

Section 17 – LOW WEIGHT

Statement DD

Now I'd like to ask you a few questions about your eating habits.

N17STDD

<p>1. What has been your LOWEST weight in pounds since you reached your current height, not counting times when you were ill?</p>	<p>Weight <input type="text"/> <input type="text"/> <input type="text"/> Pounds N17Q1</p>
<p>CHECK ITEM 17.1 Is lowest weight in 1 less than 85% of that expected? (Refer to norms for men and women.)</p>	<p>1 <input type="checkbox"/> Yes N17CK171 2 <input type="checkbox"/> No – <i>SKIP to Section 18</i></p>
<p>3. How old were you when your weight first reached (<i>weight in 1</i>) at your current height?</p>	<p>_____ Age N17Q3</p>
<p>4a. When your weight was (<i>weight in 1</i>), did you restrict the amount of food you ate in order not to gain any weight even though other people thought you should?</p>	<p>1 <input type="checkbox"/> Yes N17Q4A 2 <input type="checkbox"/> No</p>
<p>b. Did you restrict the amount of food that you ate in order to lose weight BEFORE you weighed (<i>weight in 1</i>)?</p>	<p>1 <input type="checkbox"/> Yes N17Q4B 2 <input type="checkbox"/> No</p>
<p>5. During that time when your weight was (<i>weight in 1</i>), were you afraid of gaining weight or getting fat?</p>	<p>1 <input type="checkbox"/> Yes N17Q5 2 <input type="checkbox"/> No</p>
<p>6a. When your weight was (<i>weight in 1</i>), ... Did you think that you looked fat?</p>	<p>1 <input type="checkbox"/> Yes N17Q6A 2 <input type="checkbox"/> No</p>
<p>b. Did you think your weight or body shape was one of the most important things about you?</p>	<p>1 <input type="checkbox"/> Yes N17Q6B 2 <input type="checkbox"/> No</p>
<p>c. Did you think that your weight might have been unhealthy?</p>	<p>1 <input type="checkbox"/> Yes N17Q6C 2 <input type="checkbox"/> No</p>
<p>d. Did you believe other people who thought your weight was unhealthy?</p>	<p>1 <input type="checkbox"/> Yes N17Q6D 2 <input type="checkbox"/> No</p>
<p>e. Were you constantly weighing yourself or taking measurements of various parts of your body?</p>	<p>1 <input type="checkbox"/> Yes N17Q6E 2 <input type="checkbox"/> No</p>
<p>7a. Now I'd like to know if you did any of the following things to keep from gaining weight AFTER you reached (<i>weight in 1</i>). During either of those times did you... Eat an UNUSUALLY LARGE amount of food within a 2-hour period, not including the holidays; that is, eat much more food than most people would eat during a 2-hour period under similar circumstances?</p>	<p>1 <input type="checkbox"/> Yes N17Q7A 2 <input type="checkbox"/> No – <i>SKIP to 7d</i></p>
<p>b. Vomit or use enemas, laxatives, diuretics or other medicines AFTER you ate an UNUSUALLY LARGE amount of food?</p>	<p>1 <input type="checkbox"/> Yes N17Q7B 2 <input type="checkbox"/> No</p>
<p>c. Diet, fast, not use solid foods, or exercise a lot AFTER you ate an UNUSUALLY LARGE amount of food?</p>	<p>1 <input type="checkbox"/> Yes N17Q7C 2 <input type="checkbox"/> No</p>
<p>d. Vomit or use enemas, laxatives, diuretics or other medicines AFTER you ate a SMALL amount or REGULAR amount of food?</p>	<p>1 <input type="checkbox"/> Yes N17Q7D 2 <input type="checkbox"/> No</p>
<p>e. Diet, fast, not use solid foods, or exercise a lot AFTER you ate a SMALL amount or REGULAR amount of food?</p>	<p>1 <input type="checkbox"/> Yes N17Q7E 2 <input type="checkbox"/> No</p>
<p>f. Diet, fast, not eat solid foods, or exercise a lot regardless of what or how much you ate?</p>	<p>1 <input type="checkbox"/> Yes N17Q7F 2 <input type="checkbox"/> No</p>

