

Section 18 – EATING AND OVEREATING

Statement EE

Now a few more questions about your eating habits. N18STEE

<p>1. Have you EVER eaten an UNUSUALLY LARGE AMOUNT of food within any 2-hour period, not including the holidays? That is, eating more food than most people would eat during a 2-hour period under similar circumstances.</p>	<p>1 <input type="checkbox"/> Yes N18Q1 2 <input type="checkbox"/> No - SKIP to end of interview</p>
<p>2. Was there EVER a time when you ate an UNUSUALLY LARGE AMOUNT of food on average at least once a week for at least 3 months?</p>	<p>1 <input type="checkbox"/> Yes N18Q2 2 <input type="checkbox"/> No - SKIP to end of interview</p>
<p>3a. During ANY time like this when you ate an UNUSUALLY LARGE AMOUNT of food, did you . . .</p> <p><i>(Repeat phrase often.)</i></p> <p>Feel that you couldn't stop eating or control how much or what you were eating?</p>	<p>1 <input type="checkbox"/> Yes N18Q3A 2 <input type="checkbox"/> No - SKIP to end of interview</p>
<p>b. Feel that your weight or body shape was one of the most important things about you?</p>	<p>1 <input type="checkbox"/> Yes N18Q3B 2 <input type="checkbox"/> No</p>
<p>c. Find that you ate much more quickly than usual?</p>	<p>1 <input type="checkbox"/> Yes N18Q3C 2 <input type="checkbox"/> No</p>
<p>d. Find that you ate until you felt uncomfortably full?</p>	<p>1 <input type="checkbox"/> Yes N18Q3D 2 <input type="checkbox"/> No</p>
<p>e. Eat an UNUSUALLY LARGE AMOUNT of food even though you weren't hungry?</p>	<p>1 <input type="checkbox"/> Yes N18Q3E 2 <input type="checkbox"/> No</p>
<p>f. Eat alone because you might be embarrassed by how much you were eating?</p>	<p>1 <input type="checkbox"/> Yes N18Q3F 2 <input type="checkbox"/> No</p>
<p>g. Feel disgusted with yourself, depressed or very guilty about eating so much?</p>	<p>1 <input type="checkbox"/> Yes N18Q3G 2 <input type="checkbox"/> No</p>
<p>4a. During ANY of those times when you were eating an UNUSUALLY LARGE AMOUNT of food, did you try to keep from gaining weight by vomiting, using enemas, laxatives, diuretics or other medicines, or by fasting, that is having no solid food, or exercising a lot?</p>	<p>1 <input type="checkbox"/> Yes N18Q4A 2 <input type="checkbox"/> No - SKIP to 7a (Do not read parentheticals in 7a-25)</p>
<p>b. During ALL of those times when you were eating an UNUSUALLY LARGE AMOUNT of food, did you ALWAYS try to keep from gaining weight by vomiting, using enemas, laxatives, diuretics or other medicines, or by fasting or exercising a lot?</p>	<p>1 <input type="checkbox"/> Yes } N18Q4B 2 <input type="checkbox"/> No } (Read parentheticals in 7a-25)</p>
<p>5. Did you EVER eat an UNUSUALLY LARGE AMOUNT of food within a 2-hour period AND do SOME of the other things we talked about to keep from gaining weight on average at least once a week for at least 3 months?</p>	<p>1 <input type="checkbox"/> Yes N18Q5 2 <input type="checkbox"/> No</p>
<p>6. When you were eating an UNUSUALLY LARGE AMOUNT of food AND doing some of the things we talked about to keep from gaining weight around the same time, was your weight or body shape the most important thing about you?</p>	<p>1 <input type="checkbox"/> Yes N18Q6 2 <input type="checkbox"/> No</p>
<p>7a. Now I'd like to ask you about some other things that might have happened to you when you were eating an UNUSUALLY LARGE AMOUNT of food (AND doing some of the things we talked about to keep from gaining weight around the same time).</p> <p>During ANY of these times, did eating LARGE AMOUNTS of food (AND doing some of the things we talked about to keep from gaining weight) . . .</p> <p>Make you very upset?</p>	<p>1 <input type="checkbox"/> Yes N18Q7A 2 <input type="checkbox"/> No</p>
