

## **Eating Pathology Symptoms Inventory©/Brief Assessment of Stress and Eating© Application for Translated or Modified Measure**

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Lead Researcher Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

Lead Researcher Signature: \_\_\_\_\_

Institution of Lead Researcher: \_\_\_\_\_

Lead Researcher Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Lead Researcher Phone Number: \_\_\_\_\_

Lead Researcher Email Address: \_\_\_\_\_

Graduate Advisor's Name (if a lead researcher is a graduate student): (printed):

\_\_\_\_\_ Date: \_\_\_\_\_

Graduate Advisor's Signature: \_\_\_\_\_

Graduate Advisor's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Graduate Advisor's Phone Number: \_\_\_\_\_

Graduate Advisor's Email Address: \_\_\_\_\_

Proposed Completion Date of the Project: \_\_\_\_\_

List Names of All Research Team Members to be included in this research:

\_\_\_\_\_

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