

Supplementary Table S1 Search string used to systematically query each electronic database

EMBASE – EmTree terms	((('Three-Factor-Eating-Questionnaire'/exp OR 'Three Factor Eating Questionnaire' OR '3-Factor Eating Questionnaire' OR 'Three Factors Eating Questionnaire' OR 'Three Factor Eating Questionnaire Revised' OR 3FEQ OR TFEQ OR TFEQ-R18 OR TFEQ-R21) OR (('cognitive restraint'/exp OR 'cognitive restraint') AND ('uncontrolled eating'/exp OR 'uncontrolled eating') AND ('emotional eating'/exp OR 'emotional eating')) AND (psych* OR 'emotion'/exp OR 'emotion' OR 'affect'/exp OR affect OR 'depression'/exp OR depression OR 'anxiety'/exp OR anxiety OR 'mental stress'/exp OR stress OR 'mental stress' OR 'body image'/exp OR 'body image' OR 'body acceptance' OR 'body satisfaction'/exp OR 'body satisfaction' OR 'eating disorder'/exp OR 'eating disorder' OR 'disordered eating' OR 'eating behaviour'))
PubMed – MeSH terms (Medical Subject Headings)	((("Three Factor Eating Questionnaire" OR "3-Factor Eating Questionnaire" OR "Three Factor Eating Questionnaire Revised" OR 3FEQ OR TFEQ OR TFEQ-R18 OR TFEQ-R21) OR ("cognitive restraint" AND "uncontrolled eating" AND "emotional eating")) AND (psych* OR "Emotions"[Mesh] OR emotions OR "Affect"[Mesh] OR affect OR "Depression"[Mesh] OR depression OR "Anxiety"[Mesh] OR anxiety OR "Stress, Psychological"[Mesh] OR stress OR "Body Image"[Mesh] OR "body image" OR "body acceptance" OR "body satisfaction" OR "Feeding and Eating Disorders"[Mesh] OR "eating disorders" OR "disordered eating" OR "eating behaviour"))
Web of Science	((("Three Factor Eating Questionnaire" OR "3-Factor Eating Questionnaire" OR "Three Factor Eating Questionnaire Revised" OR 3FEQ OR TFEQ OR TFEQ-R18 OR TFEQ-R21) OR ("cognitive restraint" AND "uncontrolled eating" AND "emotional eating")) AND (psych* OR soci* OR emotions OR affect OR depression OR anxiety OR "Stress, Psychological" OR stress OR "body image" OR "body acceptance" OR "body satisfaction" OR "Feeding and Eating Disorders" OR "eating disorders" OR "disordered eating" OR "eating behavior"))
PsycInfo – APA Thesaurus of Psychological Index Terms	((("Three Factor Eating Questionnaire" OR "3-Factor Eating Questionnaire" OR "Three Factor Eating Questionnaire Revised" OR 3FEQ OR TFEQ OR TFEQ-R18 OR TFEQ-R21) OR ("cognitive restraint" AND "uncontrolled eating" AND "emotional eating")) AND (psych* OR emotions OR affect OR depression OR anxiety OR "Stress, Psychological" OR stress OR "body image" OR "body acceptance" OR "body satisfaction" OR "Feeding and Eating Disorders" OR "eating disorders" OR "disordered eating" OR "eating behavior"))
LILACS – DeCS (Descritores em Ciências da Saúde)	((("Three Factor Eating Questionnaire" OR "3-Factor Eating Questionnaire" OR "Three Factor Eating Questionnaire Revised" OR 3FEQ OR TFEQ OR TFEQ-R18 OR TFEQ-R21) OR ("cognitive restraint" AND "uncontrolled eating" AND "emotional eating"))

Supplementary Table S2 Summary of cross-sectional studies examining associations of eating behaviors with mental health

