EAT

Now I’m going to change the subject a bit and ask you some questions about eating and weight.

NOTE 1: WAS HEIGHT MEASURED FOR STUDY? 0 2 [16]
IF YES: ENTER HEIGHT IN Q 1, THEN GO TO NOTE 2
IF NO: ASK Q 1

1. How tall are you?
CODE HEIGHT ------------------------------------------> [17-19]
(CODE FT/IN OR CM)

NOTE 2: WAS WEIGHT MEASURED FOR STUDY? 0 2 [23]
IF YES: ENTER WEIGHT IN Q 2, THEN GO TO Q 3
IF NO: ASK Q 2

2. How much do you weigh now?
CODE WEIGHT ------------------------------------------> [24-26]
(CODE LB OR KG)

3. In the last year – that is, since [[NAME EVENT]]/[NAME CURRENT MONTH] of last year – what was your lowest weight?
CODE WEIGHT ------------------------------------------> [29-31]
(CODE LB OR KG)

NOTE 3: WAS CHILD UNDERWEIGHT (≤ CHART WEIGHT FOR HEIGHT, AT TIME OF LOWEST WEIGHT IN PAST YEAR)? 0 2* 9 [34]
4. In the last year (that is, since [NAME CURRENT MONTH] of last year), has anyone worried that you were much too thin?

IF YES, A. Now, what about last four weeks?
Since [[NAME EVENT]//the beginning of/the middle of/the end of [LAST MONTH]], has anyone worried that you were much too thin?

NOTE 4: WAS A * RESPONSE CODED IN NOTE 3 OR IN Q 4?

IF YES: CONTINUE
IF NO: GO TO Q 10

5. Now I’d like to ask you some questions about the time [you weighed the least in the last year/other people worried that you were too thin].

Even though [you only weighed [NAME LOWEST WEIGHT]/other people worried you were too thin], were you worried about being fat or becoming fat?

IF YES, A. Was there a time when you worried nearly every day about being fat or becoming fat?

IF YES, B. Did you sometimes worry about it so much that it was difficult for you to think about other things?

C. Did worrying about being fat or becoming fat make you try to keep your weight down?

D. Now, what about the last four weeks?
(Since [[NAME EVENT]//the beginning of/the middle of/the end of [LAST MONTH]], have you been worried about being fat or becoming fat?

6. When you weighed the least in the last year, did you think you were overweight?

IF NO, A. Did you think you were too thin?

7. Do you think you are overweight now?

IF NO, A. Do you think you are too thin?

8. When you weighed the least in the last year did you think that your low weight could cause any health problems for you?

9. Do you think that what you weigh now could cause any health problems for you?
10. In the last year (that is, since [NAME CURRENT MONTH] of last year), have you often felt bad about yourself because you thought you were fat or overweight?

IF YES, A. Did you think that losing weight would be the most important thing you could do to feel better about yourself?

IF A { } RESPONSE CODED IN NOTE 4, ASK:

B. Did you feel that way at the same time that you were your thinnest in the last year?

C. Now, what about the last four weeks? (Since [NAME EVENT]/the beginning of/the middle of/the end of [LAST MONTH]), have you often felt bad about yourself because you thought you were fat or overweight?

11. In the last year (that is, since [NAME CURRENT MONTH] of last year), have there been times when you thought about food or about eating almost all of the time?

IF YES, A. When this happened was it difficult for you to think about other things?

IF YES, B. Now, what about the last four weeks? (Since [NAME EVENT]/the beginning of/the middle of/the end of [LAST MONTH]), have there been times when you thought about food or about eating almost all of the time?
12. Now I am going to ask you about eating binges. An eating binge is when someone stuffs themselves with a whole lot of food in a short time – like several whole pizzas or a whole chocolate cake or several containers of ice cream – and they don’t seem to be able to control how much they eat.

In the last year – that is, since [NAME CURRENT MONTH] of last year – have you had an eating binge like that?

IF YES, A. During an eating binge, did you eat a lot more than most [boys/girls] your age would have for a meal?