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CHECK ITEM 17.2	Is at least 1 item marked “Yes” in 7b-7f?	1 <input type="checkbox"/> Yes N17CK172 2 <input type="checkbox"/> No – Go to 8a
7g.	Did ANY of the things we just talked about when you were losing weight or when you were trying to keep from gaining weight happen repeatedly for at least 3 months?	1 <input type="checkbox"/> Yes N17Q7G 2 <input type="checkbox"/> No
8a.	<p>Now, I’d like to ask you about some other things that might have happened to you during that time when you weighed (<i>weight in 1</i>) and you had some of the other experiences we just talked about.</p> <p>During that time did your low weight...</p> <p>Make you very upset?</p>	1 <input type="checkbox"/> Yes N17Q8A 2 <input type="checkbox"/> No
b.	Interfere with your normal daily activities?	1 <input type="checkbox"/> Yes N17Q8B 2 <input type="checkbox"/> No
c.	Cause any serious problems getting along with other people – like arguing with your friends, family, people at work or anyone else?	1 <input type="checkbox"/> Yes N17Q8C 2 <input type="checkbox"/> No
d.	Cause any serious problems doing the things you were supposed to do – like working, doing your schoolwork, or taking care of your home or family?	1 <input type="checkbox"/> Yes N17Q8D 2 <input type="checkbox"/> No
9.	About how old were you when you FIRST weighed less than (<i>85% of expected weight</i>) and had SOME of the other experiences you mentioned at the same time?	_____ Age N17Q9
CHECK ITEM 17.3	Is respondent’s age in 9 within 1 year of his/her present age or is present age unknown?	1 <input type="checkbox"/> Yes N17CK173 2 <input type="checkbox"/> No - SKIP to 11
10.	Did this FIRST time BEGIN to happen during the last 12 months?	1 <input type="checkbox"/> Yes N17Q10 2 <input type="checkbox"/> No
11.	<p>In your ENTIRE life how many separate times were there when you weighed less than (<i>85% of expected weight</i>) and had SOME of the other experiences you mentioned at the same time?</p> <p>By separate times, I mean times separated by at least 2 months when you weighed at least (<i>85% of expected weight</i>) and DIDN’T have ANY of the other experiences you mentioned at the same time.</p>	_____ Times N17Q11
CHECK ITEM 17.4	Is number in 11, 2 or more or unknown?	1 <input type="checkbox"/> Yes N17CK174 2 <input type="checkbox"/> No - SKIP to 18
12.	About how old were you the MOST RECENT time when you weighed less than (<i>85% of expected weight</i>) and you also had SOME of these other experiences?	_____ Age N17Q12
CHECK ITEM 17.5	Is respondent’s age in 12 within 1 year of his/her present age or is present age unknown?	1 <input type="checkbox"/> Yes N17CK175 2 <input type="checkbox"/> No - SKIP to 14
13.	Did this MOST RECENT time BEGIN to happen in the last 12 months?	1 <input type="checkbox"/> Yes N17Q13 2 <input type="checkbox"/> No
14.	How long did (this/your) MOST RECENT time last when you weighed less than (<i>85% of expected weight</i>)?	_____ Week(s) N17Q14CONT, N17Q14UNIT OR _____ Month(s) OR _____ Year(s)
15.	Since this MOST RECENT time BEGAN, has there been a time when you weighed at least (<i>85% of expected weight</i>) and DIDN’T have ANY of the OTHER experiences you mentioned at the same time?	1 <input type="checkbox"/> Yes N17Q15 2 <input type="checkbox"/> No - SKIP to 17
CHECK ITEM 17.6	Is 13 marked “Yes”?	1 <input type="checkbox"/> Yes - SKIP to 17 N17CK176 2 <input type="checkbox"/> No