Study/country	Population	Psychometric instruments	Main findings	Quality rating
Anthonisamy et al. ¹ Malaysia	General population (n=217) Women: 44.7% Mean age: 24.1±6.0 years Race/ethnicity: 53.9% Indian, 22.6% Malay, 8.3% Chinese, 15.2% other	Night Eating Questionnaire	Emotional eaters had a 6.5 times higher chance of Night Eating Syndrome than those without emotional eating ($p = 0.014$).	8
Aoun et al. ² Lebanon	University students (n=400) Women: 65.8% Mean age: 20.3±1.8 years	Hospital Anxiety and Depression Scale (HADS)	Low correlations between anxiety and cognitive restriction ($r = 0.180$, $p = 0.035$), and uncontrolled eating ($r = 0.193$, $p = 0.024$) and emotional eating ($r = 0.181$, $p = 0.034$) in males. Low negative correlation between depression and cognitive restraint ($r = -0.144$, $p = 0.019$) in females. Lower cognitive restriction among women with higher depression ($\beta = -0.126$, $p = 0.043$). Higher uncontrolled eating among men with higher anxiety ($\beta = 0.207$, $p = 0.014$).	8
Brytek-Matera et al. ³ Poland	General population (n=298; 184 individuals with overweight or obese and 114 with normal weight) Women: 82.2% Mean age: normal weight 34.2±9.5 years; overweight/obese 33.8±9.4 years	Body Attitude Test Difficulties in Emotion Regulation Scale (DERS) The Mindful Eating Scale	Emotional and uncontrolled eating predicted body dissatisfaction in overweight or obese individuals ($\beta = 0.159$, $p < 0.01$; and $\beta = 0.253$, $p < 0.001$, respectively). Uncontrolled eating predicted body dissatisfaction in normal weight individuals ($\beta = 0.296$, $p < 0.05$). Mindful eating was a moderator in the relationship between body dissatisfaction and restrictive eating in individuals with overweight or obese individuals, but not in normal weight individuals ($p < 0.001$).	5
Brytek-Matera et al. ⁴ Poland	General and clinical population (n=246; 123 overweight or obese outpatients and 123 normal weight individuals) Women: overweight or obese 63.4%; normal weight 70.7% Mean age: overweight or obese 32.1±12.4 years; normal weight 26.0±8.8 years	The Attitudes Towards Chocolate Questionnaire Body Image Avoidance Questionnaire	High correlation between emotional eating and chocolate cravings in overweight or obese individuals ($r = 0.610$, $p < 0.001$) and a medium correlation in normal weight group ($r = 0.411$, $p < 0.001$). Medium correlation between emotional eating and avoidance of social situations related to food and body exposure in overweight or obese individuals ($r = 0.371$, $p < 0.001$), and low correlation in normal weight individuals ($r = 0.224$, $p < 0.05$).	4
Brytek-Matera et al. ⁵ Poland and Lebanon	Obese individuals (n=507) Women: 56.6% Mean age: 29.8±13.3 years	Yale Food Addiction Scale Anxiety and Stress Scale	Higher food addiction, 56.6%, in cluster 2 (psychological well-being and cognitive restraint) compared to cluster 1, 3.6%, (psychological well-being, appropriate physical activity levels and eating behaviors) and 3, 22.2%, (moderate psychological distress and cognitive restraint). Medium correlation of food addiction with cognitive restraint ($r = 0.369$, $p < 0.001$) and high correlations with uncontrolled ($r = 0.698$, $p < 0.001$) and emotional eating ($r = 0.624$, $p < 0.001$). Higher food addiction was associated with higher uncontrolled eating ($B = 0.56$, $p < 0.001$) and emotional eating ($B = 0.56$, $p < 0.001$).	5

			0.001). Compared to cluster 1, cluster 2 (B = 14.49 or 3 were associated with higher food addiction (B = 6.67, $p < 0.001$).	
Caferoglu et al. ⁶ Turkey	Nutrition and Dietetics students and dietitians (n=785) Women: 92.2% Mean age: 22.2±0.2 years	Intuitive Eating Scale-2 Eating Attitudes Test 26	The higher intuitive eating category had lower uncontrolled ($p < 0.001$) and emotional eating ($p < .001$), compared to the lower category. Intuitive eating was inversely associated with the odds of uncontrolled (OR 0.26, 95%CI 0.19-0.36; $p < 0.001$) and emotional eating (OR 0.11, 95%CI 0.07-0.15; $p < 0.001$). Inverse associations were observed for all intuitive eating subscales, except for unconditional permission to eat. Cognitive restraint risk was inversely associated with unconditional permission to eat (OR 0.27, 95%CI 0.20-0.37; $p < 0.001$) and positively associated with body-food choice congruence (OR 2.18, 95%CI 1.62-2.94; $p < 0.001$).	8
Jeanes et al. ⁷ United Kingdom	Women with and without polycystic ovarian syndrome (n= 678; 583 with and 95 without) Mean age: normal weight 31.3±5.6 years, with overweight 31.4±7.6 years; and with obesity 32.6±7.3 years 84.7% Caucasian, 3.9% mixed race, 2.6% Black, 2.2% Asian, and 6.7% classified as other	The Bulimia Investigatory Test Edinburgh The Food Cravings Questionnaire Trait	High correlation between food craving and emotional eating ($r = 0.74$; $p < 0.001$), controlled for BMI. Low correlation between cognitive restraint and food craving controlled for BMI ($r = 0.2$, $p < 0.001$). High correlation between uncontrolled eating and food craving ($r = 0.67$; $p < 0.001$) and binge eating symptoms ($r = 0.56$, $p < 0.001$), controlled for BMI. A multiple regression model explained 57% of the variance in binge eating symptoms ($p < 0.001$), in which emotional eating ($\beta = 0.18$; $p < 0.001$) and uncontrolled eating ($\beta = 0.09$; $p = 0.02$) independently contributed to this variance, whereas cognitive restraint was not an independent predictor ($\beta = 0.03$; $p = 0.28$).	8
Czepczor-Bernat et al. ⁸ Poland	General and clinical population from treatment centers for overweight/obesity (n=298) Mean age: 34.0±9.5 years	DERS The Positive and Negative Affect Schedule The Feeling of Stress Questionnaire	Medium correlation between negative emotions and emotional eating ($r = 0.491$, $p > 0.001$) and high correlation between emotional dysregulation and emotional eating ($r = 0.626$, $p < 0.001$), and between stress and emotional eating ($r = 0.589$, $p < 0.001$).	4
Czepczor-Bernat et al. ⁹ Poland	Women from treatment centers for overweight/obesity and eating disorders (n=151) Mean age: 35.7±20.4 years	DERS The Positive and Negative Affect Schedule The Mindful Eating Scale	Mindful eating was a moderator in the relationship between emotional dysregulation and emotional eating ($p = 0.0001$), and restrictive eating ($p = 0.04$), but not for uncontrolled eating. Mindful eating was a moderator in the relationship between negative emotions and emotional eating ($p = 0.0001$), restrictive eating ($p = 0.001$) and uncontrolled eating ($p = 0.0001$). Higher restrictive eating was associated with lower levels of emotional dysregulation and negative affect, but only at lower levels of mindful eating. For participants high in mindful eating, neither emotional dysregulation nor negative affect predicted restrictive eating. Regarding emotional eating, higher scores were associated with greater degrees of emotion dysregulation and negative affect at all levels of mindful eating. Regarding uncontrolled eating, higher scores	6

