with an overall non-diet approach. In a sample of Austrian dietitians, nearly 50% of the sample population scored positive for orthorexia, or some orthorexia behaviors; the dietitians showed significantly higher degrees of restraint and disinhibition compared to their non-orthorectic dietitian colleagues.³⁴ Flexible control and dieting share similar constructs and both behaviors can be present simultaneously.^{32,33} In this research, IES-2 scores were not correlated to non-intuitive eating themes or HEI scores as expected. Frequent non-intuitive eating themes emerged and there was no difference between non-IE theme scores and intuitive eating groups. This gives reason to suggest that intuitive eating and dieting might

simultaneously exist in a similar manner as restriction and flexible control. Given the concerns and apprehension amongst the dietetic community regarding dietetic students and eating disorders,^{43,56} more attention should be given to training and students and RD/N professionals within the dietetic community to adopt a sustainable Intuitive Eating philosophy and lifestyle.

Dieting and restriction can be considered outdated measurements of disordered eating patterns. Orthorexia is gaining interest among international researchers and the dietetics community.^{39,40,57} Research shows that individuals with orthorexia nervosa characteristics, reported a greater tendency to educate and encourage their friends and family to follow a healthy diet.⁵⁸ Registered Dietitians are frequently asked by friends and family members about food, diet and nutrition and continuously required to provide nutrition education to colleagues, clients and patients. Registered Dietitians may feel overly obligated to following a strictly healthy diet. This research secured relatively few intuitive eating themes in the qualitative analysis. Non-intuitive themes identified in this research are consistent with orthorectic behaviors.⁵⁹ For instance, Registered Dietitians frequently described their eating habits as being *healthy* or *clean* and used the terms *avoid* when listing ingredients like high fructose corn syrup or fried foods. Kinzi et al. also found that in a sample of Austrian dietitians, more than two thirds of the sample had changed their eating patterns in recent years to be healthier or only healthy and nearly half of the sample had orthorectic behaviors or orthorexia.³⁹

It was expected that intuitive eating theme scores would be positively correlated with IES-2 scores. This was confirmed and the intuitive-eating theme scores were positively correlated with the IES-2 scores indicating that RD/Ns with higher IES-2 scores mentioned intuitive eating themes more frequently in their reported personal dietary habits and eating philosophies. However, there was no significant inverse correlation between non-intuitive eating

theme scores and IES-2 scores which may suggest that IES-2 scores are not consistent with reported dietary patterns and eating philosophies. Participants with high IES-2 scores reported non-intuitive eating themes in conjunction with intuitive eating themes. Cognitive (e.g. knowledge) and environmental (e.g. social expectations) factors might influence reported IES-2 answers. Therefore, the IES-2 scale may not be an appropriate tool to measure intuitive eating practices within the dietetic population.

It is well recognized that religious and cultural beliefs influence dietary practices and eating philosophies. In particular, vegetarianism, veganism and the overarching idea of food as medicine are genuine motives to eat a certain way regardless of weight management. The researchers of this study categorized the themes vegetarian/vegan and food as medicine as non-intuitive themes. The researchers chose to do this because vegetarian/vegan and food as medicine themes were frequently coupled with diet and other non-intuitive themes. Such contradictions were identified within only the dietary pattern or food philosophy response, or a contradiction was identified between the two responses. For instance, one participant described their dietary pattern as, *“I follow a diabetic meal plan on the weekdays (3 meals/day and one protein-rich snack). On the weekends, I combine breakfast and lunch into one meal usually (or eat a small breakfast or a small lunch) and eat dinner with 1 snack usually. I eat many plant-based protein-rich foods with vegetables and limit whole grains at meals... I do not add sugar to foods and never drink beverages with sugar in them. I drink coffee daily (1-2 mugs daily) with 1-2 tsp of creamer and water for the rest of the day. I have cut out pastries and candy (even at potlucks).”* The participant’s response eludes to following a vegetarian diet but also mentions numerous non-intuitive themes like restriction of energy dense foods. This same participant’s eating philosophy response was, *“Let food be thy medicine and medicine be they food. Eat a healthy diet rich in*

nutrients, fiber and variety. Listen to your body, in terms of ‘mindful eating.’ ‘Knowing’ what to eat is not the issue for most; it is being prepared that is the key.” This participant’s philosophy implies an intuitive eating approach but it is not consistent with the numerous dieting verbs (i.e. restrict and cut out) that were identified in the dietary patterns response. Therefore, it is difficult to decipher how to interpret the themes vegetarian/vegan and food as medicine. Future research should explore these gray topic areas to further investigate if dietitians choose to follow vegetarian/vegan diets for lifestyle or dieting purposes and these themes are communicated to clients in practice.

Although the content analysis discovered a great deal non-intuitive contradictions within the dietary practices and eating philosophies responses, this research also identified positive intuitive eating themes within the content analysis. For instance, *“Food is to be enjoyed and to nurture our bod(y),”* and *“Choose healthy foods to eat mindfully and enjoy the experience. Eating is a joy, not punishment.”* These responses confirm that some dietitians are aware and mindful of non-diet approaches. Future research should explore how dietitians are communicating and incorporating non-diet approaches and intuitive eating principles into practice with clients.

Finally, this research served as a validation study which utilized a tool intended to measure Registered Dietitians intuitive eating knowledge, attitudes, and practices.⁴² When the entire sample was considered there was a significant correlation between IES-2 scores and attitudes. When only the sample of Registered Dietitians who practiced weight management counseling were considered, a positive correlation between all three validation tool sub scores, IES-2 total score and all IES-2 sub scores were found and the correlations can be considered to be stronger. The subsample RD/Ns who are providing weight management counseling have

greater positive attitudes towards intuitive eating, show greater knowledge of it and may use it in practice more so than dietitians working in education or clinical settings. In this study the subsample of only weight management practicing dietitians, showed an inverse relationship between knowledge and non-IE eating theme scores. This relationship was not observed in the entire sample. One explanation might be that Registered Dietitians who do not provide weight management counseling/services may not have been exposed to or know little about intuitive eating and non-diet approaches. Registered dietitians with more knowledge of intuitive eating seem to reference non-intuitive eating themes less often than those with less knowledge of intuitive eating.

All dietitians can benefit from applying the intuitive eating model to their own dietary habits. The intuitive eating model can be incorporated into a variety of sectors within the dietetics field, even medical nutrition therapy under certain circumstances. Including intuitive eating as part of the mandated DPD curriculum may improve knowledge of non-diet approaches and encourage RD/Ns to effectively apply the intuitive eating model to their own dietary habits. This can increase dietitians' efficacy of applying the model in practice with clients, patients and community members.

Intuitive eating is correlated with lower BMI, improved health outcomes and may be associated with improved dietary quality.^{10,12,13} Applying the Social Cognitive Theory, Registered Dietitians personal eating behaviors and willingness to adopting a non-diet approach are influenced by their knowledge and education. Dietitians who reported that they practiced weight management counseling know more about intuitive eating and have positive attitudes towards it. These dietitians are more likely to use it in practice with clients/patients and improve client/patient weight status and health outcomes.

The scope of practice in nutrition and dietetics includes but is not limited to weight management and obesity and disordered eating patterns.⁶⁰ RD/Ns are encouraged to participate in nutrition research and apply evidence-based practice that promote health and wellness and reduce the risk of chronic disease state occurrence. Emerging research continues to support non-diet approaches to weight management. The Accreditation Council for Education in Nutrition and Dietetics and the Commission on Dietetic Registration, should consider incorporating non-diet approaches into DPD program credential requirements. Meanwhile, researchers need to further investigate Registered Dietitians dietary patterns and attitudes towards diets and non-diet approaches, in order to recommend a theory based approach to teaching non-diet weight management models to future dietetic students and current dietetic professionals.

Strengths and Limitations

This study is original and captured a variety of information among a unique sample. This study explored dietitians intuitive eating and dietary patterns and philosophies utilizing a variety of tools. There is limited information with regards to dietitians eating patterns, philosophies and intuitive eating or non-diet approaches to weight management. To the knowledge of these researchers, this is the first study to validate the Intuitive Eating Attitudes, Knowledge and Practice tool. More research is needed to explore and better understand dietitians eating philosophies and weight management practice.

This study is limited by the potential of selection bias. Participants chose to participate in the study. Therefore, the research is only as strong as those who participated in the study. Those Registered Dietitians whom chose to not participate, may have been different than those who elected to participate. Nearly 200 participants began the study and over half failed to complete

the study, however there were no significant differences in age, years of field experience, BMI or calorie intake observed between those who dropped out of the study and those that completed the study. The length of the survey may have discouraged participants from finishing the survey, or it may have been related to the fact that those who did not participate did not want to disclose personal health and dietary information.

Unfortunately, the study is limited by the small sample size and that only two dietary practice groups were sampled. One of these groups was the Weight Management DPG, and it might be expected that participants from the Weight Management DPG have greater knowledge of intuitive eating and are more biased towards non-diet approaches. Therefore, it is questionable as to if this study's sample of dietitians is representative of the entire population of dietitians. Future researchers should seek out a more random sample of dietitians. Researchers might also consider sampling more ethnic and culturally diverse samples of dietitians to investigate if intuitive eating patterns differ across different nationalities and cultures.

Additionally, the survey only included a single 24-hour recall and just one 24-hour recall fails to capture usual dietary intakes. Participants may have been biased and under-or over reported weight, height, serving sizes and/or foods consumed. Further, the question "What is your perception of your current body size?" was phrased inappropriately. The question failed to ask how participants felt about their current body size. Perception may imply concrete observation or fact. For instance, if a dietitian knows that their BMI is a 23, then the perception of their BMI might be healthy. However, since feel implies personal thoughts and impressions, this same dietitian might feel that a BMI of 23 is overweight.

Furthermore, this study categorized the content analysis themes vegetarian/vegan and

food as medicine, as non-intuitive. Future studies should explore these themes in conjunction with factors such as religious beliefs, food allergies and/or chronic disease states. These factors likely influence dietary patterns and eating philosophies and research is needed to explore if and how these factors influence dietary habits, eating philosophies and how these factors are communicated to clients in practice.

Conclusion

In conclusion, this study assessed the intuitive eating practices and attitudes of Registered Dietitians. This study observed a negative correlation between IES-2 scores and BMI. It explored qualitative data analysis in which a variety of intuitive and non-intuitive themes emerged. Registered dietitians reported conflicting dietary practices that were both consistent and not consistent with the intuitive eating model. This research also validated an instrument that measured RD/N's knowledge, attitudes and practices of intuitive eating. Registered Dietitians who practiced weight management had positive attitudes towards intuitive eating. Future researchers should seek to further explore Registered Dietitians diet and intuitive eating perceptions and practices.