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<p>16. Did this MOST RECENT time when you weighed at least (85% of expected weight) BEGIN to happen in the last 12 months?</p>	<p>1 <input type="checkbox"/> Yes N17Q16 2 <input type="checkbox"/> No</p>
<p>17. In your ENTIRE LIFE, what was the LONGEST time that you had when you weighed less than (85% of expected weight)?</p>	<p>_____ Week(s) OR _____ Month(s) OR _____ Year(s) } SKIP to 21a N17Q17CONT, N17Q17UNIT</p>
<p>18. How long did that time last when you weighed less than (85% of expected weight)?</p>	<p>_____ Week(s) OR _____ Month(s) N17Q18CONT, N17Q18UNIT OR _____ Year(s)</p>
<p>19. Since that time BEGAN, has there been a time when you weighed at least (85% of expected weight) and DIDN'T have ANY of the OTHER experiences you mentioned around the same time?</p>	<p>1 <input type="checkbox"/> Yes N17Q19 2 <input type="checkbox"/> No - <i>SKIP to 21a</i></p>
<p>CHECK ITEM 17.7 Is 10 marked "Yes"?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 21a</i> N17CK177 2 <input type="checkbox"/> No</p>
<p>20. Did this time when you weighed at least (85% of expected weight) BEGIN to happen in the last 12 months?</p>	<p>1 <input type="checkbox"/> Yes N17Q20 2 <input type="checkbox"/> No</p>
<p>21a. Did you EVER talk to any kind of counselor, therapist, doctor, psychologist or any person like that to get help for your low weight?</p>	<p>1 <input type="checkbox"/> Yes N17Q21A 2 <input type="checkbox"/> No</p>
<p>b. Did you EVER go to a self-help or support group, use a hotline or visit an internet chat room to get help for your low weight? (Do not count chat rooms/support groups that promoted low weight or offered advice on how to lose weight.)</p>	<p>1 <input type="checkbox"/> Yes N17Q21B 2 <input type="checkbox"/> No</p>
<p>22. Were you EVER a patient in any kind of hospital overnight or longer because of your low weight?</p>	<p>1 <input type="checkbox"/> Yes N17Q22 2 <input type="checkbox"/> No</p>
<p>23. Did you EVER go to an emergency room for help at any time for your low weight?</p>	<p>1 <input type="checkbox"/> Yes N17Q23 2 <input type="checkbox"/> No</p>
<p>24. Did a doctor EVER prescribe any medicines or drugs to help you with your low weight?</p>	<p>1 <input type="checkbox"/> Yes N17Q24 2 <input type="checkbox"/> No</p>
<p>25. Did you EVER go to Overeaters Anonymous or any other 12-step group because of your weight or eating?</p>	<p>1 <input type="checkbox"/> Yes N17Q25 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM 17.8 Is at least 1 item marked "Yes" in 21a-25?</p>	<p>1 <input type="checkbox"/> Yes N17CK178 2 <input type="checkbox"/> No - <i>SKIP to 29</i></p>
<p>26. About how old were you the FIRST time you went anywhere or talked to anyone to get help for your low weight?</p>	<p>_____ Age N17Q26</p>
<p>CHECK ITEM 17.9 Is age in 26 equal to respondent's current age?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 29</i> N17CK179 2 <input type="checkbox"/> No</p>
<p>27. Did you go anywhere or talk to anyone in the last 12 months?</p>	<p>1 <input type="checkbox"/> Yes N17Q27 2 <input type="checkbox"/> No - <i>SKIP to 29</i></p>
<p>CHECK ITEM 17.10 Is age in 26 at least 2 years less than respondent's current age?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 29</i> N17CK1710 2 <input type="checkbox"/> No</p>
<p>28. Did you go anywhere or talk to anyone before 12 months ago, that is, BEFORE last (Month one year ago)?</p>	<p>1 <input type="checkbox"/> Yes N17Q28 2 <input type="checkbox"/> No</p>
<p>29. Did you EVER go to a self-help or support group, use a hotline or visit an internet chat room that ENCOURAGED you to be extremely thin and offered advice on methods for losing weight?</p>	<p>1 <input type="checkbox"/> Yes } - <i>Go to Section 18</i> N17Q29 2 <input type="checkbox"/> No }</p>