			were positively associated with greater degrees of negative affect, but only for medium and high levels of mindful eating.	
Du et al. ¹⁰ USA, Netherlands, South Korea, Malaysia, Ireland, Ghana and China	Undergraduate and graduate students (n=1,392) Women 70%, men 27%, other 3% Mean age: 22±5.4 years Race/ethnicity not described, except for USA: 5% Hispanic, 86% non- Hispanic, 9% did not report	The Perceived Stress Scale 10 (PSS-10)	Low correlations between perceived stress and uncontrolled eating ($r = 0.189$, $p < 0.01$) and emotional eating ($r = 0.275$, $p < 0.01$).	8
Şentürk et al. ¹¹ Turkey	Vegans, vegetarians, and omnivores (n=1,165, 426 omnivorous; 415 vegans, 324 vegetarians) Women 81.5%, men 17.0%, other 1.5% Mean age: 31.5±10.1 years	The Teruel Orthorexia Scale	Medium correlation between healthy orthorexia and cognitive restraint ($r = 0.399$, $p < 0.01$). Negative low correlations between healthy orthorexia and emotional eating ($r = -0.187$, $p < 0.01$) and uncontrolled eating ($r = -0.256$, $p < 0.01$). Medium correlation between orthorexia nervosa and cognitive restraint, $r = 0.410$; low correlations with emotional eating, $r = 0.206$; and uncontrolled eating = 0.194; $p < 0.01$ for all. The predictors of healthy orthorexia were higher cognitive restraint ($\beta = 0.319$, $p < 0.001$) and lower uncontrolled eating ($\beta = -0.102$, $p = 0.004$), they explained 32% of the variance and the model was significant ($p < 0.001$). The predictors of orthorexia nervosa were higher cognitive restraint ($\beta = 0.363$, $p < 0.001$) and higher uncontrolled eating ($\beta = 0.142$, $p < 0.001$); they explained 24% of the variance; the model was significant ($p < .001$).	8
Fekih-Romdhane et al. ¹² Tunisia	General population (n=1,268) Women: 65.1% Mean age: 26.1±11.1 years	Depression Anxiety and Stress Scale	Medium correlations between cognitive restraint and depression ($r = 0.408$, $p < 0.001$) and anxiety ($r = .399$, $p < 0.001$) and low correlation with stress ($r = 0.292$, $p < 0.001$). Medium correlations between uncontrolled eating and depression ($r = 0.382$, $p < 0.001$), anxiety ($r = 0.381$, $p < 0.001$), and stress ($r = 0.462$, $p < 0.001$). Medium correlations between emotional eating and depression ($r = 0.362$, $p < 0.001$), anxiety ($r = 0.365$, $p < 0.001$), and stress ($r = 0.459$, $p < 0.001$).	4
Filippone et al. ¹³ France	General population (n=103) Women: 89% Mean age: 29.3±13.5 years	Food Cravings Questionnaire- Trait reduced	High correlations between food craving and uncontrolled eating ($r = 0.77$, $p < 0.001$), emotional eating ($r = 0.70$, $p < 0.001$), and medium correlation with cognitive restraint ($r = 0.32$, $p = 0.001$). The relationship between cognitive impulsivity and food craving decrease when the mediator cognitive restraint was taken into account, and the indirect effect of cognitive restraint in this relationship was confirmed ($B = 0.09$, $SE = 0.06$, 95%CI 0.01-0.25).	4
Fonseca et al. ¹⁴ Brazil	Women with generalized anxiety disorder (n=34) Median age: 29 years (19-60 years)	DERS Penn State Worry Questionnaire	High correlation between emotional eating and emotional dysregulation ($r = 0.593$; $p < 0.001$), and avoidance of internal experiences ($r = 0.565$; $p < 0.001$); a negative high correlation with self-compassion ($r = 0.590$; $p < 0.001$) and a medium negative correlation with mindful state ($r = -0.383$; $p = 0.026$).	4