Appendix A

Q1 Are you a member of the Academy of Nutrition and Dietetics?

Yes

No

Q2 Are you a Registered Dietitian (RD) or Registered Dietitian Nutritionist (RDN)?

Yes. I hold the RD/RDN credential.

No. I am a student member.

No. I am a Diet Technician, Registered (DTR).

No. I am a public health or wellness professional.

No. I am just interested in the field of dietetics.

Welcome to the research study! IRB Consent

Department of Public Health, Food Studies and Nutrition
Falk College
Syracuse University
518 White Hall, Syracuse, NY 13244

My name is Marlei Simon, and I am a Graduate Student studying Nutrition at Syracuse University. I am inviting you to participate in a research study. Involvement in the study is voluntary, so you may choose to participate or not. This letter will explain the study to you and you should feel free to ask questions about the research if you have any. I am happy to explain anything and answer questions. I am interested in learning more about Registered Dietitian or Registered Dietitian Nutritionists personal dietary patterns and eating philosophies.

You are being asked to fill out a survey that will take approximately 15-20 minutes of your time. All information will be kept anonymous and your name will not appear anywhere nor will your answers be linked to your name in any way. You may withdraw from the study at any time without penalty. If you choose to participate in the study, you will have the opportunity to enter a random drawing for an Amazon gift card. One-hundred individuals will be randomly selected to receive a \$10.00 Amazon gift card. Gift cards will be sent via email by February 29, 2017. Results will be utilized to obtain a better understanding of dietitians' eating philosophies and dietary patterns. Aggregate results of this study will be shared with the Academy of Nutrition and Dietetics. Whenever email or the internet is utilized, there is always the risk of compromising privacy and confidentiality. Your confidentiality will be maintained to the best capability of the technology being used but is important for you to understand that no guarantees can be made regarding the interception of data sent via the internet by third parties.

If you have any questions, concerns, complaints about the research, contact Marlei Simon, RD via email at mbsimon@syr.edu or her faculty advisor Tanya Horacek, Ph.D, RD at thoracek@syr.edu. If you have any questions about your rights as a research participant, you have questions or concerns that you wish to address with someone other than the

investigator then you may contact the Syracuse University Institutional Review Board at 315-443-3013. I am 18 years of age or older, and I wish to participate in this research study. Please print a copy of this consent form for your records. By continuing to move on to the next page you are agreeing to participate within the terms of this research study.

I consent, begin the study

I do not consent, I do not wish to participate

Q4 What is your sex?

Male

Female

Q5 What is your age?

_____ years old

Q6 Choose one or more races that you consider yourself to be:

White

Black or African American

American Indian or Alaska Native

Asian

Native Hawaiian or Pacific Islander

Hispanic

Other _____

Q7 What is your highest level of education?

Bachelor's Degree

Master's Degree

Doctorate Degree

Other

Q8 Which statement best describes your current employment status?

Working (paid employee)

Working (self-employed)

Not working (temporary layoff from a job)

Not working (looking for work)

Not working (retired)

Not working (other)

Prefer not to answer

Q9 Which of the following industries most closely matches the one in which you are employed?

Hospital or other clinical setting

Foodservice
 Public health and wellness
 Private counseling
 Education
 Sales and Marketing
 Research
 Other _____

Q10 How many years have you practiced, or worked, in the dietetics field?

Q11 Please enter your height.

_____ Feet
 _____ Inches

Q12 Please enter your weight.

_____ Pounds

Q13 What is your perception of your current body size?

Underweight
 Healthy
 Overweight
 Obese

Q14 List everything that you ate yesterday, starting with the first thing you ate in the morning and ending with the last thing you ate at night. In the first column, provide specific information on the food item including type, brand or variety and in the second column provide quantity or amount of the food item consumed. Please list the specific food item in the left column and the amount consumed in the right column.

Food Item	Quantity
_____	_____

Q15 Describe your eating habits.

Q16 In a few sentences, please describe your eating philosophy.

Q17 How frequently do you follow this philosophy?

Never
 Sometimes
 About half the time
 Most of the time
 Always

Q18 I try to avoid certain foods high in fat, carbohydrates, or calories.

Strongly Disagree
Disagree
Neutral
Agree
Strongly agree

Q19 I have forbidden foods that I don't allow myself to eat.

Strongly Disagree
Disagree
Neutral
Agree
Strongly agree

Q20 I get mad at myself for eating something unhealthy.

Strongly Disagree
Disagree
Neutral
Agree
Strongly agree

Q21 If I am craving a certain food, I allow myself to have it.

Strongly Disagree
Disagree
Neutral
Agree
Strongly agree

Q22 I allow myself to eat what food I desire at the moment.

Strongly Disagree
Disagree
Neutral
Agree
Strongly agree

Q23 I do not follow eating rules or dieting plans that dictate what, when, and/or how much to eat.

Strongly Disagree
Disagree
Neutral
Agree
Strongly agree

Q24 I find myself eating when I'm feeling emotional (e.g., anxious, depressed, sad), even when I'm not physically hungry.

Strongly Disagree
Disagree
Neutral
Agree
Strongly agree

Q25 I find myself eating when I am lonely, even when I'm not physically hungry.

Strongly Disagree
Disagree
Neutral
Agree
Strongly agree

Q26 I use food to help me sooth my negative emotions.

Strongly Disagree
Disagree
Neutral
Agree
Strongly agree

Q27 I find myself eating when I am stressed out, even when I'm not physically hungry.

Strongly Disagree
Disagree
Neutral
Agree
Strongly agree

Q28 I am able to cope with my negative emotions (e.g., anxiety, sadness) without turning to food for comfort.

Strongly Disagree
Disagree
Neutral
Agree
Strongly agree

Q29 When I am bored, I do not eat just for something to do.

Strongly Disagree
Disagree
Neutral
Agree

Strongly agree

Q30 When I am lonely, I do not turn to food for comfort.

Strongly Disagree

Disagree

Neutral

Agree

Strongly agree

Q31 I find other ways to cope with stress and anxiety than by eating.

Strongly Disagree

Disagree

Neutral

Agree

Strongly agree

Q32 I trust my body to tell me when to eat.

Strongly Disagree

Disagree

Neutral

Agree

Strongly agree

Q33 I trust my body to tell me what to eat.

Strongly Disagree

Disagree

Neutral

Agree

Strongly agree

Q34 I trust my body to tell me how much to eat.

Strongly Disagree

Disagree

Neutral

Agree

Strongly agree

Q35 I rely on my hunger signals to tell me when to eat.

Strongly Disagree

Disagree

Neutral

Agree

Strongly agree

Q36 I rely on my fullness (satiety) signals to tell me when to stop eating.

Strongly Disagree

Disagree

Neutral

Agree

Strongly agree

Q37 I trust my body to tell me when to stop eating.

Strongly Disagree

Disagree

Neutral

Agree

Strongly agree

Q38 Most of the time, I desire to eat nutritious foods.

Strongly Disagree

Disagree

Neutral

Agree

Strongly agree

Q39 I mostly eat foods that make my body perform efficiently (well).

Strongly Disagree

Disagree

Neutral

Agree

Strongly agree

Q40 I mostly eat foods that give my body energy and stamina.

Strongly Disagree

Disagree

Neutral

Agree

Strongly agree

Q41 Have you ever heard of intuitive or mindful eating?

Yes

No

Q42 Do you currently counsel overweight and/or obese clients for weight management?

Yes
No

Q43 How many years of experience do you have counseling overweight and/or obese clients for weight management?

_____ years

Q44 How often do you give specific advice regarding opportunities for increasing incidental physical activity?

Never
Rarely
Sometimes
Often
Usually

Q45 How often do you help clients find ways to be physically active that are enjoyable, rather than following a strict exercise regimen?

Never
Rarely
Sometimes
Often
Usually

Q46 How often do you give advice regarding distribution of meals and snacks throughout the day?

Never
Rarely
Sometimes
Often
Usually

Q47 How often do you give practical advice regarding shopping and cooking to achieve dietary goals?

Never
Rarely
Sometimes
Often
Usually

Q48 How often do you help clients identify and eat foods that they enjoy and are nutritious?

Never

Rarely
Sometimes
Often
Usually

Q49 How often do you work with clients using behaviour modification techniques?

Never
Rarely
Sometimes
Often
Usually

Q50 How often do you help clients learn to recognize and eat based on their internal signals of hunger, fullness and satiety?

Never
Rarely
Sometimes
Often
Usually

Q51 How often do you recommend keeping a hunger awareness journal/diary?

Never
Rarely
Sometimes
Often
Usually

Q52 How often do you work with clients to increase self-esteem?

Never
Rarely
Sometimes
Often
Usually

Q53 How often do you work with clients to increase self-acceptance of weight?

Never
Rarely
Sometimes
Often
Usually

Q54 How often do you give specific advice to eat fewer calories?

Never
Rarely
Sometimes
Often
Usually

Q55 How often do you give specific advice to reduce total fat intake?

Never
Rarely
Sometimes
Often
Usually

Q56 How often do you advise clients to follow specific dieting plans that dictate what, when and/or how much to eat?

Never
Rarely
Sometimes
Often
Usually

Q57 How often do you encourage clients to avoid foods high in fat, carbohydrates or calories?

Never
Rarely
Sometimes
Often
Usually

Q58 How often do you recommend using a food journal/diary to monitor exact calories, portions, etc.?

Never
Rarely
Sometimes
Often
Usually

Q59 How often do you recommend keeping a weight journal/diary?

Never
Rarely
Sometimes
Often
Usually

Q60 How often do you suggest that clients weigh themselves?

Never
Rarely
Sometimes
Often
Usually

Q61 How strongly do you support the use of intuitive eating to promote a healthy lifestyle?

Strongly Disagree
Disagree
Neutral
Agree
Strongly agree

Q62 Intuitive eating is more effective than calorie-restricted dieting for long-term weight loss and/or maintenance.

Strongly Disagree
Disagree
Neutral
Agree
Strongly agree

Q63 It is important for individuals to learn to eat based on internal cues of hunger, fullness and satisfaction.

Strongly Disagree
Disagree
Neutral
Agree
Strongly agree

Q64 Intuitive eating is an adaptive style of eating.

Strongly Disagree
Disagree
Neutral
Agree
Strongly agree

Q65 Students studying to become registered dietitians should be educated about intuitive eating.

Strongly Disagree
Disagree
Neutral

Agree
Strongly agree

Q66 Registered dietitians should be trained to use intuitive eating for weight management.