<p>b. Interfere with your normal daily activities?</p>	<p>1 <input type="checkbox"/> Yes N18Q7B 2 <input type="checkbox"/> No</p>

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<p>7c. Cause serious problems getting along with people – like arguing with your friends, family, people at work or anyone else?</p>	<p>1 <input type="checkbox"/> Yes N18Q7C 2 <input type="checkbox"/> No</p>
<p>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?</p>	<p>1 <input type="checkbox"/> Yes N18Q7D 2 <input type="checkbox"/> No</p>
<p>8a. About how old were you the FIRST time you BEGAN to eat LARGE AMOUNTS of food (AND do some things to keep from gaining weight) on average at least once a week for at least 3 months?</p>	<p>_____ Age N18Q8A</p>
<p>CHECK ITEM 18.1 Is respondent's age in 8a within 1 year of his/her present age or is present age or 8a unknown?</p>	<p>1 <input type="checkbox"/> Yes N18CK181 2 <input type="checkbox"/> No - <i>SKIP to 9</i></p>
<p>8b. Did this FIRST time BEGIN to happen during the last 12 months?</p>	<p>1 <input type="checkbox"/> Yes N18Q8B 2 <input type="checkbox"/> No</p>
<p>9. In your ENTIRE LIFE, how many separate times were there when you were eating LARGE AMOUNTS of food (AND doing some things to keep from gaining weight) on average at least once a week for at least 3 months?</p> <p>By separate times, I mean times separated by at least 2 months when you WEREN'T eating LARGE AMOUNTS of food (AND DIDN'T do ANY of the things we talked about to keep from gaining weight).</p>	<p>_____ Number N18Q9</p>
<p>CHECK ITEM 18.2 Is number entered in 9, 2 or more or unknown?</p>	<p>1 <input type="checkbox"/> Yes N18CK182 2 <input type="checkbox"/> No - <i>SKIP to 16</i></p>
<p>10. How old were you the MOST RECENT time you BEGAN to eat LARGE AMOUNTS of food (AND do some things to keep from gaining weight)?</p>	<p>_____ Age N18Q10</p>
<p>CHECK ITEM 18.3 Is respondent's age in 10 within 1 year or his/her present age or is present age or 10 unknown?</p>	<p>1 <input type="checkbox"/> Yes N18CK183 2 <input type="checkbox"/> No - <i>SKIP to 12a</i></p>
<p>11. Did this MOST RECENT time BEGIN to happen during the last 12 months?</p>	<p>1 <input type="checkbox"/> Yes N18Q11 2 <input type="checkbox"/> No</p>
<p>12a. How long did (this/your) MOST RECENT time last when you ate LARGE AMOUNTS of food (AND did some things to keep from gaining weight)?</p> <p><i>(Must be at least 3 months.)</i></p>	<p>_____ Month(s) N18Q12ACONT, N18Q12AUNIT OR _____ Year(s)</p>
<p>b. Since this MOST RECENT time BEGAN, have there been at least 2 months when you DIDN'T eat LARGE AMOUNTS of food (AND DIDN'T do anything to keep from gaining weight)?</p>	<p>1 <input type="checkbox"/> Yes N18Q12B 2 <input type="checkbox"/> No - <i>SKIP to 14</i></p>
<p>CHECK ITEM 18.4 Is "Yes" marked in 11?</p>	<p>1 <input type="checkbox"/> Yes- <i>SKIP to 14</i> N18CK184 2 <input type="checkbox"/> No</p>
<p>13. Did this MOST RECENT time when you STOPPED eating LARGE AMOUNTS of food (and doing things to keep from gaining weight) BEGIN to happen in the last 12 months?</p>	<p>1 <input type="checkbox"/> Yes N18Q13 2 <input type="checkbox"/> No</p>
<p>14. In your ENTIRE LIFE, what was the LONGEST time you had when you ate LARGE AMOUNTS of food (AND did some things to keep from gaining weight)?</p> <p><i>(Must be at least 3 months.)</i></p>	<p>_____ Month(s) N18Q14CONT, N18Q14UNIT OR _____ Year(s)</p>
<p>15. During all the times like this, what was the usual number of days per week that you ate LARGE AMOUNTS of food (AND did some things to keep from gaining weight)?</p>	<p>N18Q15 _____ Number of days per week – <i>SKIP to 20a</i></p>