		Action and Acceptance Questionnaire Five Facet Mindfulness Questionnaire Self-Compassion Scale	Mediation analysis showed that higher levels of emotion dysregulation was associated with higher levels of emotional eating, mediated by lower levels of self-compassion ($a * b = 0.043$, $SE = 0.02$).	
Gade et al. ¹⁵ Norway	Individuals with grade 2 obesity (BMI 35.0-39.9 kg/m ²) and at least one obesity-related comorbidity or grade 3 obesity (BMI ≥ 40.0 kg/m ²) (n=102) Women: 67,6% Mean age: 42.6 $\pm$ 9.8 years	HADS	High correlation between emotional eating and anxiety ($r = 0.52$, $p < 0.001$), medium correlations between emotional eating and depression ($r = 0.38$, $p < 0.001$) and anxiety ($r = 0.32$, $p < 0.001$) and between uncontrolled eating and depression ($r = 0.45$, $p < 0.001$). Depressive symptoms were correlated with emotional eating ($r = 0.38$) and uncontrolled eating ($r = 0.45$) and were negatively correlated with cognitive restraint ($r = -0.28$), all $p < 0.001$. In the hierarchical regression models, patients with more anxiety and, but to a lesser extent, more depression, reported more emotional eating than those with less anxiety or depression (adj $R^2 = 0.43$).	8
Grajek et al. ¹⁶ Poland	Undergraduate students (n=300) Women: 61.2% Mean age: 26 $\pm$ 2 years	PSS-10	High perceived stress was mainly characteristic of individuals with emotional eating ($\chi^2 = 10.279$; $p = 0.001$), compared to the low perceived stress category.	6
Hsu et al. ¹⁷ USA	General population (n=248) Women: 55.6% Mean age: 25.5 $\pm$ 3.8 years	General Depression subscale of Inventory of Depression and Anxiety Symptoms Four Facets Mindfulness Questionnaire	There was a main effect of depression on emotional eating in all models, such that higher levels of depression predicted higher levels of emotional eating, controlling for sex and the four facets of mindfulness. The relationship between depressive symptoms and emotional eating was strongest at high ($\beta = 0.442$, $p < 0.001$), compared to average ($\beta = 0.310$, $SE = 0.074$, $p < 0.001$), or low ($\beta = 0.177$, $p < 0.05$) levels of nonjudging of inner experience. Those high in nonjudging reported lower levels of emotional eating than those who were average in nonjudging, and those who were average reported significantly lower emotional eating than those who were low in nonjudging. Anxiety was a main effect in all models, such that higher levels of anxiety predicted higher levels of emotional eating. Acting with awareness ($\beta = 0.172$, $p < 0.05$) and observation ($\beta = 0.165$, $p < 0.05$) were also main effects, such that higher levels of awareness and observation predicted lower levels of emotional eating.	8
Hussain ¹⁸ Pakistan	Undergraduate students (n=210) Women: 65% Mean age: 21 years	UCLA Loneliness Scale-Version 3	No relationship between loneliness and eating behaviors.	8

Janjetic et al. ¹⁹ Argentina	Women (n=128) Mean age: 54.8±6.3 years	State-Trait Anxiety Inventory	There were medium correlations between trait anxiety, emotional eating ($r = 0.36$, $p < 0.001$), and uncontrolled eating ($r = 0.32$, $p < 0.001$), while there was only a low correlation between state anxiety and emotional eating ($r = 0.19$, $p = 0.028$). State anxiety was correlated with cognitive restraint eating ($p = 0.004$), uncontrolled eating ($p = 0.002$), and emotional eating ($p = 0.035$). Emotional eating and uncontrolled eating were higher in women suffering from clinically detectable state anxiety (> 40). There was an inverse relation with cognitive restraint. Trait anxiety was related to uncontrolled ($p = 0.016$) and emotional eating ($p = 0.001$), but not cognitive restraint ($p = 0.50$). Uncontrolled eating and emotional eating were higher in women with clinically detectable trait anxiety (correlation coefficients not reported).	5
Järvelä-Reijnen et al. ²⁰ Finland	Psychologically distressed individuals with a BMI between 27 and 34.9 kg/m ² (n=297) Women: 84% Mean age: 48.9±7.6 years	Perceived Stress Scale (PSS)	Higher perceived stress was associated with less cognitive restraint ($F [2,294] = 3.72$, $p = 0.025$) and with more uncontrolled eating ($F [2,294] = 9.18$, $p < 0.001$) and more emotional eating ($F [2,294] = 11.69$, $p < 0.001$). Adjusting for the goal of losing weight, the association between perceived stress and cognitive restraint was no longer significant ($p = 0.092$).	8
Kong et al. ²¹ China	Female undergraduates (n=376) Mean age: 19.9±1.8 years	The Negative Physical Self Scale-Fatness Scale	High correlation between body dissatisfaction and eating behaviors ($r = 0.543$, $p < 0.01$), and medium correlations with cognitive restraint ($r = 0.481$, $p < 0.01$), uncontrolled eating ($r = 0.366$, $p < 0.01$), and emotional eating, $r = 0.366$, $p < 0.01$.	4
Konttinen et al. ²² Finland	General population (n=3,714) Women: 54,7% Age range: 25-74 years	The Center for Epidemiological Studies Depression Scale	Medium correlation between higher depressive symptoms and higher emotional eating in women and men ($r = 0.30$, $p < 0.001$).	8
Liboredo et al. ²³ Brazil	General population (n=1.368) Women: 80% Median age: 31 years (18-87)	PSS	Low correlation between perceived stress and uncontrolled eating ($r = 0.257$, $p < 0.001$) and a negative correlation between perceived stress and emotional eating ($r = -0.030$, $p < 0.001$).	8
Lin et al. ²⁴ Hong Kong and Taiwan	Undergraduate students (n=707) Women: 53.9% Mean age: 20.2±1.7 years	HADS	Low correlations between total TFEQ scores and depression ($p = 0.14$, $p < 0.001$) and anxiety ($p = 0.29$, $p < 0.001$). Total TFEQ score mediated the association between perceived weight stigma and depression for men ($p = 0.006$) but not women. Total TFEQ score mediated the association between perceived weight stigma and anxiety for men ($p < 0.001$) and women ($p = 0.040$).	8
Lovan et al. ²⁵ USA	Undergraduates, non-dietetics majors (n = 66) Women: 62.1% Mean age: 19.8±1.4 years	Dutch Eating Behavior Questionnaire Intuitive Eating Scale-2	Negative high correlation between unconditional permission to eat and cognitive restraint ($r = -0.54$, $p < 0.001$). High negative correlation between eating for physical rather than emotional reasons and emotional eating ($r = -0.76$, $p < 0.001$), and a medium negative correlation with uncontrolled eating ($r = -0.47$, $p < 0.001$). Medium negative correlation between reliance on	6