IF NO, GO TO INSTRUCTION BOX “b”

B. Did you eat this food in a very short time – say, in less than two hours?

IF NO, GO TO INSTRUCTION BOX “b”

C. When you were on an eating binge, did you feel that you wouldn’t be able to stop yourself from eating too much?

D. In the last year, has there been a time when you had an eating binge at least twice a week?

IF YES, E. Did you have eating binges at least twice a week for as long as three months?

IF YES, F. Now, what about the last four weeks? (Since [NAME EVENT]/the beginning of the middle of the end of [LAST MONTH]), have you had several eating binges?

b: IF { } WAS CODED IN NOTE 4 OR A π RESPONSE WAS CODED IN Q 12D, CONTINUE

ALL OTHERS, GO TO INSTRUCTION BOX “d,” P. 9
13. Now, I’m going to ask you about things people sometimes do to lose weight or keep their weight down.

In the last year (that is, since [NAME CURRENT MONTH] of last year), have you often refused to eat foods that you thought would make you fat?

IF YES, A. Did you refuse to eat fattening foods on most days for at least three months?

IF A { } RESPONSE WAS CODED IN NOTE 4, ASK:

B. Did you refuse to eat fattening foods at the same time that you were your thinnest in the last year?

C. Now, what about the last four weeks? (Since [[NAME EVENT]//the beginning of/the middle of/the end of [LAST MONTH]], have you often refused to eat foods that you think are fattening?)

14. In the last year (that is, since [NAME CURRENT MONTH] of last year), have you made yourself throw up?

IF YES, A. Have you made yourself throw up to lose weight or to keep from gaining weight?

IF YES, B. In the last year, was there a time when you made yourself throw up at least twice a week?

IF YES, C. Did you make yourself throw up at least twice a week for as long as three months?

IF A { } RESPONSE WAS CODED IN NOTE 4, ASK:

D. Did you make yourself throw up at the same time that you were your thinnest in the last year?

E. Now, what about the last four weeks? (Since [[NAME EVENT]//the beginning of/the middle of/the end of [LAST MONTH]], have you often made yourself throw up?)
15. In the last year *(that is, since [NAME CURRENT MONTH] of last year)*, have you taken any kind of pills or medicines to lose weight or to keep from gaining weight?

   **IF YES, A.** What did you take?
   
   |____ ____| [17-18]  
   
   B. In the last year, was there a time when you took medicine to lose weight or to keep from gaining weight at least twice a week?

   **IF YES, C.** Did you take the medication at least twice a week for as long as three months?

   **IF A { } RESPONSE TO NOTE 4, ASK:**

   D. Did you take medicine to lose weight or to keep from gaining weight at the same time that you were your thinnest in the last year.

   E. Now, what about the last four weeks? *(Since [[NAME EVENT]/the beginning of/the middle of/the end of [LAST MONTH]]), have you often taken any kind of pills or medicines to lose weight or to keep from gaining weight?*
16. In the last year – that is, since [NAME CURRENT MONTH] of last year – have you done anything to make yourself go to the toilet a lot?

   0 = NO  1 = SOMETHING/SOMewhat  2 = YES  7, 77 = REFUSE TO ANSWER  8, 88 = NOT APPLICABLE  9, 99 = DON'T KNOW

   IF YES, A. What did you do?

   ____________________________________________________________

   |   |   |   |   |
   |   |   |   |   |

   B. Did you do things to make yourself go to the toilet a lot because you wanted to lose weight or keep from gaining weight?

   0 = NO  2 = YES  7, 77 = REFUSE TO ANSWER  9 = DON'T KNOW

   IF YES, C. Was there a time when you did something at least twice a week to make yourself go to the toilet a lot?

   0 = NO  (2) = YES  7, 77 = REFUSE TO ANSWER  9 = DON'T KNOW

   IF YES, D. Did you often do things like this for as long as three months?