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<p>16. How long did that time last when you ate LARGE AMOUNTS of food (AND did some things to keep from gaining weight)? <i>(Must be at least 3 months.)</i></p>	<p>_____ Month(s) N18Q16CONT, N18Q16UNIT OR _____ Year(s)</p>
<p>17. During that time, what was the usual number of days per week that you ate LARGE AMOUNTS of food (AND did some things to keep from gaining weight)?</p>	<p>_____ Number of days per week N18Q17</p>
<p>18. Since that time BEGAN, have there been at least 2 months when you DIDN'T eat LARGE AMOUNTS of food (AND DIDN'T do anything to keep from gaining weight)?</p>	<p>1 <input type="checkbox"/> Yes N18Q18 2 <input type="checkbox"/> No - <i>SKIP to 20a</i></p>
<p>CHECK ITEM 18.5 Is "Yes" marked in 8b?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 20a</i> N18CK185 2 <input type="checkbox"/> No</p>
<p>19. Did this time when you STOPPED eating LARGE AMOUNTS of food (and doing things to keep from gaining weight) BEGIN to happen in the last 12 months?</p>	<p>1 <input type="checkbox"/> Yes N18Q19 2 <input type="checkbox"/> No</p>
<p>20a. Did you EVER go to any kind of counselor, therapist, doctor, psychologist or any person like that to help you stop eating LARGE AMOUNTS of food (OR doing things to keep from gaining weight)?</p>	<p>1 <input type="checkbox"/> Yes N18Q20A 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 help you stop eating LARGE AMOUNTS of food (OR doing things to keep from gaining weight)?</p>	<p>1 <input type="checkbox"/> Yes N18Q20B 2 <input type="checkbox"/> No</p>
<p>21a. Were you a patient in any kind of hospital overnight or longer because you were eating LARGE AMOUNTS of food (OR doing things to keep from gaining weight)?</p>	<p>1 <input type="checkbox"/> Yes N18Q21A 2 <input type="checkbox"/> No</p>
<p>b. Did you EVER go to an emergency room to help you stop eating LARGE AMOUNTS of food (OR doing things to keep from gaining weight)?</p>	<p>1 <input type="checkbox"/> Yes N18Q21B 2 <input type="checkbox"/> No</p>
<p>22a. Did a doctor EVER prescribe any medicines or drugs to help you stop eating LARGE AMOUNTS of food (OR doing things to keep from gaining weight)?</p>	<p>1 <input type="checkbox"/> Yes N18Q22A 2 <input type="checkbox"/> No</p>
<p>b. Did you EVER go to Overeaters Anonymous or any other 12-step group to help you stop eating LARGE AMOUNTS of food (OR doing things to keep from gaining weight)?</p>	<p>1 <input type="checkbox"/> Yes N18Q22B 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM 18.6 Is at least 1 item marked "Yes" in 20a-22b?</p>	<p>1 <input type="checkbox"/> Yes N18CK186 2 <input type="checkbox"/> No - <i>SKIP to Check Item 18.9</i></p>
<p>23. How old were you the FIRST TIME you went anywhere or saw anyone to get help for eating LARGE AMOUNTS of food (OR doing things to keep from gaining weight)?</p>	<p>_____ Age N18Q23</p>
<p>CHECK ITEM 18.7 Is age in 23 equal to respondent's current age?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 18.9</i> N18CK187 2 <input type="checkbox"/> No</p>
<p>24. Did you go anywhere or talk to anyone in the last 12 months?</p>	<p>1 <input type="checkbox"/> Yes N18Q24 2 <input type="checkbox"/> No - <i>SKIP to Check Item 18.9</i></p>
<p>CHECK ITEM 18.8 Is age in 23 at least 2 years less than respondent's current age?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 18.9</i> N18CK188 2 <input type="checkbox"/> No</p>