	Race/ethnicity: 75.8% White, 18.2% Black/African American, 4.5% Asian, 1.5% American Indian and 4.2% Hispanic		hunger and satiety cues and emotional eating ($r = -0.28$, $p = 0.019$). Medium correlation between body-food choice congruence and cognitive restriction ($r = 0.24$, $p = 0.050$).	
Markey et al. ²⁶ Australia, Belgium, Canada, China, Italy, Japan, Spain and USA	General population (n=6,272) Women: 67.6% Mean age: 21.5±3.13 years	The Eating Disorders Examination Questionnaire (EDE-Q)	Low negative correlations between emotional eating, restrained eating (on the EDE-Q Restraint Subscale) and body satisfaction ($r = -0.28$, $p < 0.001$; $r = -0.28$, $p < 0.001$). Emotional eating was associated with lower body satisfaction in all countries: Australia ($\beta = -0.157$, $p < 0.001$), Belgium ($\beta = -0.241$; $p < 0.001$), Canada ($\beta = -0.145$; $p < 0.001$), China ($\beta = -0.129$; $p < 0.01$), Italy ($\beta = -0.230$; $p < 0.001$), Japan ($\beta = -0.172$; $p < 0.001$), Spain ($\beta = -0.166$; $p < 0.001$) and USA ($\beta = -0.203$; $p < 0.001$).	6
Martins et al. ²⁷ Brazil	Undergraduate students (n=1,109) Women: 65.7% Mean age: 20.9±2.7 years	Depression Anxiety and Stress Scale	Negative affectivity influenced the relation between stress management and both uncontrolled eating ($\beta = 0.198$; $p < 0.05$) and emotional eating ($\beta = 0.290$; $p < 0.05$), making negative affectivity a mediator variable.	6
Santos et al. ²⁸ Brazil	Bariatric surgery candidates (n=42) Women: 73.8% Mean age: 44.3±5.8 years	The Short Form Health Survey 1.0	Medium negative correlation between higher cognitive restraint and lower emotional well-being ($p = -0.45$, $p < 0.001$).	6
Paans et al. ²⁹ The Netherlands, United Kingdom, Germany, Spain	Overweight or obese individuals reporting subsyndromal symptoms of depression with a Patient Health Questionnaire score ≥ 5 (n=990) Women: 75.2% Mean age: 46.6±13.0 years	The Mini-International Neuropsychiatric Interview 5.0 30-item Inventory of Depressive Symptomatology - Self Report	History of depression was associated with more emotional eating ($\beta = 0.14$, $p < 0.001$), uncontrolled eating ($\beta = 0.08$, $p < 0.01$), and less cognitive restraint ($\beta = -0.08$, $p < 0.001$), as was depression severity (emotional eating: $\beta = 0.35$, $p < 0.001$, uncontrolled eating: $\beta = 0.30$, $p < 0.001$, cognitive restraint: $\beta = -0.12$, $p < 0.001$), all adjusted for BMI. When combining history and severity of depression in a model, associations of depression severity with all eating behaviors remained significant, but the associations between history of depression and both uncontrolled eating and cognitive restrained eating were no longer significant.	8
Pak et al. ³⁰ Turkey	General population (n=362) Women 66.9%; men 32%; 1.1% other Mean age: 26.8±8.2 years	HADS	Low correlation between depression and emotional eating ($r = 0.20$, $p < 0.01$). Depression predicted emotional eating ($\beta = 0.18$, $p < 0.001$).	7
Quick ³¹ USA	General population (n=2,449) Women: 63% Mean age: 19.6±1.5 years	EDE-Q	Restrictive eaters had higher emotional eating than non-restrictive eaters (women: 2.41±.78 vs. 2.10±0.74, $p < 0.001$; men: 2.10±0.75 vs. 1.65±0.65, $p < 0.001$) and higher disinhibited eating (women: 2.39±0.72. vs. 2.12±0.65, $p < 0.001$; men: 2.38±0.72 vs. 2.09±0.65, $p < .001$).	7