Strongly Disagree
Disagree
Neutral
Agree
Strongly agree

Q67 An intuitive eater tries to avoid certain foods high in fat, carbohydrates or calories.

The statement above is a characteristic of an intuitive eater.
The statement above is NOT a characteristic of an intuitive eater.
I don't know.

Q68 An intuitive eater eats when feeling emotional (e.g. anxious, depressed, sad), even when not physically hungry.

The statement above is a characteristic of an intuitive eater.
The statement above is NOT a characteristic of an intuitive eater.
I don't know.

Q69 If craving a certain food, an intuitive eater allows his/herself to have it.

The statement above is a characteristic of an intuitive eater.
The statement above is NOT a characteristic of an intuitive eater.
I don't know.

Q70 An intuitive eater gets mad at his/herself for eating something unhealthy.

The statement above is a characteristic of an intuitive eater.
The statement above is NOT a characteristic of an intuitive eater.
I don't know.

Q71 An intuitive eater is able to cope with negative emotions (e.g. anxiety, sadness) without turning to food for comfort.

The statement above is a characteristic of an intuitive eater.
The statement above is NOT a characteristic of an intuitive eater.
I don't know.

Q72 An intuitive eater allows his/herself to eat what food is desired at the moment.

The statement above is a characteristic of an intuitive eater.
The statement above is NOT a characteristic of an intuitive eater.
I don't know.

Q73 Most of the time, an intuitive eater desires to eat nutritious foods.

The statement above is a characteristic of an intuitive eater.

The statement above is NOT a characteristic of an intuitive eater.

I don't know.

Q74 An intuitive eater mostly eats foods that make his/her body perform efficiently (well).

The statement above is a characteristic of an intuitive eater.

The statement above is NOT a characteristic of an intuitive eater.

I don't know.

Q75 An intuitive eater relies on his/her hunger signals to tell him/her when to eat.

The statement above is a characteristic of an intuitive eater.

The statement above is NOT a characteristic of an intuitive eater.

I don't know.

Q76 Research has shown that intuitive eating is positively associated with a normal BMI.

True

False

I don't know

Q77 Research has shown that weight loss is necessary for overweight and/or obese individuals to improve their health.

True

False

I don't know

Q78 Research has shown that intuitive eating is positively associated with psychological wellbeing (i.e. self-esteem, overall life satisfaction and proactive coping skills).

True

False

I don't know

Q79 Research has shown that intuitive eating is inversely (negatively) associated with disordered eating, body dissatisfaction and internalization of the thin ideal.

True

False

I don't know

Q80 If you would like to enter the random drawing for the opportunity to receive a \$10.00 Amazon gift card then please enter an email address below.

Appendix B: Differences between RDNs who completed whole survey and those who dropped out

		N	Mean	Significance
Age	Participated	84	41.64 ± 12.86	.065
	Dropped out	65	45.74 ± 13.71	
Field Experience	Participated	84	15.58 ± 11.72	.147
	Dropped out	65	18.38 ± 11.58	
BMI	Participated	83	23.96 ± 3.92	.889
	Dropped out	61	23.28 ± 3.27	
Calorie intake	Participated	84	1590 ± 413.76	.172
	Dropped out	17	1358 ± 647	

Appendix D: Food Group and Nutrient Descriptive Variables

	N	Mean $\pm$ SD	Range
Grains (ounces)	84	5.1 $\pm$ 2.77	0-16.50
Whole Grains (ounces)	84	1.71 $\pm$ 1.54	0-7.50
Vegetables (cups)	84	2.46 $\pm$ 1.31	.25-7.25
Fruits (cups)	84	1.16 $\pm$ 0.96	0-3.50
Dairy (cups)	84	1.60 $\pm$ 1.12	0-4.75
Protein (ounces)	84	5.15 $\pm$ 2.72	0-14.50
Oil (tsp)	84	4.51 $\pm$ 2.77	0-12.00
Total Calories (kcal)	84	1589.93 $\pm$ 413.76	934-2958
Added Sugars (kcal)	84	112.61 $\pm$ 83.45	5-348
Saturated Fat (kcal)	84	162.52 $\pm$ 73.12	21-386
Protein (grams)	84	75.85 $\pm$ 24.52	39-144
% of calories from protein	84	19.31 $\pm$ 4.88	11-33
Carbohydrates (grams)	84	193.65 $\pm$ 64.72	74-28
% of calories from carbohydrates	84	48.40 $\pm$ 8.82	24-72
Dietary Fiber (grams)	84	22.90 $\pm$ 9.04	8-59
Added Sugars (grams)	84	28.18 $\pm$ 20.85	1-87
% of kcal from total fat	84	33.14 $\pm$ 7.25	7-48
% of kcal from saturated fat	84	10.20 $\pm$ 3.76	1-21
Cholesterol (mg)	84	221.26 $\pm$ 139.45	18-636
Calcium (mg)	84	902.52 $\pm$ 332.18	249-2060
Sodium (mg)	84	2513.12 $\pm$ 917.41	579-5135
Iron (mg)	84	15.17 $\pm$ 8.55	6-49
Vitamin A (ug RAE)	84	910.93 $\pm$ 425.23	250-2113
Vitamin D (UG)	84	4.99 $\pm$ 6.08	0-38
Vitamin E (MG AT)	84	9.83 $\pm$ 6.26	3-41
Vitamin K (UG)	84	212.60 $\pm$ 217.82	22-1074

Appendix E: HEI Total and Sub Score Descriptive Variables by Calorie Level

	N	Mean $\pm$ SD	Range
Grains HEI 1600 kcals	49	7.40 $\pm$ 2.55	0-10
Veg HEI 1600 kcals	49	8.57 $\pm$ 2.28	2.5-10
Fruit HEI 1600 kcals	49	5.66 $\pm$ 4.01	0-10
Dairy HEI 1600 kcals	49	4.64 $\pm$ 2.28	0-10
Protein HEI 1600 kcals	49	7.40 $\pm$ 2.84	0-10
HEI Score 1600 kcals	49	75.36 $\pm$ 9.37	47.5-92.5
Grains 1800 kcals	10	6.75 $\pm$ 1.69	5-10
Veg HEI 1800 kcals	10	8.25 $\pm$ 2.06	5-10
Fruit HEI 1800 kcals	10	7.50 $\pm$ 2.04	5-10
Dairy HEI 1800 kcals	10	6.75 $\pm$ 3.13	2.5-10
Protein HEI 1800 kcals	10	9.00 $\pm$ 2.42	2.5-10
HEI Score 1800 kcals	10	75.75 $\pm$ 9.06	62.5-92.5
Veg HEI 2000 kcals	15	7.50 $\pm$ 2.5	5-10
Fruit HEI 2000 kcals	15	6.00 $\pm$ 3.76	0-10
Dairy HEI 2000 kcals	15	6.33 $\pm$ 2.81	0-10
Protein HEI 2000 kcals	15	8.50 $\pm$ 1.58	5-10
Grains HEI 2000 kcals	15	8.67 $\pm$ 1.7	5-10
HEI Score 2000 kcals	15	76.83 $\pm$ 13.51	50-92.5
Grains HEI 2200 kcals	10	9.00 $\pm$ 1.75	5-10
Veg HEI 2200 kcals	10	8.25 $\pm$ 2.65	2.5-10
Fruit HEI 2200 kcals	10	5.75 $\pm$ 4.09	0-10
Dairy HEI 2200 kcals	10	6.25 $\pm$ 3.58	2.5-10
Protein HEI 2200 kcals	10	7.50 $\pm$ 2.36	5-10
HEI 2200 kcals	10	72.50 $\pm$ 9.43	62.5-85
Total % calories from fat	84	6.73 $\pm$ 2.95	0-10
Total % Saturated fat	84	7.14 $\pm$ 3.6	0-10
Total cholesterol (mg)	84	8.42 $\pm$ 3.17	0-10
Total sodium (mg)	84	8.07 $\pm$ 2.5	0-10
Variety score	84	9.79 $\pm$ 0.97	5-10

Appendix F: Difference between IE groups and food groups and nutrient means

ANOVA Select nutrients and food groups. (N=83)			
	Low IE	Moderate IE	High IE
Total calories	1609.14 ± 458.04	1591.37 ± 447.43	1569.68 ± 339.32
Fruit (cups)	1.02 ± 1.02	1.26 ± 1	1.21 ± 0.87
Dairy (cups)	1.76 ± 1.14	1.50 ± 1.29	1.55 ± 0.91
Vegetables (cups)	2.16 ± 1.29	2.56 ± 1.25	2.68 ± 1.38
Grains (ounces)	5.40 ± 3.04	5.06 ± 3.13	5.05 ± 2.11
Whole grains (ounces)	1.6 ± 1.79	1.57 ± 1.28	1.96 ± 1.50
Oils (teaspoons)	3.31 ± 1.99 ^a	5.30 ± 2.81 ^b	5.00 ± 3.08 ^b
Protein (grams)	76.97 ± 24.72	75.81 ± 28.76	74.71 ± 20.36
Added sugars (grams)	30.93 ± 24.48	27 ± 19.11	26.46 ± 18.73
Similar superscripts are not significantly different. Significant at the p<.05 level.			

Appendix G:

Intuitive Eating Themes: <i>Intuitive eating constructs</i>
<ul style="list-style-type: none"> • Regular meals/snacks, usually eat every 3-5 hours and try to get balanced meals. Eat when I'm hungry/stop when full, try to pay attention to mindful eating. • typically I eat 3 meals daily, 2-3 snacks depending on hunger levels and physical activity that day. I • relatively healthy eating habits. never skips meals. sweet tooth - I enjoy something sweet most days. I recognize boredom eating at work sometimes. • I do not feel guilty when I treat myself with an unhealthy food, but enjoy it thoroughly. / I listen to my stomach hunger and overeat on occasion but not often. • nourish the body by eating food that you enjoy and helps you feel your best • I make an effort to eat mindfully... • I am an intuitive eater: I eat when I feel hungry (usually every 3-4 hours) and stop when I feel satisfied (even if there's only 2 bites left). • Don't believe in restrictive dieting or depriving myself of treats. I'm a mindful eater and do not struggle with emotional/stress eating. Typically I follow my hunger/satiety cues very well. • I eat whatever I want • I try not to let myself get too hungry or too full. I do not keep snacks around the house or my office. • I eat what I want and pay attention to my body when I feel full. What can I say, I love food! • I eat in with variety, moderation and balance. I eat with joy and please I am not rigid in my restraints of what I eat, however, I am know that making healthy choices compliments my life purpose to be be strong, healthy and resilient • I totally believe in Intuitive Eating and Mindful eating. • I try to make good choices allowing mouth pleasure foods as well. • mindful • eat a little bit of everything, not too much of any one thing. listen to your body and your cravings, be mindful and in the moment. • I believe in promoting normal, healthy eating based on Mediterranean diet. / Since I mostly work with eating disorders, I focus more on mindful eating and am against labeling foods as "good" or "bad". / I'm also fairly active, do Spin/HIIT/run almost daily, so I prefer consistent meals/snacks throughout the day for energy. • Healthy intake most days, moderation with snacking. Mindful eating practices. • I emphasize wholesome food choices--foods that come from the ground or out of the field. I encourage listening to one's body signals, feelings of hunger, fullness and energy levels as a guide for intake. • Enjoy the foods you enjoy. Mindfulness is key - don't deprive yourself. There is room for everything.