   0 = NO  2Δ = YES  7, 77 = REFUSE TO ANSWER  9 = DON'T KNOW

   IF A {} RESPONSE TO NOTE 4, ASK:

   E. Did you do things to make yourself go to the toilet a lot at the same time that you were your thinnest in the last year?

   0 = NO  2Δ = YES  7, 77 = REFUSE TO ANSWER  9 = DON'T KNOW

   F. Now, what about the last four weeks? (Since [[NAME EVENT]]/the beginning of/the middle of/the end of [LAST MONTH]), have you done things to make yourself go to the toilet a lot?

   0 = NO  2Δ = YES  7, 77 = REFUSE TO ANSWER  9 = DON'T KNOW

   IF YES, G. Have you often done things to make yourself go to the toilet at least twice a week for the last four weeks?
17. In the last year (*that is, since [NAME CURRENT MONTH] of last year*), have you eaten no food at all for at least a full 24 hours?

<table>
<thead>
<tr>
<th>Response</th>
<th>0</th>
<th>2</th>
<th>7</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sometimes/Somewhat</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refuse to Answer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t Know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IF YES, A.** Did you do that to lose weight or to keep from gaining weight?

<table>
<thead>
<tr>
<th>Response</th>
<th>0</th>
<th>2</th>
<th>7</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sometimes/Somewhat</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refuse to Answer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t Know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IF YES, B.** Was there a time when you would eat no food at all at least two days a week?

<table>
<thead>
<tr>
<th>Response</th>
<th>0</th>
<th>2</th>
<th>7</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sometimes/Somewhat</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refuse to Answer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t Know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IF YES, C.** Did you eat no food two days a week or more for as long as three months?

<table>
<thead>
<tr>
<th>Response</th>
<th>0</th>
<th>2</th>
<th>7</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sometimes/Somewhat</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refuse to Answer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t Know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IF A { } RESPONSE TO NOTE 4 ASK:**

**D.** Did you refuse to eat food like this at the same time that you were your thinnest in the last year?

<table>
<thead>
<tr>
<th>Response</th>
<th>0</th>
<th>2</th>
<th>7</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sometimes/Somewhat</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refuse to Answer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t Know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**E.** Now, what about the last four weeks? (*Since [NAME EVENT]/*the beginning of/the middle of/the end of [LAST MONTH]*)

<table>
<thead>
<tr>
<th>Response</th>
<th>0</th>
<th>2</th>
<th>7</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sometimes/Somewhat</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refuse to Answer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t Know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

18. In the last year (*that is, since [NAME CURRENT MONTH] of last year*), did you spend a lot of time exercising to lose weight or keep from gaining weight?

<table>
<thead>
<tr>
<th>Response</th>
<th>0</th>
<th>2</th>
<th>7</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sometimes/Somewhat</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refuse to Answer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t Know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IF YES, A.** Have you spent so much time exercising that it got in the way of doing other things?

<table>
<thead>
<tr>
<th>Response</th>
<th>0</th>
<th>2</th>
<th>7</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sometimes/Somewhat</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refuse to Answer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t Know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IF YES, B.** Was there a time when you spent so much time exercising that it got in the way of doing other things at least two days a week?

<table>
<thead>
<tr>
<th>Response</th>
<th>0</th>
<th>2</th>
<th>7</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sometimes/Somewhat</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refuse to Answer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t Know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IF YES, C.** Did you exercise like this for as long as three months?

<table>
<thead>
<tr>
<th>Response</th>
<th>0</th>
<th>2</th>
<th>7</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sometimes/Somewhat</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refuse to Answer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t Know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IF A { } RESPONSE TO NOTE 4 ASK:**

**D.** Did you spend a lot of time exercising like this at the same time that you were your thinnest in the last year?

<table>
<thead>
<tr>
<th>Response</th>
<th>0</th>
<th>2</th>
<th>7</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sometimes/Somewhat</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refuse to Answer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t Know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**E.** Now, what about the last four weeks? (*Since [NAME EVENT]/*the beginning of/the middle of/the end of [LAST MONTH]*)

<table>
<thead>
<tr>
<th>Response</th>
<th>0</th>
<th>2</th>
<th>7</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sometimes/Somewhat</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refuse to Answer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t Know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
NOTE 5: WERE ANY △ RESPONSES CODED IN Q 14 - 18?  