Richards et al. ³² USA	Undergraduate students (n=153) Women: 76.1% Mean age: 20.7±4.8 years Race/ethnicity: 83.4% white	8 of the 10 questions from the PSS-10	Medium correlations between stress and emotional eating ($r = 0.32$, $p < 0.001$) and uncontrolled eating ($r = 0.30$, $p < 0.001$). In bivariate analyses and multiple regression modeling, individuals with higher stress had higher emotional eating ($p < 0.001$, bivariate; $p < 0.001$, model) and higher uncontrolled eating ($p < 0.001$, bivariate; $p < 0.001$, model).	7
Richardson ³³ USA	Women with a child ≥ 6 months of age (n=101) Age ranges: 18-24 years 34.7%, 25-29 years: 36.6%, 30-34 years: 14.9%, 35-44 years: 13.9% Race/ethnicity: White 32.7%, Black 45.5%, other 5.9%, Hispanic 15.8%	PSS	Perceived stress was directly and positively associated with emotional eating ($\beta = 0.50$, $p < 0.001$) and uncontrolled eating ($\beta = 0.38$, $p < 0.001$).	8
Rocks et al. ³⁴ Australia	Undergraduate Nutrition and Dietetics students (n=91) Women: 82% Mean age: 27.7±8.6 years	Eating Attitudes Test (EAT-26)	The independent predictors age, year of enrollment, global self-esteem, uncontrolled eating, cognitive restraint, and emotional eating correlated to the dependent variable EAT-26 ≥ 20 . The full model test was statistically reliable ($p < 0.001$) and explained 37.1%-66.3% of the variance and correctly classified 93.4% of cases. Uncontrolled eating and cognitive restraint contributed to symptomatic eating attitudes ($B = 0.10$, $OR = 1.11$, $p = 0.03$ and $B = 0.07$, $OR = 1.07$, $p = 0.03$, respectively).	6
Romain et al. ³⁵ France	Individuals from the Endocrinology, Diabetes, and Nutrition Department of the University Hospital of Montpellier (n=126) Women: 82% Mean age: 47.2±13.9 years	Dutch Eating Behaviour Questionnaire Center for Epidemiologic Scale – Depression	Cluster 1 “struggling with food” had higher emotional ($p < 0.001$) and uncontrolled eating ($p < 0.001$) than other clusters. Cluster 2 “low loss of eating control” had the lowest uncontrolled eating. Differences between all groups were noted for depression ($p < 0.0001$) and 66%, 75%, and 24% of the struggling with food, comfort with food and low loss of eating control were found to have depressive symptoms ($p < 0.0001$). The cluster “low loss of eating control” had better health-related quality of life on the psychosocial dimension and lower depression than the others ($p < 0.001$ for all).	8
Stapleton et al. ³⁶ Australia	Individuals one-year after bariatric surgery (n = 366) Women: 95.1% Mean age: 46.1±10.0 years	Patient Health Questionnaire BriefCOPE	In hierarchical regression analysis for variables that predicted emotional eating, when age was controlled, psychological distress accounted for 3.7% of the variance in emotional eating ($p < 0.001$), although depression, anxiety or somatization symptomatology were not individual predictors of emotional eating. Coping styles accounted for an additional 4.6% of variance in emotional eating ($p < 0.001$), with avoidant coping being the only significant individual coping predictor of emotional eating ($\beta = 0.26$, $p < 0.001$).	8
Suwalska et al. ³⁷ Poland	Undergraduate Health students (n=227) Women: 80.6% Mean age: 21.0±1.2 years	The Beck Depression Inventory	Depression was higher in participants with high compared to low uncontrolled eating (8.8±7.6 vs. 6.8±7.1, $p = 0.037$) and high compared to low emotional eating (9.2±7.7 vs. 6.2±6.7, $p = 0.002$).	4

Tang et al. ³⁸ China	Undergraduate students (n=1.068) Women: 80.6% Mean age: 20.1±1.0 years	Body dissatisfaction subscale of Eating Disorder Inventory-II Body Image-Acceptance and Action Questionnaire	For men and women, body dissatisfaction and body image inflexibility fully mediated the relationship between BMI and dietary restraint. The mediation model explained 41.4% of the variance in dietary restraint in male participants, compared to 17.4% in female participants. The indirect effects from BMI to dietary restraint via body dissatisfaction and body image inflexibility were significant - total indirect effect 0.277 (95%CI 0.217-0.339) and 0.151 (95%CI 0.088-0.220) for men and women, respectively.	4
Tuncer et al. ³⁹ Turkey	Patients with a severe mental disorder (n=130) Women: 30.8% Mean age: 41.2±11.1 years	The Emotional Eater Questionnaire (EEQ)	Small negative correlation between emotional eating and cognitive restriction ($r = -0.19$, $p < 0.05$). Emotional eating measured by the EEQ was highly correlated with emotional eating measured by the TFEQ ($r = 0.74$, $p < 0.001$) and uncontrolled eating ($r = 0.79$, $p < 0.001$).	6
Wattick et al. ⁴⁰ USA	Undergraduate students (n=1,645) Women: 76.2% Mean age: 22.0±5.1 years Race/ethnicity: 84.4% White/Caucasian; 2.6% Black/African American; 4.0% Asian or pacific islander; 2.1% Hispanic or Latino; 6.0% multiracial or biracial; 0.1 % Native American or Alaska Native; 0.8 % race/ethnicity not reported	Yale Food Addiction Scale 2.0 Eating Disorder Examination Questionnaire-Short Form	Individuals with mild food addiction had higher cognitive restraint than those with no, moderate, or severe food addiction ($F[3,1410] = 10.87$, $R^2 = 0.023$, $p < 0.01$). Individuals with severe food addiction had the highest uncontrolled eating and emotional eating ($F[3,1410] = 133.92$, $R^2 = 0.222$, $p < 0.01$ and $F[3,1410] = 121.88$, $R^2 = 0.206$, $p < 0.01$, respectively).	5

Supplementary Table S3 Quality rating of the included studies according to the Critical Appraisal Checklist for Analytical Cross Sectional Studies