<p>25. Did you go anywhere or talk to anyone BEFORE 12 months ago, that is, BEFORE last (<i>Month one year ago</i>)?</p>	<p>1 <input type="checkbox"/> Yes N18Q25 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM 18.9 Is "No" marked in 4b or is 4b unknown?</p>	<p>1 <input type="checkbox"/> Yes N18CK189 2 <input type="checkbox"/> No - <i>SKIP to 47</i></p>
<p>26. Were there EVER ANY OTHER times lasting at least 3 months when you ate LARGE AMOUNTS of food at least once a week WITHOUT doing any of the things you mentioned to keep from gaining weight?</p>	<p>1 <input type="checkbox"/> Yes N18Q26 2 <input type="checkbox"/> No - <i>SKIP to 47</i></p>

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<p>27a. During ANY of those times when you ate an UNUSUALLY LARGE AMOUNT of food did this... Make you very upset?</p>	<p>1 <input type="checkbox"/> Yes N18Q27A 2 <input type="checkbox"/> No</p>
<p>b. Interfere with your normal daily activities?</p>	<p>1 <input type="checkbox"/> Yes N18Q27B 2 <input type="checkbox"/> No</p>
<p>c. Cause serious problems getting along with people – like arguing with your friends, family, people at work or anyone else?</p>	<p>1 <input type="checkbox"/> Yes N18Q27C 2 <input type="checkbox"/> No</p>
<p>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?</p>	<p>1 <input type="checkbox"/> Yes N18Q27D 2 <input type="checkbox"/> No</p>
<p>28a. When you were eating an UNUSUALLY LARGE AMOUNT of food, was your weight or body shape the most important thing about you?</p>	<p>1 <input type="checkbox"/> Yes N18Q28A 2 <input type="checkbox"/> No</p>
<p>b. About how old were you the FIRST time you BEGAN to eat LARGE AMOUNTS of food on average at least once a week for at least 3 months?</p>	<p>_____ Age N18Q28B</p>
<p>CHECK ITEM 18.10 Is respondent's age in 28b within 1 year of his/her present age or is present age or 28b unknown?</p>	<p>1 <input type="checkbox"/> Yes N18CK1810 2 <input type="checkbox"/> No - SKIP to 30</p>
<p>29. Did this FIRST time BEGIN to happen during the last 12 months?</p>	<p>1 <input type="checkbox"/> Yes N18Q29 2 <input type="checkbox"/> No</p>
<p>30. In your ENTIRE LIFE, how many separate times were there when you were eating LARGE AMOUNTS of food on average at least once a week for at least 3 months WITHOUT doing anything to keep from gaining weight? By separate times, I mean times separated by at least 2 months when you WEREN'T eating LARGE AMOUNTS of food.</p>	<p>_____ Number N18Q30</p>
<p>CHECK ITEM 18.11 Is number entered in 30, 2 or more or unknown?</p>	<p>1 <input type="checkbox"/> Yes N18CK1811 2 <input type="checkbox"/> No - SKIP to 37</p>
<p>31. How old were you the MOST RECENT time you BEGAN to eat LARGE AMOUNTS of food?</p>	<p>_____ Age N18Q31</p>
<p>CHECK ITEM 18.12 Is respondent's age in 31 within 1 year or his/her present age or is present age or 31 unknown?</p>	<p>1 <input type="checkbox"/> Yes N18CK1812 2 <input type="checkbox"/> No – SKIP to 33a</p>
<p>32. Did this MOST RECENT time BEGIN to happen during the last 12 months?</p>	<p>1 <input type="checkbox"/> Yes N18Q32 2 <input type="checkbox"/> No</p>
<p>33a. How long did (this/your) MOST RECENT time last when you ate LARGE AMOUNTS of food? (Must be at least 3 months.)</p>	<p>_____ Month(s) N18Q33ACONT, N18Q33AUNIT OR _____ Year(s)</p>
<p>b. Since this MOST RECENT time BEGAN, have there been at least 2 months when you DIDN'T eat LARGE AMOUNTS of food?</p>	<p>1 <input type="checkbox"/> Yes N18Q33B 2 <input type="checkbox"/> No - SKIP to 35</p>
<p>CHECK ITEM 18.13 Is "Yes" marked in 32?</p>	<p>1 <input type="checkbox"/> Yes- SKIP to 35 N18CK1813 2 <input type="checkbox"/> No</p>
<p>34. Did this MOST RECENT time when you STOPPED eating LARGE AMOUNTS of food BEGIN to happen in the last 12 months?</p>	<p>1 <input type="checkbox"/> Yes N18Q34 2 <input type="checkbox"/> No</p>
