Appendix Table 1. WMH sample characteristics by World Bank income categories[a]

Country by income category	Survey[b]	Sample characteristics[c]	Field dates	Age range	Sample size Part 1	Part 2	Eating Disorders[d]	Response rate[e]
I. Low and lower middle income countries								
Colombia	NSMH	All urban areas of the country (approximately 73% of the total national population)	2003	18-65	4426	2381	1217	87.7
Total					4426	2381	1217	
II. Upper-middle income countries								
Brazil – São Paulo	São Paulo Megacity	São Paulo metropolitan area.	2005-7	18-93	5037	2942	2942	81.3
Mexico	M-NCS	All urban areas of the country (approximately 75% of the total national population).	2001-2	18-65	5782	2362	1236	76.6
Romania	RMHS	Nationally representative.	2005-6	18-96	2357	2357	2357	70.9
Total					13176	7661	6535	
III. High-income countries								
Belgium	ESEMeD	Nationally representative. The sample was selected from a national register of Belgium residents	2001-2	18-95	2419	1043	518	50.6
France	ESEMeD	Nationally representative. The sample was selected from a national list of households with listed telephone numbers.	2001-2	18-97	2894	1436	466	45.9
Germany	ESEMeD	Nationally representative.	2002-3	18-95	3555	1323	658	57.8
Italy	ESEMeD	Nationally representative. The sample was selected from municipality resident registries.	2001-2	18-100	4712	1779	900	71.3
Netherlands	ESEMeD	Nationally representative. The sample was selected from municipal postal registries.	2002-3	18-95	2372	1094	540	56.4
New Zealand[f]	NZMHS	Nationally representative.	2003-4	18-98	12790	7312	7312	73.3
N. Ireland	NISHS	Nationally representative.	2004-7	18-97	4340	1986	1432	68.4
Portugal	NMHS	Nationally representative.	2008-9	18-81	3849	2060	509	57.3
Spain	ESEMeD	Nationally representative.	2001-2	18-98	5473	2121	1057	78.6
United States	NCS-R	Nationally representative.	2002-3	18-99	9282	5692	2980	70.9
Total					51686	25846	16372	
IV. Total					**69288**	**35888**	**24124**	**68.8**

[a] The World Bank. (2008). Data and Statistics. Accessed May 12, 2009 at: http://go.worldbank.org/D7SN0B8YU0
[b] NSMH (The Colombian National Study of Mental Health); M-NCS (The Mexico National Comorbidity Survey); RMHS (Romania Mental Health Survey); (The European Study of the Epidemiology of Mental Disorders); NZMHS (New Zealand Mental Health Survey); NISHS (Northern Ireland Study of Health and Stress); NMHS (Portugal National Mental Health Survey); NCS-R (The US National Comorbidity Survey Replication)
[c] Most WMH surveys are based on stratified multistage clustered area probability household samples in which samples of areas equivalent to counties or municipalities in the US were selected in the first stage followed by one or more subsequent stages of geographic sampling (e.g., towns within counties, blocks within towns, households within blocks) to arrive at a sample of households, in each of which a listing of household members was created and one or two people were selected from this listing to be interviewed. No substitution was allowed when the originally sampled household resident could not be interviewed. These household samples were selected from Census area data in all countries other than France (where telephone directories were used to select households) and the Netherlands (where postal registries were used to select households). Several WMH surveys (Belgium, Germany, Italy) used municipal resident registries to select respondents without listing households. 11 of the 14 surveys are based on nationally representative household samples.
[d] Sample size of individuals asked eating disorders section of the instrument. The section was administered to a probability sub-sample of respondents, with the sampling fraction varying across surveys from a low of 25% (in Portugal) to a high of100% (in São Paulo, Brazil, Romania and New Zealand).
[e] The response rate is calculated as the ratio of the number of households in which an interview was completed to the number of households originally sampled, excluding from the denominator households known not to be eligible either because of being vacant at the time of initial contact or because the residents were unable to speak the designated languages of the survey. The weighted average response rate is 68.8%.
[f] For the purposes of cross-national comparisons we limit the sample to those 18+.

Appendix Table 2. Lifetime and 12-month prevalence of DSM-IV/CIDI anorexia nervosa, bulimia nervosa, and binge eating disorder by gender in the pooled sample

	Female		Male		Total	
	%	(SE)	%	(SE)	%	(SE)
I. Lifetime						
Anorexia nervosa	0.60	(0.10)	0.05*	(0.02)	0.33	(0.05)
Bulimia nervosa	1.48	(0.10)	0.43*	(0.06)	0.98	(0.06)
Binge eating disorder	2.58	(0.15)	1.12*	(0.12)	1.89	(0.09)
Any	4.30	(0.20)	1.49*	(0.13)	2.96	(0.12)
II. Twelve-month						
Anorexia nervosa	0.00	(0.00)	0.00	(0.00)	0.00	(0.00)
Bulimia nervosa	0.53	(0.06)	0.17*	(0.04)	0.36	(0.04)
Binge eating disorder	1.18	(0.10)	0.46*	(0.08)	0.84	(0.06)
Any	1.70	(0.11)	0.64*	(0.08)	1.20	(0.07)
(n)	(14,183)		(9,942)		(24,125)	

*Significant gender difference at the .05 level, two-sided test