Study	Were the sample inclusion criteria clearly defined?	Were the study participants and the setting described in detail?	Were objective, standardized criteria used to measure the condition?	Were confounding factors identified?	Were strategies for dealing with confounding factors reported?	Were the outcomes measured in a valid and reliable way?	Was appropriate statistical analysis used?	Quality rating
Anthonisamy et al. ¹	Yes	Yes	Yes	Yes	Yes	Yes	Yes	8
Aoun et al. ²	Yes	Yes	Yes	Yes	Yes	Yes	Yes	8
Brytek-Matera et al. ³	Yes	No	Yes	Yes	No	No	Yes	5
Brytek-Matera et al. ⁴	No	No	Yes	Yes	No	No	Yes	4
Brytek-Matera et al. ⁵	No	Yes	Yes	Yes	No	No	Yes	5
Caferoglu et al. ⁶	Yes	Yes	Yes	Yes	Yes	Yes	Yes	8
Jeanes et al. ⁷	Yes	Yes	Yes	Yes	Yes	Yes	Yes	8
Czepczor-Bernat et al. ⁸	No	No	Yes	Yes	No	No	Yes	4
Czepczor-Bernat et al. ⁹	Yes	Yes	Yes	Yes	No	No	Yes	6
Du et al. ¹⁰	Yes	Yes	Yes	Yes	Yes	Yes	Yes	8
Şentürk et al. ¹¹	Yes	Yes	Yes	Yes	Yes	Yes	Yes	8
Fekih-Romdhane et al. ¹²	No	No	Yes	Yes	No	No	Yes	4
Filippone et al. ¹³	No	No	Yes	Yes	No	No	Yes	4
Fonseca et al. ¹⁴	No	No	Yes	Yes	No	No	Yes	4
Gade et al. ¹⁵	Yes	Yes	Yes	Yes	Yes	Yes	Yes	8
Grajek et al. ¹⁶	Yes	Yes	Yes	Yes	No	No	Yes	6
Hsu et al. ¹⁷	Yes	Yes	Yes	Yes	Yes	Yes	Yes	8
Hussain et al. ¹⁸	Yes	Yes	Yes	Yes	Yes	Yes	Yes	8

Janjetic et al. ¹⁹	Yes	No	Yes	Yes	No	No	Yes	5
Järvelä-Reijnen et al. ²⁰	Yes	Yes	Yes	Yes	Yes	Yes	Yes	8
Kong et al. ²¹	No	No	Yes	Yes	No	No	Yes	4
Konttinen et al. ²²	No	No	Yes	Yes	Yes	Yes	Yes	8
Liboredo et al. ²³	Yes	Yes	Yes	Yes	Yes	Yes	Yes	8
Lin et al. ²⁴	Yes	Yes	Yes	Yes	Yes	Yes	Yes	8
P Lovan et al. ²⁵	Yes	Yes	Yes	Yes	No	No	Yes	6
Markey et al. ²⁶	No	Yes	Yes	Yes	No	No	Yes	6
Martins et al. ²⁷	Yes	Yes	Yes	Yes	no	no	Yes	6
Santos et al. ²⁸	Yes	Yes	Yes	Yes	no	no	Yes	6
Paans et al. ²⁹	Yes	Yes	Yes	Yes	Yes	Yes	Yes	8
Pak et al. ³⁰	No	Yes	Yes	Yes	Yes	Yes	Yes	7
Quick ³¹	No	Yes	Yes	Yes	No	Yes	Yes	7
Richards et al. ³²	No	Yes	Yes	Yes	Yes	Yes	Yes	7
Richardson ³³	Yes	Yes	Yes	Yes	Yes	Yes	Yes	8
Rocks et al. ³⁴	No	No	Yes	Yes	No	No	Yes	6
Romain et al. ³⁵	Yes	Yes	Yes	Yes	No	No	Yes	8
Stapleton et al. ³⁶	Yes	Yes	Yes	Yes	Yes	Yes	Yes	8
Suwalaska et al. ³⁷	No	No	Yes	Yes	No	No	Yes	4
Tang et al. ³⁸	No	No	Yes	Yes	No	No	Yes	4
Tuncer et al. ³⁹	Yes	Yes	Yes	Yes	No	No	Yes	6
Wattick et al. ⁴⁰	No	Yes	Yes	Yes	No	No	Yes	5

Supplementary Table S4 AMSTAR 2: a critical appraisal tool for systematic reviews that include randomized or non-randomized studies of health care interventions, or both**1. Did the research questions and inclusion criteria for the review include the components of PICO?**

For Yes:	Optional (recommended)	
☒ Population	☐ Timeframe for follow-up	☒ Yes
☒ Intervention		☐ No
☒ Comparator group		
☒ Outcome		

2. Did the report of the review contain an explicit statement that the review methods were established prior to the conduct of the review and did the report justify any significant deviations from the protocol?

For Partial Yes: The authors state that they had a written protocol or guide that included ALL the following:	For Yes: As for partial yes, plus the protocol should be registered and should also have specified:	
☒ review question(s)	☐ a meta-analysis/synthesis plan, if appropriate, <i>and</i>	☒ Yes
☒ a search strategy	☐ a plan for investigating causes of heterogeneity	☐ Partial Yes
☒ inclusion/exclusion criteria	☐ justification for any deviations from the protocol	☐ No
☒ a risk of bias assessment		

3. Did the review authors explain their selection of the study designs for inclusion in the review?

For Yes, the review should satisfy ONE of the following:	
☐ <i>Explanation</i> for including only RCTs	☒ Yes
☒ OR <i>Explanation</i> for including only NRSI	☐ No
☐ OR <i>Explanation</i> for including both RCTs and NRSI	

4. Did the review authors use a comprehensive literature search strategy?

For Partial Yes (all the following):	For Yes, should also have (all the following):	
☒ searched at least 2 databases (relevant to research question)	☐ searched the reference lists / bibliographies of included studies	☐ Yes
☒ provided key word and/or search strategy	☐ searched trial/study registries	☐ Partial Yes
☒ justified publication restrictions (e.g. language)	☒ included/consulted content experts in the field	☒ No
	☐ where relevant, searched for grey literature	
	☒ conducted search within 24 months of completion of the review	

5. Did the review authors perform study selection in duplicate?

For Yes, either ONE of the following:	
☒ at least two reviewers independently agreed on selection of eligible studies and achieved consensus on which studies to include	☒ Yes
☐ OR two reviewers selected a sample of eligible studies <u>and</u> achieved good agreement (at least 80 percent), with the remainder selected by one reviewer.	☐ No