- "Let food be thy medicine and medicine be they food." / Eat a healthy diet rich in nutrients, fiber and variety. Listen to your body, in terms of "mindful eating." / "Knowing" what to eat is not the issue for most; it is being prepared that is the key.
- Eating healthy is a balance - 80% healthy natural foods, 20% more processed with preservatives. Eating according to hunger and limiting overeating is essential to comfort and enjoyment of eating. Food is meant to nourish our bodies instead of to deal with boredom or other emotions
- eat when you are hungry 2-3 food group per meal or snack, always a fruit or veggie / always whole grains / don't waste food
- I make an effort to eat mindfully, in a relatively routine way that works for me to match energy needs and enjoyment of a wide variety of food. I think choosing nutrition and dietetics as a career moved me towards a style of eating that I might not have attained in that it isn't the way I ate growing up. I am much more adventurous but also mindful
- Mindful eating--paying attention to when I'm hungry and when I'm full. I leave food on the plate if I'm not hungry enough to finish it, and try to pay close attention when I want to snack to see if it's due to hunger or other reasons, such as boredom. (I'm susceptible to boredom eating.)
- I eat what I feel like eating
- Focus on foods not single nutrients. Avoid deprivation and restrictive dieting. Focus on mindfulness, avoid putting foods into "good" and "bad" categories (instead make a food a 'sometimes' food or an 'everyday' food). Honor your hunger/satiety cues. I try to make sure each meal follows a health "plate" method - half the plate veggies and fruits, 1/4 lean protein, and 1/4 high fiber starch. / /
- at what I want and enjoy the experience.
- Food is good! Eat it in variety and with devotion
- I have irregular eating habits. I typically don't eat anything until after 10am (I wake up between 6 and 7) but if I am very hungry before I leave for work, I might eat a small bowl of cereal or small glass of juice. I eat lunch any where between 1 and 3pm depending on the day. I eat something when I get home, if I am hungry. I snack a little while making dinner and we eat anywhere between 7:30 and 9:30pm.
- I try not to let myself get too hungry or too full.
- I want to enjoy what I eat and eat what I enjoy. Life is too short to obsess about calories or fat or being "good" or feeling guilty for eating "bad". Balance and tradeoffs are important--you can't be healthy 100% of the time nor should you not pay attention 100% of the time. Finally, I listen to my body: hunger, fullness, energy cues and try not to ignore basic needs.
- Mindfully, intentionally. I eat to nurture my body, mind and spirit. My body is a gift to be cherished.
- I totally believe in Intuitive Eating and Mindful eating.
- Notice hunger and satisfy the need without over consuming.
- I eat enough to support my activity. I recognize the social aspect of food and enjoy it around family get together

Intuitive Eating Themes: *Moderation and All foods Fit*

- Every decade a person should evaluate their food habits. For example, in my 30's I would drink diet coke and eat cheese combos (snack food) for lunch. I would usually eat 2 cookies every day. Now, I don't drink diet coke. In fact I limit my intake of caffeine.
- Food should taste good and be enjoyable to eat and the occasional treat like ice cream or chocolate cookie eaten in moderation is ok.
- Taste/enjoy food and try to be present. Focus on variety and moderation. Do not exclude any food groups/items.
- Healthy intake most days, moderation with snacking. Mindful eating practices.
- I try to eat whole foods and in moderation. I enjoy chocolate and wine in moderation but I also love my fruits and vegetables.
- I do not believe in limiting any foods and try to prepare a variety of foods at L&D. Making small changes helps me control my weight better than restricting any foods.
- I believe in moderation. I have had trouble losing weight since having my second child, but I don't believe diets work. I try to eat healthy most of the time and be as active as I can be. "Diets" drive me crazy, but even then, I am currently avoiding sweets to try to get back into healthier eating patterns post-holiday.
- all foods fit in moderation
- Everything in moderation- I aim for 80% healthy. I have a sweet tooth and love to cook and bake
- All foods fit. Some foods just need to have a greater presence in the diet than others.
- I am a big proponent of volumetrics and filling our plates with nutrient dense foods such as non-starchy vegetables in order to feel satisfied with our choices. I do believe all foods can fit in a healthy eating plan, just a matter of how much and how often. I think by practicing mindful eating habits, we can enjoy more indulgent foods in smaller amounts and without feeling guilty.
- I believe in moderation. All foods fit. I try to eat 80% whole foods 20% convenience which is still challenging to do so.
- I believe in eating mostly a plant-based diet, but also include a variety of animal products. I prefer to eat freshly-made items, whether that is home-made, fresh-casual (like SweetGreen), or restaurant meals. I aim to eat very healthfully most of the time, but also allow for culinary treats.
- Moderation in all things, including moderation.
- anything can be eaten as long as it is done so in moderation and is combined with a healthy lifestyle of regular exercise, limited processed sugars/sodium/added fats, and is portion controlled.
- Try to be healthy but make room for treats.
- All foods can fit, variety and moderation
- I believe in nourishing your body with whole foods, but allow indulgences every once in a while
- All food fits in moderation. More colors the better. Love adventurous eating and trying new foods.
- Balance, variety and moderation - and moderation includes moderation!

- Eat high quality food whenever possible. Moderation is an acceptable mantra for most food. Avoid high fructose corn syrup and trans fat whenever possible.
- All foods can fit, moderation. Eat healthy most of the time.
- I believe in eating foods you enjoy but trying not to overeat on these foods.
- lots of veggies, some of anything I want
- I personally follow a plant based diet but for my clients I teach them that all food can fit. There are certain foods that we should limit consumption of but that doesn't mean they can't enjoy them on occasion. Deprivation and categorizing food as good and bad will only set them up for failure in the long run.
- Everything is ok within reason.
- Eat a lot of veggies and not too many sweets.
- Exercise *some* restraint, but no outright restrictions, /
- I enjoy the food I consume and don't stress about making some calorie-dense choices occasionally
- Include all food groups in appropriate portions. The less processed the better. Work in small treats occasionally. Use whole grain not multi-grain, use lower fat dairy choices.
- The keys to healthy eating are balance, variety and moderation.
- enjoy what they eat through a lifestyle of moderation. With that said attention should be given to the contribution food plays on overall health and when possible one should eat to maintain their best health. The role of food and nutrition in the avoidance and management of chronic disease is important to consider in ones daily nutrition plan.
- Goal is to have a variety on daily basis except as restricted by GF. Choices for day take into account what has been previously eaten mentally "counting" vegetables, protein and fruits. Grains mostly whole with homemade popcorn eaten several times weekly
- All foods are okay in moderation.
- Whole Foods, minimally processed. Grilled or baked and leave the fried foods alone.
- Consistency, balanced meals and snacks. Everything in moderation.
- Moderation - 80/20 rule - 80 percent of the time try to do the 'right' thing by eating fruits, vegetables, lean meats, healthy grains. Twenty percent of the time, may eat out, have dessert.
- I believe in eating foods in their most whole form possible, as often as possible. I believe the healthiest way to eat for me and my family is plant-based, and it's worth the extra prep time to us. Indulgences have their place too, though, and should be enjoyed consciously.
- Eat everything in moderation.
- Balance and Moderation is the primary focus. It changes based on if I have gained a few pounds or lost a few pounds. It also changes based on my activity level or training level or if I am training for a race.
- I believe in moderation.
- No foods are off limits. / Diets should consist of primarily whole food
- Taste/enjoy food and try to be present. Focus on variety and moderation. Do not exclude any food groups/items.
- eat a little bit of everything, not too much of any one thing. listen to your body and your cravings, be mindful and in the moment.

- I believe in promoting normal, healthy eating based on Mediterranean diet. / Since I mostly work with eating disorders, I focus more on mindful eating and am against labeling foods as "good" or "bad". / I'm also fairly active, do Spin/HIIT/run almost daily, so I prefer consistent meals/snacks throughout the day for energy.
- all foods fit in moderation
- All things fit into a healthy diet in moderation. Limiting intake of fried foods, red meats, and fast food is ideal. Aim to make half of your plate fruits and vegetables, and consume whole grains whenever possible.
- Enjoy the foods you enjoy. Mindfulness is key - don't deprive yourself. There is room for everything.
- All foods fit. Some foods just need to have a greater presence in the diet than others.
- I am a big proponent of volumetrics and filling our plates with nutrient dense foods such as non-starchy vegetables in order to feel satisfied with our choices. I do believe all foods can fit in a healthy eating plan, just a matter of how much and how often. I think by practicing mindful eating habits, we can enjoy more indulgent foods in smaller amounts and without feeling guilty.
- I believe in moderation. All foods fit. I try to eat 80% whole foods 20% convenience which is still challenging to do so.
- Eating healthy is a balance - 80% healthy natural foods, 20% more processed with preservatives. Eating according to hunger and limiting overeating is essential to comfort and enjoyment of eating. Food is meant to nourish our bodies instead of to deal with boredom or other emotions
- Nothing is off limits. I aim to Spply Ellyn Satters principles with myself and my kids.
- anything can be eaten as long as it is done so in moderation and is combined with a healthy lifestyle of regular exercise, limited processed sugars/sodium/added fats, and is portion controlled.
- All foods fit, eat mostly plant foods, variety of colors each day.
- All foods can fit, variety and moderation
- Variety. Don't omit anything that you are not allergic to or repulsed by.
- All foods can fit, moderation. Eat healthy most of the time.
- I view food as neither "good" or "bad"
- I personally follow a plant based diet but for my clients I teach them that all food can fit. There are certain foods that we should limit consumption of but that doesn't mean they can't enjoy them on occasion. Deprivation and categorizing food as good and bad will only set them up for failure in the long run.
- All foods fit- if you pay attention to the overall balance. / Consumption of vegetables and fruits is critical to satiety.
- There are no good and bad foods, only bad diets
- All foods are okay in moderation.
- I feel that all foods can fit into a diet. I believe in balanced eating and eating whole foods.
- I believe that all foods fit. I aim for a plant based diet high in fruits and vegetables, but I love chocolate and won't miss a day without it!

