

Eating Disorder Awareness Coalition Survey

1. Information about the Questionnaire and Consent Form

The Eating Disorders Awareness Coalition (EDAC) is a volunteer driven organization passionately committed to improving the lives of people affected by eating disorders, weight preoccupation, and size prejudice. We have education and prevention programs, and provide referrals to treatment and resources.

We are asking you to fill out a survey so we can learn more about how our services affect you and others in our community. As a grass roots agency, we rely on the feedback of the community; your participation will benefit others by shaping the way our services exist in the future. Since we are a volunteer-based, charitable organization, we rely entirely on external funding raised through donations and fundraising events. In these tough economic times, we would like to know more about how you think we should approach donations and funding.

In this survey we will ask you about:

- how you view and experience our organization
- what suggestions you might provide for future programs, and the best way for us to fund these programs
- what type of contact you have had with EDAC and how often you have used our services
- some questions about who you are (i.e. age, gender, etc.)

The survey takes approximately 10 minutes to complete. Any comments that identify a specific individual that are necessary in understanding a department's effectiveness will be altered to reflect the department as a whole to protect the identity of the individual. For example, a comment such as, "Mary is so helpful when I contact your front desk and she makes me feel that no question I ask is too dumb for her" would be changed to "the staff at the front desk are so welcoming and make me feel that no question is too dumb for them".

Confidentiality

Your responses will be entirely anonymous. You will not be asked to place your full name on any portion of the questionnaire. Regardless of whether you decide to complete this survey, the quality of services you receive in the future will not be affected. All results will be reported in a grouped format. An example would be the percentage of respondents who are over the age of 65. These grouped results will be used to improve services; however, no individual or specific information about you will be reported.

Participation:

Your participation in this survey is voluntary. If you decide to participate, you may stop at any time and there will be no consequences to you. However, once you complete the survey, no identifying information (e.g., your name) will be on the survey and, since we cannot link your survey to you, you will not be able to remove your survey from the dataset.

If you have questions or require more information about this survey, please contact:

Kristina Trim, PhD
Research Consultant
Morden Street Research Services
123-1063 King Street West
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L8S 4S3

Your answers are important to us, thank you for taking the time to participate in this questionnaire.

Eating Disorder Awareness Coalition Survey

* 1. I have read the above information and have agreed to complete this survey.

Yes, I consent to complete this survey

No, I do not consent to complete this survey

Eating Disorder Awareness Coalition Survey

2. How do you see our services?

We would like you to answer some general questions about how you experience our services.

2. As someone who has experienced our services, if you were to describe EDAC to others, how would you describe us?

3. EDAC has four primary goals. Please rate each of these goals in terms of how important they are to you.

	Not at all important	2	3	4	5	6	7	8	9	Extremely Important	Don't Know
To increase community awareness and understanding of eating disorders, weight preoccupation, and/or size prejudice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To increase connections for individuals and their loved ones to information, support, resources, and professionally trained clinicians needed for recovery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To organize professional development training on the topic of eating disorders and increase opportunities to share skills, support, and resources.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To increase skills for building healthy balanced lifestyles, positive body image, and self-esteem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Eating Disorder Awareness Coalition Survey

4. In order to achieve these goals as effectively as possible, is there an area you think we could improve or expand? Please rate the following statements based on the extent to which you agree or disagree.

	Strongly Disagree	2	3	Neither Agree nor Disagree	5	6	Strongly Agree	N/A
The EDAC website was clear and easy to navigate.	ja	ja	ja	ja	ja	ja	ja	ja
I would like to see more online resources provided as part of your website (i.e. articles, etc.)	ja	ja	ja	ja	ja	ja	ja	ja
I would like to have more contact with EDAC staff.	ja	ja	ja	ja	ja	ja	ja	ja
I would like EDAC to provide more support groups.	ja	ja	ja	ja	ja	ja	ja	ja
I would like EDAC to provide more education services about how and where to go for help.	ja	ja	ja	ja	ja	ja	ja	ja
I would like EDAC to work more on raising community awareness about eating disorders.	ja	ja	ja	ja	ja	ja	ja	ja
I would like EDAC to advocate more for treatment services.	ja	ja	ja	ja	ja	ja	ja	ja
I would like EDAC to work more on confronting size prejudice.	ja	ja	ja	ja	ja	ja	ja	ja
I would like EDAC to provide more resources/education about weight preoccupation and body dissatisfaction	ja	ja	ja	ja	ja	ja	ja	ja
I would like more intervention services in schools	ja	ja	ja	ja	ja	ja	ja	ja
I would like EDAC to provide more intervention services in schools.	ja	ja	ja	ja	ja	ja	ja	ja

If you would like, please tell us more.

Eating Disorder Awareness Coalition Survey

5. As a charitable organization, EDAC relies entirely on individual donations, fundraising events, and grants for funding. We would like to know how best to approach the community for financial help in order to continue to be sustainable. Please respond to each statement based on the degree to which you agree or disagree.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
I would donate money to EDAC if I was approached by a direct mailing campaign.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would donate money to EDAC through an online giving campaign.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would support EDAC by attending a fundraiser dinner/event.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would support EDAC by participating in a fundraiser event (i.e. walkathon, golf tournament, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would give a bequest to EDAC if I knew this was an available option.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would donate gifts-in-kind (i.e. office supplies, items for a silent auction fundraiser, etc.) if I knew this was an option.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would volunteer with EDAC on a regular basis if I were asked.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would volunteer with EDAC for a one time or annual event if asked.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is nothing that would make me contribute any money to EDAC.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you would like, please tell us more.

6. If we were to increase the entrance fee at our annual professional development conference, would you still attend?

- yes, I would still attend if the fee was raised by 10%
- yes, I would still attend if the fee was raised by 20%
- yes, I would still attend if the fee was raised by 50%
- yes, I would still attend if the fee was raised by more than 50%
- I would probably not attend if the fee was increased
- I would definitely not attend if the fee was increased
- I don't know
- I do not attend the conference now

Other (please specify)

Eating Disorder Awareness Coalition Survey

3. How do you use our services?

7. How did you find out about our services?

- family doctor
- hospital
- teacher/school
- family/friend
- other community agency
- internet
- other

Other (please specify)

8. How many times have you used our service?

- This is my first time/visit
- Occasionally (1 or 2 times this YEAR)
- Often (1 or 2 times this MONTH)
- Frequently (3 or 5 times this MONTH)
- A lot (1 to 5 times this WEEK)
- Other

Other (please specify)

9. In the past year, what type of contact have you had with this service? Please identify ALL answers that apply.

- face to face
- email
- our website/other online resources
- over the phone
- conference
- presentation/community event
- volunteering

Other type of contact we haven't mentioned? (please specify)

Eating Disorder Awareness Coalition Survey

4. Please tell us a little about yourself

10. Are you...

- a client to our services
- a family/friend to a client that uses our services
- a service provider
- a volunteer
- an educator
- I have referred someone to your services

11. Are you...

- male
- female

12. Please indicate which age range your age falls into.

- under 18
- 18-25
- 26-35
- 36-45
- 46-55
- 56-65
- 66-75
- older than 75

13. Please indicate your household income.

- Under \$34,999
- \$35,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 - \$124,999
- \$125,000 - \$150,000
- Over \$150,000
- Do not wish to say

14. Where do you currently live?

- Kitchener
- Waterloo
- Guelph
- Cambridge
- Stratford
- London
- Hamilton
- Other

Other (please specify)