<p>35. In your ENTIRE LIFE, what was the LONGEST time that you've had when you ate LARGE AMOUNTS of food? (Must be at least 3 months.)</p>	<p>_____ Month(s) N18Q35CONT, N18Q35UNIT OR _____ Year(s)</p>
<p>36. During all the times like this, what was the usual number of days per week that you ate LARGE AMOUNTS of food?</p>	<p>_____ Number of days per week – SKIP to 41a N18Q36</p>

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<p>37. How long did that time last when you ate LARGE AMOUNTS of food? <i>(Must be at least 3 months.)</i></p>	<p>_____ Month(s) N18Q37CONT, N18Q37UNIT OR _____ Year(s)</p>
<p>38. During that time what was the usual number of days per week that you ate LARGE AMOUNTS of food?</p>	<p>_____ Number of days per week N18Q38</p>
<p>39. Since that time BEGAN, have there been at least 2 months when you DIDN'T eat LARGE AMOUNTS of food?</p>	<p>1 <input type="checkbox"/> Yes N18Q39 2 <input type="checkbox"/> No - <i>SKIP to 41a</i></p>
<p>CHECK ITEM 18.14 Is "Yes" marked in 29?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 41a</i> N18CK1814 2 <input type="checkbox"/> No</p>
<p>40. Did this time when you STOPPED eating LARGE AMOUNTS of food BEGIN to happen in the last 12 months?</p>	<p>1 <input type="checkbox"/> Yes N18Q40 2 <input type="checkbox"/> No</p>
<p>41a. Did you EVER go to any kind of counselor, therapist, doctor, psychologist or any person like that to help you stop eating LARGE AMOUNTS of food?</p>	<p>1 <input type="checkbox"/> Yes N18Q41A 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 help you stop eating LARGE AMOUNTS of food?</p>	<p>1 <input type="checkbox"/> Yes N18Q41B 2 <input type="checkbox"/> No</p>
<p>42a. Were you a patient in a hospital for at least one night because you were eating LARGE AMOUNTS of food?</p>	<p>1 <input type="checkbox"/> Yes N18Q42A 2 <input type="checkbox"/> No</p>
<p>b. Did you EVER go to an emergency room to help you stop eating LARGE AMOUNTS of food?</p>	<p>1 <input type="checkbox"/> Yes N18Q42B 2 <input type="checkbox"/> No</p>
<p>43a. Did a doctor EVER prescribe any medicines or drugs to help you stop eating LARGE AMOUNTS of food?</p>	<p>1 <input type="checkbox"/> Yes N18Q43A 2 <input type="checkbox"/> No</p>
<p>b. Did you EVER go to Overeaters Anonymous or any other 12-step group to help you stop eating LARGE AMOUNTS of food?</p>	<p>1 <input type="checkbox"/> Yes N18Q43B 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM 18.15 Is at least 1 item marked "Yes" in 41a-43?</p>	<p>1 <input type="checkbox"/> Yes N18CK1815 2 <input type="checkbox"/> No - <i>SKIP to 47</i></p>
<p>44. How old were you the FIRST TIME you went anywhere or saw anyone to get help for eating LARGE AMOUNTS of food?</p>	<p>_____ Age N18Q44</p>
<p>CHECK ITEM 18.16 Is age in 44 equal to respondent's current age?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 47</i> N18CK1816 2 <input type="checkbox"/> No</p>
<p>45. Did you go anywhere or talk to anyone in the last 12 months?</p>	<p>1 <input type="checkbox"/> Yes N18Q45 2 <input type="checkbox"/> No - <i>SKIP to 47</i></p>
<p>CHECK ITEM 18.17 Is age in 44 at least 2 years less than respondent's current age?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 47</i> N18CK1817 2 <input type="checkbox"/> No</p>
<p>46. Did you go anywhere or talk to anyone BEFORE 12 months ago, that is, BEFORE last <i>(Month one year ago)</i>?</p>	<p>1 <input type="checkbox"/> Yes N18Q46 2 <input type="checkbox"/> No</p>
<p>47. 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 } 2 <input type="checkbox"/> No } - <i>GO to end of interview N18Q47</i></p>