

Table 2: TDF Domains with Corresponding Questions, Selected Themes, and Illustrative Quotes

Domain	Question	Theme	Quote
Knowledge	“What do you know about screening tools for eating disorders?”	Lack of Knowledge of Eating Disorder Screening	<i>“I am not well versed in any type of disordered eating, especially with older teenagers.”</i> (PEM Social Worker)
Beliefs about Consequences	“What do you think are the advantages and disadvantages of screening patients for eating disorders in the ED?”	ED as a Primary Point of Contact	<i>“I think that we can probably capture a lot more eating disorders in the emergency room because a lot of times I think individuals use the emergency room as their doctor’s office.”</i> (PEM Nurse)
Beliefs about Capabilities	“Do you think EDs could screen patients for eating disorders?”	Emotional Barriers to Sustained Screening	<i>“Since it is such a sensitive subject, parents may feel like, ‘I’m being targeted’. I think the folks who are doing the screeners may find that it’s really, really hard to talk about these things- and stop doing it.”</i> (Eating Disorder Team Member)
Environmental Context and Resources	“What would an ideal screening process for eating disorders in adolescents in the ED look like to you?”	Need for Diversified Referral Resources	<i>“The ED would need to put together some resources for places to refer to because you can’t refer everybody to the same place or it’s gonna be super overwhelmed.”</i>

			(Eating Disorder Team Member)
Professional Role and Identity	“How would implementing your ideal screening tool for eating disorders fit into your role?”	Perceived Gaps in Role Preparedness Across Providers	<i>“I feel like they’d all get referred back to primary care. And then, most primary care doctors wouldn’t really know what to do with a patient if there’s a concern for an eating disorder.”</i> (General Pediatrician)
Skills	“Would you be comfortable in your role reviewing the results of a screening test for eating disorders with a patient and their family?”	Skill Limitations in Post-Screening Clinical Decision-Making	<i>“I think if it’s a pretty straightforward survey, I could certainly administer it and score it, and then I could go over answers with family. I guess where I’m uncomfortable is what to do with those answers, and I guess answering questions families will probably inevitably have.”</i> (PEM Physician)
Behavioral Regulation	“What are barriers to implementing your ideal screening test for eating disorders in the ED setting?”	Resource Constraints as a Barrier to Adoption of Screening	<i>“I think a barrier for us in the ED always is time and manpower. So, if it’s a long, really labor-intensive survey that takes a while for us to administer, that’s a huge barrier.”</i> (PEM Physician)
Memory, Attention, and Decision Process	“If relevant to your role, what types of things would be helpful for you to	Leveraging Existing Mental Health Screening Structures	<i>“I think if we can find a way to merge with our other mental health</i>

	remember to screen?”		screening, it would be easier.” (PEM Physician)
Goals	“How important do you feel universal screening for eating disorders is?”	Prioritization of Eating Disorder Screening as a Behavioral Health Goal	“I think it’s pretty important. I think it falls under the same concept of screening for behavioral health things. I think eating disorders fall under that. I’m actually shocked that we don’t screen for it already.” (PEM Social Worker)
Optimism	“To what degree do you think you would perform screening if a tool was implemented at your emergency department?”	Hopefulness about Feasibility with Resource Support	“I would but we would need to know what the local resources are, have a resource bank, and knowledge on appropriate referrals and their wait times so you can give that anticipatory guidance to families.” (PEM Social Worker)
Social Influences	“How do you think your colleagues would feel about performing screening for eating disorders?”	Social Acceptance of New Practices Over Time	“Any time you add a new step or a new task for someone to do, it’s always met with a little bit of resistance or annoyance. But I think as soon as it becomes habit and part of peoples’ practice, they’ll just hopefully be integrated a little bit more easily.” (PEM Physician)

TDF: Theoretical Domains Framework. ED: emergency department. EM: emergency medicine.