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>[2]</td>
<td>7</td>
<td>9</td>
</tr>
</tbody>
</table>

IF YES: GO TO INSTRUCTION BOX “d”  
IF NO: CONTINUE

c: IF ANY ( ) RESPONSES WERE CODED IN Q 14 - 18, CONTINUE  
ALL OTHERS GO TO INSTRUCTION BOX “d”

19. You told me that you [NAME ( ) RESPONSES IN Q 14 - 18].  
In the last year, did you do things like this for at least three months?

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>[2]</td>
<td>7</td>
<td>9</td>
</tr>
</tbody>
</table>

d: IF CHILD IS A BOY, CODE “8” IN Q 20 AND GO TO INSTRUCTION BOX “e”  
ALL OTHERS, CONTINUE
20. Have you started to menstruate – that is, have you started to have monthly periods? 0 2 7 8 9 [46]

IF YES, A. Have you ever had regular menstrual periods? By regular, I mean every month for at least six months.

IF YES, B. Did you start to have regular monthly periods more than a year ago? 0 2 7 9 [47]

IF NO, GO TO INSTRUCTION BOX “e”

C. In the last year, did you miss as many as three monthly periods in a row? 0 2 7 9 [49]

IF NO, GO TO F

IF YES, D. When you missed your periods, were you your thinnest? 0 2 7 9 [50]

E. Have you had a menstrual period in the last three months? 0 2 7 9 [51]

GO TO INSTRUCTION BOX “e”

F. Do you take the birth control pill? 0 2 7 9 [52]

IF YES, G. Have you taken it almost every month in the last year? 0 2 7 9 [53]

IF NO, H. During the months when you weren’t taking the pill, did you have your menstrual period? 0 2 7 9 [54]

IF NO, I. When you missed your periods, were you very thin? 0 2 7 9 [55]

e: IF { } WAS CODED IN NOTE 4 AND ONE OR MORE ‹ › RESPONSES WERE CODED IN Q 10 - 18 (see tally sheet), GO TO Q 21

ALL OTHERS GO TO INSTRUCTION BOX “f”

f: IF 2 OR MORE [ ] RESPONSES CODED IN Q 10 - 19 AND NOTE 5, GO TO Q 22

ALL OTHERS, GO TO ELIM, P. 17
21. You said that in the last year [you were thin/other people worried that you were too thin], and also that you [NAME ‹ › SYMPTOMS IN Q 10 - 18].

How old were you the first time you were like that?

CODE AGE (66 = WHOLE LIFE, ALWAYS) --------------------------> [56-57]

IF AGE NOT KNOWN, ASK: What grade were you in?
CODE GRADE (44 = PRE-K, 55 = KINDERGARTEN, 13 = COLLEGE FRESHMAN, 14 = SOPHOMORE, 15 = JUNIOR, 16 = SENIOR, 17 = POST B.A.) ---------------------------> [58-59]

A. Was that more than a year ago – that is, before [NAME EVENT]/ [NAME CURRENT MONTH] of last year? 0 2 7 9 [60]

IF NO, GO TO INSTRUCTION BOX “i”

B. Since that first time, was there ever a time when [you weren’t thin/other people didn’t worry that you were too thin] and you stopped [NAME ‹ › SYMPTOMS IN Q 10 - 18]? 0 2 7 9 [61]

IF NO, GO TO INSTRUCTION BOX “i”

C. Did that time when [you weren’t thin/other people didn’t worry that you were too thin] last for two months or more? 0 2 7 9 [62]

IF NO, GO TO INSTRUCTION BOX “i”

D. You said that [you were thin/other people worried that you were too thin] and you [NAME ‹ › SYMPTOMS IN Q 10 - 18] in the last year. How old were you when you started being that way this time?