6. Did the review authors perform data extraction in duplicate?

For Yes, either ONE of the following:

- | | |
|--|---|
| ☒ at least two reviewers achieved consensus on which data to extract from included studies | ☒ Yes |
| ☐ OR two reviewers extracted data from a sample of eligible studies <u>and</u> achieved good agreement (at least 80 percent), with the remainder extracted by one reviewer. | ☐ No |

7. Did the review authors provide a list of excluded studies and justify the exclusions?

For Partial Yes:

- ☐
- provided a list of all potentially relevant studies that were read in full-text form but excluded from the review

For Yes, must also have:

- | | |
|---|--|
| ☐ Justified the exclusion from the review of each potentially relevant study | ☐ Yes |
| | ☐ Partial Yes |
| | ☒ No |

8. Did the review authors describe the included studies in adequate detail?

For Partial Yes (ALL the following):

- ☒
- described populations
-
- ☒
- described interventions
-
- ☒
- described comparators
-
- ☒
- described outcomes
-
- ☒
- described research designs

For Yes, should also have ALL the following:

- | | |
|--|---|
| ☐ described population in detail | ☒ Yes |
| ☐ described intervention in detail (including doses where relevant) | ☐ Partial Yes |
| ☐ described comparator in detail (including doses where relevant) | ☐ No |
| ☐ described study's setting | |
| ☐ timeframe for follow-up | |

9. Did the review authors use a satisfactory technique for assessing the risk of bias (RoB) in individual studies that were included in the review?**RCTs**

For Partial Yes, must have assessed RoB from

- ☐
- unconcealed allocation,
- and*
-
- ☐
- lack of blinding of patients and assessors when assessing outcomes (unnecessary for objective outcomes such as all-cause mortality)

For Yes, must also have assessed RoB from:

- | | |
|---|--|
| ☐ allocation sequence that was not truly random, <i>and</i> | ☐ Yes |
| ☐ selection of the reported result from among multiple measurements or analyses of a specified outcome | ☐ Partial Yes |
| | ☐ No |
| | ☒ Includes only NRSI |

NRSI

For Partial Yes, must have assessed RoB:

- ☒
- from confounding,
- and*
-
- ☒
- from selection bias

For Yes, must also have assessed RoB:

- | | |
|--|---|
| ☒ methods used to ascertain exposures and outcomes, <i>and</i> | ☒ Yes |
| ☒ selection of the reported result from among multiple measurements or analyses of a specified outcome | ☐ Partial Yes |
| | ☐ No |
| | ☐ Includes only RCTs |

10. Did the review authors report on the sources of funding for the studies included in the review?

For Yes

- ☐ Must have reported on the sources of funding for individual studies included in the review. Note: Reporting that the reviewers looked for this information but it was not reported by study authors also qualifies
- ☐ Yes ☒ No

11. If meta-analysis was performed did the review authors use appropriate methods for statistical combination of results?**RCTs**

For Yes:

- ☐ The authors justified combining the data in a meta-analysis ☐ Yes
- ☐ AND they used an appropriate weighted technique to combine study results and adjusted for heterogeneity if present. ☐ No
- ☐ AND investigated the causes of any heterogeneity ☒ No meta-analysis conducted

For NRSI

For Yes:

- ☐ The authors justified combining the data in a meta-analysis ☐ Yes
- ☐ AND they used an appropriate weighted technique to combine study results, adjusting for heterogeneity if present ☐ No
- ☐ AND they statistically combined effect estimates from NRSI that were adjusted for confounding, rather than combining raw data, or justified combining raw data when adjusted effect estimates were not available ☒ No meta-analysis conducted
- ☐ AND they reported separate summary estimates for RCTs and NRSI separately when both were included in the review

12. If meta-analysis was performed, did the review authors assess the potential impact of RoB in individual studies on the results of the meta-analysis or other evidence synthesis?

For Yes:

- ☐ included only low risk of bias RCTs ☐ Yes
- ☐ OR, if the pooled estimate was based on RCTs and/or NRSI at variable RoB, the authors performed analyses to investigate possible impact of RoB on summary estimates of effect. ☐ No
- ☒ No meta-analysis conducted

13. Did the review authors account for RoB in individual studies when interpreting/discussing the results of the review?

For Yes:

- ☐ included only low risk of bias RCTs ☒ Yes
- ☒ OR, if RCTs with moderate or high RoB, or NRSI were included the review provided a discussion of the likely impact of RoB on the results ☐ No

14. Did the review authors provide a satisfactory explanation for, and discussion of, any heterogeneity observed in the results of the review?

For Yes:

- ☐ There was no significant heterogeneity in the results ☒ Yes
- ☒ OR if heterogeneity was present the authors performed an investigation of sources of any heterogeneity in the results and discussed the impact of this on the results of the review ☐ No

15. If they performed quantitative synthesis did the review authors carry out an adequate investigation of publication bias (small study bias) and discuss its likely impact on the results of the review?

For Yes:

- | | |
|---|--|
| ☐ performed graphical or statistical tests for publication bias and discussed the likelihood and magnitude of impact of publication bias | ☐ Yes |
| | ☐ No |
| | ☒ No meta-analysis conducted |

16. Did the review authors report any potential sources of conflict of interest, including any funding they received for conducting the review?

For Yes:

- | | |
|---|---|
| ☒ The authors reported no competing interests OR | ☒ Yes |
| ☐ The authors described their funding sources and how they managed potential conflicts of interest | ☐ No |

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