Intuitive eating constructs: Enjoy

- Food should taste good and be enjoyable to eat
- Taste/enjoy food and try to be present. Focus on variety and moderation. Do not exclude any food groups/items.
- Most important, enjoy every bite/sip.
- Enjoy the foods you enjoy. Mindfulness is key - don't deprive yourself. There is room for everything.
- Eating healthy is a balance - 80% healthy natural foods, 20% more processed with preservatives. Eating according to hunger and limiting overeating is essential to comfort and enjoyment of eating. Food is meant to nourish our bodies instead of to deal with boredom or other emotions
- I eat healthfully 80-90 % of the time, and enjoy less healthy foods 10-20% of the time. I love food and love to eat!
- I enjoy food.
- I make an effort to eat mindfully, in a relatively routine way that works for me to match energy needs and enjoyment of a wide variety of food. I think choosing nutrition and dietetics as a career moved me towards a style of eating that I might not have attained in that it isn't the way I ate growing up. I am much more adventurous but also mindful
- Food impacts health. Food provides pleasure and nourishment. I believe a plant based diet with or without lean animal protein is a healthy, fiber rich diet for chronic disease prevention and good taste!
- All food fits in moderation. More colors the better. Love adventurous eating and trying new foods.
- Enjoy carbs.
- Enjoy what you eat.
- I believe in eating foods you enjoy but trying not to overeat on these foods.
- Food should be enjoyed for it's flavor.
- Choose healthy foods to eat mindfully and enjoy the experience. Eating is a joy, not punishment.
- Eat what I want and enjoy the experience.
- Food is good! Eat it in variety and with devotion
- I enjoy the food I consume and don't stress about making some calorie-dense choices occasionally
- Food is to be enjoyed and to nurture our bodied.
- I want to enjoy what I eat and eat what I enjoy. Life is too short to obsess about calories or fat or being "good" or feeling guilty for eating "bad". Balance and tradeoffs are important--you can't be healthy 100% of the time nor should you not pay attention 100% of the time. Finally, I listen to my body: hunger, fullness, energy cues and try not to ignore basic needs.
- I believe in eating foods in their most whole form possible, as often as possible. I believe the healthiest way to eat for me and my family is plant-based, and it's worth the extra prep time to us. Indulgences have their place too, though, and should be enjoyed consciously.

- I believe food should both nourish and be enjoyed.
- Its about enjoying food with friends/family and selecting choices that fuel the body and mind.
- I believe eating is supposed to be enjoyable.

Intuitive eating constructs: Variety

- I think I eat somewhat healthy, but have days I may not eat as healthy. I like to practice what I preach.
- I eat a wide variety of foods.
- Eat a wide variety of foods. I do not avoid anything.
- Usually healthy and balanced, at times eat too much junk/fast food
- Eat a variety of foods trying to include fruits and vegetables but some days it is a challenge with work and kids. / Eating on the go is sometimes the only possibility of having a meal. /
- I eat a variety of meats, seafood and vegetables. My fruit consumption is less varied (mostly blueberries, raspberries and cantaloupe).
- Vegetarian, balanced meals, reasonable portions, water intake adequate, high fiber, good variety as well as treats and more pleasurable foods incorporated
- I would say balanced. I don't restrict but try to put emphasis on food quality
- I enjoy all the food groups.
- I eat in with variety, moderation and balance

Intuitive eating constructs : Internal Regulation/Regular Meals

- Balanced. 3 meals per day with snacks between meals
- Regular meals/snacks, usually eat every 3-5 hours and try to get balanced meals. Eat when I'm hungry/stop when full, try to pay attention to mindful eating.
- typically 3 meals and 2-3 snacks daily, depending on my schedule. / well balanced most of the time, with small treats here and there.
- 3 meals/day, sometimes a snack mid-afternoon or evening.
- Consistent eating habits Mon-Fri and more snacking, bagel intake and eggs on weekends, pizza and eating out.
- 3 meals/day - Brkfst, lunch & dinner
- 5-6 small meals throughout the day
- Three meals a day and an afternoon snack, relatively healthy, but I do love the sweets
- right now I am trying to lose weight so I am tracking my food on fitbit app. i generally eat 3 meals/day + snacks
- Healthy portion sizes / Well balanced meals / Limited intake of fried foods and red meats / Abundant intake of fruits and vegetables / Typically consume 1 meal replacement protein bar or shake per day / Avid snacker (1-2 snacks per day, including a bed time snack)
- Frequent and routine
- typically I eat 3 meals daily, 2-3 snacks depending on hunger levels and physical activity that day. I
- relatively healthy eating habits. never skips meals. sweet tooth - I enjoy something sweet most days. I recognize boredom eating at work sometimes.

- I have 3 meals/day.
- I tend to focus on lean protein and high fiber foods at each meal and snack. I eat 3 meals/day with smaller snacks in between meals. I tend to eat pretty similar day-to-day for breakfast, lunch, and my snacks but then vary my evening meal.
- Usually eat B,L,D & 2 snacks.
- 3 meals, 1-2 snacks daily / 2 smaller meals/snacks in the morning, mid morning (breakfast) / lunch / dinner / Breakfast and lunch meals are packed on weekdays, dinner prepared at home nightly / Eating out one time a month - sit down
- smaller, more frequent meals.
- I try to follow my plate guideline and choose fruits and vegetables for snacks. I typically eat every 3 hours.
- I like to eat 3 meals and snack
- 3 meals, 2-3 snacks per day
- I eat 2-3 meals per day and 2-5 snacks per day.
- I eat small, frequent meals. I often eat every 4 hours throughout the day.
- 3 meals a day with an occasional night snack
- Typically eat 3 meals per day and occasionally an afternoon snack. Eat a wide variety of foods. I do not avoid anything.
- 3 regular meals with usually 1 snack/day (sometimes mid-afternoon, sometimes evening snack.) Most dinners are homemade at home.
- Protein with each meal, eating at least every 4 hours but not after 7PM
- 3 meals per day, 2 snacks,
- 3 meals per day, some days better than others based on quality/quantity. love for high quality food. most common issue I face is overeating.
- very regular,
- eat regular meals, try to cook homemade but rely on convenience items alot
- Eat 3 meals per day, sometimes snacks. Actually have been adding snacks to try and decrease hunger at meals to avoid over eating.
- I eat three meals a day plus a snack or two, usually fruit for snack.
- I tend to eat three meals plus an afternoon snack on the week days.
- I will eat something light in the morning and then snack between meals to keep my blood sugar stable or refuel post workout.
- very consistent-eat the same thing for breakfast and lunch almost everyday
- 3 meals daily plus 1-2 snacks. / More restrictive eating Monday-Thursday. More liberal Friday-Sunday / Wine consumed on weekends and when traveling
- 3 meals and -12 snack per day.
- Three small meals with two snacks in between.
- Eat every 3-4 hours.
- Always eat breakfast and dinner with mid afternoon light lunch or snack and HS snack.
- I get up early, walk for 45 minutes, eat cereal, fruit and yogurt (no sugars added) and coffee for breakfast (I forgot to put 2 cups of coffee on my list...black, no sugar). Lunch if out is vegetarian, dinner generally homemade. Fish, pasta, vegetables, quinoa, fritattas are my go-to meals.

- Don't skip meals, packs meals/snacks to work
- I eat a large breakfast then lunch and dinner. These are interspersed with snacks.
- I typically eat breakfast, lunch and dinner with one snack (yogurt) in between breakfast and lunch
- 3 meals/day, 1 snack usually.
- I always eat breakfast, lunch and dinner and sometimes include 1-2 snacks, depending on my exercise habits for the day.
- generally have 3 meals and 2-3 snacks throughout the day.
- Eat 3 meals and 1 or 2 snacks throughout the day
- Meal pattern: 3 meals + 1-2 snacks per day
- I eat 3 meals each day and never skip a meal. I rarely snack between meals
- I eat 3 meals per day and snack if hungry in between
- I usually eat three meals and often a snack during the afternoon. Lately I haven't been hungry for that snack, though, nor for an afternoon cup of green tea. This is good news from my perspective. If you want to know more, just ask me.
- I typically eat 3 meals per day with a snack at night.

Non-Intuitive Themes: Vegetarian/Vegan

- I follow a lacto-ovo-pescatarian diet.
- I eat many plant-based protein-rich foods with vegetables and limit whole grains at meals. My fruit consumption is lower than the recommendation. I consume dairy 2 times a day (yogurt and milk). I do not add sugar to foods and never drink beverages with sugar in them. I drink coffee daily (1-2 mugs daily) with 1-2 tsp of creamer and water for the rest of the day. I have cut out pastries and candy (even at potlucks).
- I primarily follow a vegetarian, gluten free diet.
- I usually eat 5-8 servings of fruit and vegetables/day. I have an omnivore's diet - often will have a wide variety of foods including completely vegan meals.
- Mostly vegetarian (beans, lentils) chicken 1-2x/week, tuna every other week, beef/pork/turkey less than 1x/month
- cook most of my own food, bring lunch daily, a lot of nonstarchy vegetables and whole grains. Soups and chili weekly. 1 small piece of fruit most days. Breakfast usually peanut butter on whole grain toast with cottage cheese. One yogurt daily. Plant based diet. no red meat, chicken and lots of salmon.
- Balanced diet with a focus on vegetables, fruit, and whole grains. I would describe my diet as flexible, focused on plant-based foods but no foods are restricted or off limits. I try to eat meatless 1-2 times a week.
- Vegetarian, eat regular meals, try to cook homemade but rely on convenience items a lot
- Vegetarian, balanced meals, reasonable portions, water intake adequate, high fiber, good variety as well as treats and more pleasurable foods incorporated
- I eat meatless a lot too.

- Vegetarian 2 of 3 meals daily, eggs, cheese, chicken and fish. Red meat maybe 1 time monthly. Minimally processed foods by cooking in the home most meals and snacks, spices from garden. Favorite snacks with social gatherings.
- I'm a lacto-ovo-vegetarian who sporadically eats fish.
- I try to eat at least five servings of fruit and vegetable per day, and usually pick vegetarian options, though I am not vegetarian
- Usually plant-based whole foods - about 80% of the time.
- Primarily plant based diet,
- I like to eat vegetarian but my husband likes meat so we eat semi-vegetarian. I cook at home >50% of the time.
- I am usually a vegetarian, but lately I have started introducing seafood into my diet to increase protein. I have a number of food allergies including gluten, peanuts and pineapple. I am lactose-intolerant so I work hard to include yogurt into my days.
- You do not need to consume animal proteins, but you must be smart about protein intake.
- I believe in eating mostly a plant-based diet, but also include a variety of animal products. I prefer to eat freshly-made items, whether that is home-made, fresh-casual (like SweetGreen), or restaurant meals. I aim to eat very healthfully most of the time, but also allow for culinary treats.
- All foods fit, eat mostly plant foods, variety of colors each day.
- Food impacts health. Food provides pleasure and nourishment. I believe a plant based diet with or without lean animal protein is a healthy, fiber rich diet for chronic disease prevention and good taste!
- I believe vegetarianism is a personal choice and not for everyone, but everyone can most likely benefit from more of a plant based diet.
- I personally follow a plant based diet but for my clients I teach them that all food can fit. There are certain foods that we should limit consumption of but that doesn't mean they can't enjoy them on occasion. Deprivation and categorizing food as good and bad will only set them up for failure in the long run.
- The purpose of food is to nourish the body, it can be healthy and delicious. The more we can do to benefit our body, animals and the environment the better as well as prevent or improve any chronic disease should be incorporated into our daily dietary choices.
- I like my diet and those of family to be mostly plant based and include fruits/vegetables everyday.
- My eating philosophy is to try to consume a plant-based diet, low in red and processed meats, and with more whole foods than processed foods.
- I believe in eating foods in their most whole form possible, as often as possible. I believe the healthiest way to eat for me and my family is plant-based, and it's worth the extra prep time to us. Indulgences have their place too, though, and should be enjoyed consciously.
- I believe that all foods fit. I aim for a plant based diet high in fruits and vegetables, but I love chocolate and won't miss a day without it!
- Plant-based with some meat, local, in-season, home prepared
- **Restriction**

- small meals, concentrating on vegetables and fruits and lean protein first. Whole grains, when eating carbs.
- All things fit into a healthy diet in moderation. Limiting intake of fried foods, red meats, and fast food is ideal. Aim to make half of your plate fruits and vegetables, and consume whole grains whenever possible.
- avoid kcal-containing beverages at all costs
- anything can be eaten as long as it is done so in moderation and is combined with a healthy lifestyle of regular exercise, limited processed sugars/sodium/added fats, and is portion controlled.
- I believe in nourishing your body with whole foods, but allow indulgences every once in a while
- Eat adequate health promoting foods (fruits, vegetables, whole grains) / Limit the not so good for you foods to those you really like. /
- Eat high quality food whenever possible. Moderation is an acceptable mantra for most food. Avoid high fructose corn syrup and trans fat whenever possible.
- I enjoy the food I consume and don't stress about making some calorie-dense choices occasionally
- Include all food groups in appropriate portions. The less processed the better. Work in small treats occasionally. Use whole grain not multi-grain, use lower fat dairy choices.
- Goal is to have a variety on daily basis except as restricted by GF. Choices for day take into account what has been previously eaten mentally "counting" vegetables, protein and fruits. Grains mostly whole with homemade popcorn eaten several times weekly
- You're always prepared to eat healthfully. Keep the junk out of the house, and it's simple to avoid it.
- Whole Foods, minimally processed. Grilled or baked and leave the fried foods alone.
- Maybe eat 4 fries from someone else plate!
- Small Tastes of food with added sugar, and keep these foods out of the home.
- Drink more water when I'm hungry.
- My eating philosophy is to try to consume a plant-based diet, low in red and processed meats, and with more whole foods than processed foods.

Non- Intuitive Themes: Food is medicine

- Food is medicine
- You must listen to your body to find out what foods you may be sensitive to. Your body has an innate ability to work the way it is designed if it is given the right fuel. Eat as close to nature as possible (whole food).
- Let thy food be thy medicine
- "Let food be thy medicine and medicine be they food." / Eat a healthy diet rich in nutrients, fiber and variety. Listen to your body, in terms of "mindful eating." / "Knowing" what to eat is not the issue for most; it is being prepared that is the key.
- The better we nourish our bodies, the better we feel.
- eat what makes me feel good. It is an flexible and ever evolving journey to be healthy and happy.
- Food is for the nourishment of our bodies and food choices should be reflected as such, but there is room for the social aspects of eating.

- The purpose of food is to nourish the body, it can be healthy and delicious. The more we can do to benefit our body, animals and the environment the better as well as prevent or improve any chronic disease should be incorporated into our daily dietary choices.
- Food is to be enjoyed and to nurture our bodied.
- I believe food should both nourish and be enjoyed.
- Mindfully, intentionally. I eat to nurture my body, mind and spirit. My body is a gift to be cherished.
- People need to eat what makes sense to them, with small changes towards increased health. I work to meet people where they are and help move them in the direction that they desire. There isn't one right way to eat; each of us has a different body and different experiences. Food is clearly more than just something to eat; it represents different things to each of us, reflecting family traditions, cultural traditions, new experiments, and other influences along the way. It is my job to assist others in finding a way that works for them.

Non-Intuitive Themes: Diets

- Every decade a person should evaluate their food habits. For example, in my 30's I would drink diet coke and eat cheese combos (snack food) for lunch. I would usually eat 2 cookies every day. Now, I don't drink diet coke. In fact I limit my intake of caffeine.
- Try to choose lower fat foods.
- "Diets" drive me crazy, but even then, I am currently avoiding sweets to try to get back into healthier eating patterns post-holiday.
- Follow weight watchers and the healthy plate
- The less processed the better. Use whole grain not multi-grain, use lower fat dairy choices.
- Drink more water when I'm hungry.
- Workout with cardio and weights to help balance weight.

Non-Intuitive Themes: General intuitive eating contradictions

- I believe in moderation. I have had trouble losing weight since having my second child, but I don't believe diets work. I try to eat healthy most of the time and be as active as I can be. "Diets" drive me crazy, but even then, I am currently avoiding sweets to try to get back into healthier eating patterns post-holiday.
- All things fit into a healthy diet in moderation. Limiting intake of fried foods, red meats, and fast food is ideal. Aim to make half of your plate fruits and vegetables, and consume whole grains whenever possible.
- avoid kcal-containing beverages at all costs, and eat 1-2 high-protein snacks a day. Most important, enjoy every bite/sip.
- "Let food be thy medicine and medicine be they food." / Eat a healthy diet rich in nutrients, fiber and variety. Listen to your body, in terms of "mindful eating." / "Knowing" what to eat is not the issue for most; it is being prepared that is the key.
- I am a big proponent of volumetrics and filling our plates with nutrient dense foods such as non-starchy vegetables in order to feel satisfied with our choices. I do believe all foods can fit in a healthy eating plan, just a matter of how much and how often. I

think by practicing mindful eating habits, we can enjoy more indulgent foods in smaller amounts and without feeling guilty.

- anything can be eaten as long as it is done so in moderation and is combined with a healthy lifestyle of regular exercise, limited processed sugars/sodium/added fats, and is portion controlled.
- All foods fit, eat mostly plant foods, variety of colors each day.
- All foods can fit, variety and moderation
- Food impacts health. Food provides pleasure and nourishment. I believe a plant based diet with or without lean animal protein is a healthy, fiber rich diet for chronic disease prevention and good taste!
- Eat high quality food whenever possible. Moderation is an acceptable mantra for most food. Avoid high fructose corn syrup and trans fat whenever possible.
- All foods can fit, moderation. Eat healthy most of the time.
- I personally follow a plant based diet but for my clients I teach them that all food can fit. There are certain foods that we should limit consumption of but that doesn't mean they can't enjoy them on occasion. Deprivation and categorizing food as good and bad will only set them up for failure in the long run.
- All foods fit- if you pay attention to the overall balance. / Consumption of vegetables and fruits is critical to satiety.
- I enjoy the food I consume and don't stress about making some calorie-dense choices occasionally
- Include all food groups in appropriate portions. The less processed the better. Work in small treats occasionally. Use whole grain not multi-grain, use lower fat dairy choices.
- enjoy what they eat through a lifestyle of moderation. With that said attention should be given to the contribution food plays on overall health and when possible one should eat to maintain their best health. The role of food and nutrition in the avoidance and management of chronic disease is important to consider in ones daily nutrition plan.
- Goal is to have a variety on daily basis except as restricted by GF. Choices for day take into account what has been previously eaten mentally "counting" vegetables, protein and fruits. Grains mostly whole with homemade popcorn eaten several times weekly
- I believe that all foods fit. I aim for a plant based diet high in fruits and vegetables, but I love chocolate and won't miss a day without it!
- Balance and Moderation is the primary focus. It changes based on if I have gained a few pounds or lost a few pounds. It also changes based on my activity level or training level

Non-Intuitive Themes: Weight Loss

- Because of a struggle to get weight off even with exercise, I had a lap and placed to help me achieve a healthier weight. Lost 55 lbs & have maintained it for 2 years. I had a fill to the band this week & have been eating differently.
- I believe in moderation. I have had trouble losing weight since having my second child, but I don't believe diets work. I try to eat healthy most of the time and be as active as I can be. "Diets" drive me crazy, but even then, I am currently avoiding sweets to try to get back into healthier eating patterns post-holiday.
- right now I am trying to lose weight so I am tracking my food on fitbit app. i generally eat 3 meals/day + snacks

- I tend to have difficulty eating low enough calories to lose weight :) / I would say my issue is too much food vs food choices.
- I have always practiced what I preach, but that doesn't mean that my diet has stayed the same. I have experimented with all sorts of eating plans. However, the current one has great promise. I seem to have more energy and am losing a moderate amount of weight.

Non-Intuitive Themes: Limited Variety

- I avoid eating after dinner.
- Working on reducing the sugar in my diet
- I work from so I do not eat out for lunch or tempted to stop at a coffee house for a gourmet beverage.
- Consistent eating habits Mon-Fri and more snacking, bagel intake and eggs on weekends, pizza and eating out.
- Usual breakfast - Cheerios or hot oatmeal with almonds & cut up banana with 6oz cranberry juice / Lunch - leftover dinner or sandwich on "Thins" with tomato & greens, 100kcal popcorn, water / Dinner - entrée (beef, fish, chicken, pork, vegetarian), try to limit starches to 1 serving (starchy veg or bread), non-starchy veg / Dessert -- something chocolate // Try not to snack between meals // Drink water throughout the day
- Boring
- I eat mostly healthy (whole grains, lean protein, lots of fruits/vegetables) but have a serious sweet tooth. Right now, I am avoiding sweets
- Healthy portion sizes / Well balanced meals / Limited intake of fried foods and red meats / Abundant intake of fruits and vegetables / Typically consume 1 meal replacement protein bar or shake per day / Avid snacker (1-2 snacks per day, including a bed time snack)
- On daily basis, I choose to include whole grains, fruits and vegetables. To control food portions, I like to incorporate portion controlled frozen meals and snack bars. My meals can not take a long time to make, therefore I buy precut and washed produce. For easy protein options, I include Tyson pulled chicken and chicken nuggets. I love Egg Beaters and PAM cooking spray. For dessert, I keep chocolate chips on hand. When I have time, I make muffins and to boost nutrition, I add wheat germ or a variety of nuts, seeds, etc. I keep the muffins frozen and pull each as needed.
- I try to choose whole foods minimizing convenience, fast foods or restaurant foods. Most of my meals I make myself.
- I eat many plant-based protein-rich foods with vegetables and limit whole grains at meals. My fruit consumption is lower than the recommendation. I consume dairy 2 times a day (yogurt and milk). I do not add sugar to foods and never drink beverages with sugar in them. I drink coffee daily (1-2 mugs daily) with 1-2 tsp of creamer and water for the rest of the day. I have cut out pastries and candy (even at potlucks).
- Breakfast is usually a vegetable egg bake. Lunch and dinner vary, but always contain some sort of protein+whole grain+non-starchy vegetable. I usually have fruit with at least 2 meals. I always have an apple in the afternoon before my workout. Sometimes I have dark chocolate after my meals.

- I tend to focus on lean protein and high fiber foods at each meal and snack. I eat 3 meals/day with smaller snacks in between meals. I tend to eat pretty similar day-to-day for breakfast, lunch, and my snacks but then vary my evening meal.
- I get at least 3 milk servings daily, most of the time. / I eat mostly whole grains and whole grain products. / I eat primarily lean meats. / Strive for at least 4 servings of fruit daily, 80% of the time. / Vegetable intake varies day to day - sometimes 2 servings, sometimes 6 servings. / I enjoy potato chips and chocolate, but limit the amounts to stay a healthy weight. /
- Love sweets!-didn't have any yesterday because had a lot of sweets the day before(like valentines candy skittles, homemade cream cheese dessert, and ice cream ---in baby bowl :) plus I was drinking wine yesterday- didn't want to go overboard (gluttony) / Like to eat sweets (skittles/starbursts) while cleaning kitchen at end of the day- to feel happy about Having to clean the kitchen. (Also looking for "me" time). To stop this, I usually give myself time to watch a fav tv show or time for easy reading at night ("me" time, relaxation time)
- pretty healthy seldom beef, pork chicken processed meat / eating out not a problem good choices / mostly soy, cheese, eggs, milk, yogurt for protein
- always whole grain / nuts almost every day small amount / few sugard beveraages / few salty snack foods almost none
- I will drink milk, water, hot cocoa made with milk and rarely juice. I do like sweets and will limit the amounts I have
- Cook most of my own food, bring lunch daily, alot of nonstarchy vegetables and whole grains. Soups and chili weekly. 1 small piece of fruit most days. Breakfast usually peanut butter on whole grain toast with cottage cheese. One yogurt daily. Plant based diet. no red meat, chicken and lots of salmon.
- dinner meal follows the myplate guide; lunch is leftovers; breakfast is oatmeal
- Protein with each meal, eating at least every 4 hours but not after 7PM
- 3-4 servings of fruits and veggies, 2 milks, ~60% CHO diet and meat/fish/poultry 5 nights per week and 2 vegetarian evening meals/week.
- Clean diet. Minimal processed foods. Weekends tend to eat more than weekly meals.
- very consistent-eat the same thing for breakfast and lunch almost everyday
- 3 meals daily plus 1-2 snacks. / More restrictive eating Monday-Thursday. More liberal Friday-Sunday / Wine consumed on weekends and when traveling
- I track my points on Weight Watchers so I try to be careful about what I'm eating.
- I work from home so I eat the same lunch almost every day. I rotate about 5 different breakfasts and dinner is probably eaten out about 3 - 4 times a week. At home my husband and I eat simply: a plain cooked meat, salad and veggie along with a dinner roll or other starch.
- Eat gluten free for Hashimoto's thyroiditis, and otherwise eat very clean with limited "processed" foods, such as those in boxes and bags.
- I try not to let myself get too hungry or too full. I do not keep snacks around the house or my office.
- Diagnosed with celiac disease 2 years ago with dietary modification gluten free. Desserts and/or sweets now limited.
- No carbonated beverages are consumed.

- I avoid deep-fried foods. I haven't eaten red meat for about 43 years (since 19-years-old.)
- I get up early, walk for 45 minutes, eat cereal, fruit and yogurt (no sugars added) and coffee for breakfast (I forgot to put 2 cups of coffee on my list...black, no sugar). Lunch if out is vegetarian, dinner generally homemade. Fish, pasta, vegetables, quinoa, fritattas are my go-to meals.
- Vegetarian 2 of 3 meals daily, eggs, cheese, chicken and fish. Red meat maybe 1 time monthly. Minimally processed foods by cooking in the home most meals and snacks, spices from garden. Favorite snacks with social gatherings.
- I rarely eat meals out. I bring lunch to work each day.
- I do not eat past 8:00pm.
- Do not drink soda or caloric beverages.
- Usually pretty regimented, although I recently took a new job so I am still trying to figure out a best schedule.
- Currently I am following a low glycemic index sort of diet, with protein and fat in quantities that allow me satiety. I don't eat much, as you can see from my food diary.

Non-Intuitive Themes: Irregular Meals

- Consistent eating habits Mon-Fri and more snacking, bagel intake and eggs on weekends, pizza and eating out.
- Mostly paleo M-F, turkey chicken, beef, pork + veggies. Weekends are more lax adding gluten free grains, cheese, and wine.
- Snack a lot, grazer, healthy, frequent, high fiber
- skip lunch, eat majority of calories late
- I follow a diabetic meal plan on the weekdays (3 meals/day and one protein-rich snack). On the weekends, I combine breakfast and lunch into one meal usually (or eat a small breakfast or a small lunch) and eat dinner with 1 snack usually.
- Weekends are a whole different story are usually unpredictable.
- 3 meals daily plus 1-2 snacks. / More restrictive eating Monday-Thursday. More liberal Friday-Sunday / Wine consumed on weekends and when traveling
- I have irregular eating habits. I typically don't eat anything until after 10am (I wake up between 6 and 7) but if I am very hungry before I leave for work, I might eat a small bowl of cereal or small glass of juice. I eat lunch any where between 1 and 3pm depending on the day. I eat something when I get home, if I am hungry. I snack a little while making dinner and we eat anywhere between 7:30 and 9:30pm.
- try to eat a generally healthy diet with a tendency to eat healthier items during the week and eat out more often or indulge on less healthy foods on the weekend.

Non-Intuitive Themes: Guilt

- I do not eat enough fruits and vegetables / I don't like milk
- Three meals a day and an afternoon snack, relatively healthy, but I do love the sweets
- relatively healthy eating habits. never skips meals. sweet tooth - I enjoy something sweet most days. I recognize boredom eating at work sometimes.
- Love sweets!-didn't have any yesterday because had a lot of sweets the day before(like valentines candy skittles, homemade cream cheese dessert, and ice cream ---in baby bowl :) plus I was drinking wine yesterday- didn't want to go overboard (gluttony) /

Like to eat sweets (skittles/starbursts) while cleaning kitchen at end of the day- to feel happy about Having to clean the kitchen. (Also looking for "me" time). To stop this, I usually give myself time to watch a fav tv show or time for easy reading at night ("me" time, relaxation time)

- not enough veggies ~ 3-4 per day / seldom fruit / oj daily / too many sweets 2-3 per day
- Usually healthy and balanced, at times eat too much junk/fast food
- 3 meals per day, some days better than others based on quality/quantity. love for high quality food. most common issue I face is overeating.
- I have been on a "diabetic diet" for the last 40 years. I will not always get enough fruits or vegetables for the day. I enjoy high calorie items like avocado but struggle to keep blood glucose stable with high fat items.
- Mostly balanced but I have a tendency to overeat foods I really like. I also don't include as many fruits and vegetables as I should.
- I try to eat more slowly, but fast eating is a hard habit to break.
- I consider my diet fairly healthy (fruits, vegetables, whole grains) but still too much processed food on occasion.
- I eat too fast and I tend to consume larger than recommended portions of some foods.
- I no longer drink cow's milk, rather I use almond milk in my morning oatmeal.
- I am usually a vegetarian, but lately I have started introducing seafood into my diet to increase protein. I have a number of food allergies including gluten, peanuts and pineapple. I am lactose-intolerant so I work hard to include yogurt into my days.

Non-Intuitive Themes: Healthy and Clean

- Normally have salads and vegetables along with good protein sources
- Very few processed foods / 1-2 drinks per week / Mostly home cooked meals
- Regular meals/snacks, usually eat every 3-5 hours and try to get balanced meals. Eat when I'm hungry/stop when full, try to pay attention to mindful eating.
- Healthy --this is a test
- Good
- balanced, general healthful.
- typically 3 meals and 2-3 snacks daily, depending on my schedule. / well balanced most of the time, with small treats here and there.
- General healthy intake.
- I eat fairly healthy but when I'm off from work and busy I miss some meals.
- Snack a lot, grazer, healthy, frequent, high fiber
- try to generally meet plate method proportions (1/2 plate veggies, 1/4 plate CHO, 1/4 protein), snacks usually fruit or dark chocolate. Breakfast either scrambled eggs and toast or a smoothie with yogurt, fruit, spinach, milk, chia seeds.
- Three meals a day and an afternoon snack, relatively healthy, but I do love the sweets
- I eat mostly healthy (whole grains, lean protein, lots of fruits/vegetables) but have a serious sweet tooth. Right now, I am avoiding sweets
- Healthy portion sizes / Well balanced meals / Limited intake of fried foods and red meats / Abundant intake of fruits and vegetables / Typically consume 1 meal

replacement protein bar or shake per day / Avid snacker (1-2 snacks per day, including a bed time snack)

- mostly whole, real foods
- I aim to make all of my meals balanced including complex carbohydrates, lean protein and healthy plant-based or fish based fats.
- I try to choose whole foods minimizing convenience, fast foods or restaurant foods. Most of my meals I make myself.
- For the most part I eat whole foods and like to cook at home but I do have a 12 month old daughter and a busy life and we eat out probably 2-4 times a month.
- Generally healthy, balanced macronutrients
- relatively healthy eating habits. never skips meals. sweet tooth - I enjoy something sweet most days. I recognize boredom eating at work sometimes.
- I get at least 3 milk servings daily, most of the time. / I eat mostly whole grains and whole grain products. / I eat primarily lean meats. / Strive for at least 4 servings of fruit daily, 80% of the time. / Vegetable intake varies day to day - sometimes 2 servings, sometimes 6 servings. / I enjoy potato chips and chocolate, but limit the amounts to stay a healthy weight. /
- I usually eat 5-8 servings of fruit and vegetables/day. I have an omnivore's diet - often will have a wide variety of foods including completely vegan meals.
- Mostly healthy and balanced.
- pretty healthy seldom beef, pork chicken processed meat / eating out not a problem good choices / mostly soy, cheese, eggs, milk, yogurt for protein
- I try to follow my plate guideline and choose fruits and vegetables for snacks. I typically eat every 3 hours.
- I cook most meals at home, often using foods preserved from garden&orchard (frozen and canned veggies and fruits). I make an effort to eat mostly produce, whole grains, lean meats. I
- Clean diet. Minimal processed foods. Weekends tend to eat more than weekly meals.
- Generally i eat a plant based diet pay attention to getting enough fruits and vegetables, low fat or non-fat dairy.
- Balanced diet with a focus on vegetables, fruit, and whole grains. I would describe my diet as flexible, focused on plant-based foods but no foods are restricted or off limits. I try to eat meatless 1-2 times a week.
- Regular, well-balanced; more than 5 servings of vegetables daily, 2 servings of fruit, 90% whole grains, lean meat, fish 2-3 times per week (tuna, salmon, or sushi). DASH diet. Rarely consume alcohol (usually 1 glass of wine 1-2 times per week).
- healthy. I don't eat much meat because I don't like the taste of it.
- I generally eat a balanced diet with fruits and veggies (4-5 servings per day), lean proteins (chicken and fish), beans/legumes (lentils, black beans), and whole grains (no white bread/pasta).
- Vegetarian, balanced meals, reasonable portions, water intake adequate, high fiber, good variety as well as treats and more pleasurable foods incorporated
- Eat gluten free for Hashimoto's thyroiditis, and otherwise eat very clean with limited "processed" foods, such as those in boxes and bags.

- Mostly balanced but I have a tendency to overeat foods I really like. I also don't include as many fruits and vegetables as I should.
- Healthy and generally fresh.
- I typically aim to eat "healthy" about 80% of the time, but that doesn't always happen. I probably eat fast food or restaurant food ~4 days/week, and more than that lately because our kitchen is being renovated. I try to incorporate fruits and vegetables throughout the day.
- I consider my diet fairly healthy (fruits, vegetables, whole grains) but still too much processed food on occasion.
- I try to eat at least five servings of fruit and vegetable per day, and usually pick vegetarian options, though I am not vegetarian
- Generally healthy
- I feel that I eat relatively healthy. I try to have a balanced diet that includes everything. I believe that all foods can be eaten in moderation and I try to teach my clients the same things.
- Relatively healthy.
- try to eat a generally healthy diet with a tendency to eat healthier items during the week and eat out more often or indulge on less healthy foods on the weekend.
- I eat in with variety, moderation and balance - mindful of the micro and macro nutrients in the foods I eat. I eat with joy and please I am not rigid in my restraints of what I eat, however, I am know that making healthy choices compliments my life purpose to be be strong, healthy and
- Healthy intake most days, moderation with snacking. Mindful eating practices.
- I try to eat whole foods and in moderation. I enjoy chocolate and wine in moderation but I also love my fruits and vegetables.
- small meals, concentrating on vegetables and fruits and lean protein first. Whole grains, when eating carbs.
- I try high fiber but eat what my go will tolerate during the day
- All things fit into a healthy diet in moderation. Limiting intake of fried foods, red meats, and fast food is ideal. Aim to make half of your plate fruits and vegetables, and consume whole grains whenever possible.
- eat foods that provide the most nutrients while taking little time to prepare. Occasionally, I like to cook meals from scratch for fun, but on a daily basis nutrient rich convenience foods are my usual go-to.
- I emphasize wholesome food choices--foods that come from the ground or out of the field. I encourage listening to one's body signals, feelings of hunger, fullness and energy levels as a guide for intake.
- Everything in moderation- I aim for 80% healthy. I have a sweet tooth and love to cook and bake
- Choose healthy options mostly
- I am a big proponent of volumetrics and filling our plates with nutrient dense foods such as non-starchy vegetables in order to feel satisfied with our choices. I do believe all foods can fit in a healthy eating plan, just a matter of how much and how often. I think by practicing mindful eating habits, we can enjoy more indulgent foods in smaller amounts and without feeling guilty.

- I believe in eating mostly a plant-based diet, but also include a variety of animal products. I prefer to eat freshly-made items, whether that is home-made, fresh-casual (like SweetGreen), or restaurant meals. I aim to eat very healthfully most of the time, but also allow for culinary treats.
- I eat healthfully 80-90 % of the time, and enjoy less healthy foods 10-20% of the time. I love food and love to eat!
- anything can be eaten as long as it is done so in moderation and is combined with a healthy lifestyle of regular exercise, limited processed sugars/sodium/added fats, and is portion controlled.
- always get in at least 10 servings fruits and vegetables per day, whole grains always, omega 3's -- mostly plant sources of protein, red meat once a week, fish twice; I do use full fat dairy and never artificial sweeteners-- real sugar in desserts /
- eat when you are hungry 2-3 food group per meal or snack, always a fruit or veggie / always whole grains / don't waste food
- Try to be healthy but make room for treats.
- I believe in nourishing your body with whole foods, but allow indulgences every once in a while
- I recommend a clean diet with minimal processing. Cooking own meals as much as possible.
- Eat food. Not too much, mostly plants.
- Eat adequate health promoting foods (fruits, vegetables, whole grains) / Limit the not so good for you foods to those you really like. /
- All foods can fit, moderation. Eat healthy most of the time.
- I want nutritious foods from all food groups to help provide a well-balanced diet.
- lots of veggies, some of anything I want
- Choose healthy foods to eat mindfully and enjoy the experience. Eating is a joy, not punishment.
- Focus on foods, not single nutrients. Avoid deprivation and restrictive dieting. Focus on mindfulness, avoid putting foods into "good" and "bad" categories (instead make a food a 'sometimes' food or an 'everyday' food). Honor your hunger/satiety cues. I try to make sure each meal follows a health "plate" method - half the plate veggies and fruits, 1/4 lean protein, and 1/4 high fiber starch. / /
- I prefer fresh foods and simple preparation for a healthier diet.
- Focus on fiber from plant-based sources. Vary protein sources
- The keys to healthy eating are balance, variety and moderation.
- MyPlate is an ideal way to eat with an emphasis on building the diet on a foundation of fruits, veggies and grains, along with moderate portions of lean meat, low-fat or fat-free dairy food and healthy fats. Calorie intake should be balance with calorie expenditure.
- You're always prepared to eat healthfully. Keep the junk out of the house, and it's simple to avoid it.
- Whole Foods, minimally processed. Grilled or baked and leave the fried foods alone.

- I just try to eat healthy foods (fruits, vegetables, lean meats, cooked at home, whole grain, low sat fat) more often than I eat unhealthy foods. I don't really stress out about my food choices on a day to day basis.
- I eat to get all my nutrients
- My eating philosophy is to try to consume a plant-based diet, low in red and processed meats, and with more whole foods than processed foods.
- Moderation - 80/20 rule - 80 percent of the time try to do the 'right' thing by eating fruits, vegetables, lean meats, healthy grains. Twenty percent of the time, may eat out, have dessert.
- I feel that all foods can fit into a diet. I believe in balanced eating and eating whole foods.
- Focus on fruits and vegetables, lowfat dairy, lean protein and whole grains.

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Vita

Marlei Blair Simon, RDN

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Education

Syracuse University
Syracuse, NY

Master's of Science, Nutrition Science

Anticipated May 2017

- Awarded graduate assistantship 2016-2017
- Cumulative GPA of 4.0
- Patsyjane O'Malley Memorial Scholarship recipient, The Academy of Nutrition and Dietetics, 2015
- Outstanding Graduate Student Award recipient, 2017

Syracuse University
Syracuse, NY

Dietetic Internship

Completed May 2015

- Completed clinical rotations at the Veteran Affairs Hospital and Van Duyn Rehab and Long Term Care Facility in Syracuse, NY. Completed specialty clinical rotations University Dialysis Center and Upstate Perinatal Center. Applied the nutrition care process in practice.
- Completed a 12-week long community rotation at the Onondaga County Department, Office for Aging. *Community Project:* Collaborated with a local grocery store and Spanish interpreter to implement a grocery store tour for older adults in a low-income neighborhood. The store tour focused on food choices for diabetes management and prevention, as well as budgeting.
- William W. Allen Nutrition Scholarship recipient, 2014
- Ann Selkowitz-Litt Memorial Scholarship recipient, The Academy of Nutrition and Dietetics, 2014

Syracuse University
Syracuse, NY

Bachelor of Science, Nutrition and Dietetics

Awarded May 2014

Research Experience

Syracuse University
Syracuse, NY

Thesis Research

January 2016-present

- Mentored by Dr. Tanya Horacek, RD
- Examining intuitive eating attitudes, knowledge and practices of Registered Dietitian Nutritionists
- Awarded the Julie O'Sullivan Maillet grant

Syracuse University

Syracuse, NY

Research Assistant for Dr. Tanya Horacek, RD

January 2014-present

- Developed a tool to measure worksite/university obesity prevention and wellness policies and interventions.
- Assisted in the development of online trainings for health and wellness environmental audits.
- Assist in literature reviews and data analysis using SPSS software.

Poster Presentations

Simon M, and Horacek T. Assessing and differentiating between obesity prevention programs and policies: a worksite/university obesity prevention policy audit. New York State Dietetic Association Meeting Proceedings. Rye, NY April, 2014.

Simon M, Kattelman K, Mathews A, Franzen Castle L, Greene G, White A, Brown O, Olfert M, Byrd-Bredbenner C, Morrell J, Horacek, T. Developing a Tool to Measure Workplace and University Wellness and Obesity-Prevention Policies, Opportunities, Initiatives and Notable Topics: The POINTS Audit. FNCE Annual Meeting Boston, MA October 2016.

Kelly G. Simon M, Bedoyan J, Case A, Jackson N, Colby S, Horacek T. University Websites Indicate a Lack of Policy Support for Disease Prevention and a Healthy Environment Society for Nutrition Education and Behavior Annual Meeting. July 21-24, 2017 Washington, DC.