CODE AGE (88 = NEVER STARTED AGAIN) --------------------------> [63-64]

IF AGE NOT KNOWN, ASK: What grade were you in?
CODE GRADE (44 = PRE-K, 55 = KINDERGARTEN, 13 = COLLEGE FRESHMAN, 14 = SOPHOMORE, 15 = JUNIOR, 16 = SENIOR, 17 = POST B.A., 88 = NEVER STARTED AGAIN) ---------------------------> [65-66]

h: IF [AGE/GRADE] GIVEN WAS CHILD’S CURRENT [AGE/GRADE] MINUS ONE, GO TO E

ALL OTHERS, GO TO INSTRUCTION BOX “i”

E. Did you start being that way again more than a year ago – that is, before [NAME EVENT]/[NAME CURRENT MONTH] of last year? 0 2 7 9 [67]
22. You said that in the last year you [NAME [ ] SYMPTOMS IN Q 10 - 19 AND NOTE 5].

How old were you the first time you ever did things like that?

CODE AGE (66 = WHOLE LIFE, ALWAYS) ..............................................

IF AGE NOT KNOWN, ASK: What grade were you in?
CODE GRADE (44 = PRE-K, 55 = KINDERGARTEN,
13 = COLLEGE FRESHMAN, 14 = SOPHOMORE, 15 = JUNIOR,
16 = SENIOR, 17 = POST B.A.) .........................................................

j: IF [AGE/GRADE] GIVEN WAS CHILD’S CURRENT [AGE/GRADE], GO TO Q 23

IF [AGE/GRADE] GIVEN WAS CHILD’S CURRENT [AGE/GRADE] MINUS ONE, GO TO A

ALL OTHERS, GO TO B

A. Did you do [this/these things] more than a year ago – that is, before [[NAME EVENT]/[NAME CURRENT MONTH] of last year]?

IF NO, GO TO Q 23

B. Since that first time, was there ever a time when you didn’t do things like [NAME [ ] SYMPTOMS IN Q 10 - 19 AND NOTE 5]?

IF NO, GO TO Q 23

C. Did that time when you didn’t do these things last for two months or more?

IF NO, GO TO Q 23

D. You said that you were [NAME [ ] SYMPTOMS IN Q 10 - 19 AND NOTE 5] in the last year.

How old were you when you started doing these things this time?

CODE AGE (88 = NEVER STARTED AGAIN) .................................

IF AGE NOT KNOWN, ASK: What grade were you in?
CODE GRADE (44 = PRE-K, 55 = KINDERGARTEN,
13 = COLLEGE FRESHMAN, 14 = SOPHOMORE,
15 = JUNIOR, 16 = SENIOR, 17 = POST B.A., 88 = NEVER STARTED AGAIN) .........................................................

k: IF [AGE/GRADE] GIVEN WAS CHILD’S CURRENT [AGE/GRADE] MINUS ONE, GO TO E

ALL OTHERS, GO TO Q 23
E. Did you start doing these things again more than a year ago—that is, before [[NAME EVENT]/[NAME CURRENT MONTH] of last year]?

0 2 7 9 [27]

23. You said that in the last year (you were thin/other people worried that you were too thin) and also that) you [NAME ‹ › AND [ ] SYMPTOMS IN Q 10 - 19 AND NOTE 5].

Now I’d like you to think back to the time in the last year when doing things to keep from gaining weight caused the most problems.

At that time, did your [CARETAKERS] seem annoyed or upset with you because the things you did to keep from gaining weight?

IF YES, A. How often did your [CARETAKERS] seem annoyed or upset with you? Would you say: a lot of the time, some of the time, or hardly ever?

A lot of the time ................................................................. 3 [29]
Some of the time .............................................................. 2
Hardly ever .......................................................................... 1
Refuse to answer ............................................................... 7
Don’t know .......................................................................... 9

24. At that time, did doing things so you wouldn’t gain weight keep you from doing things or going places with your family?

IF YES, A. How often did this keep you from doing things or going places with your family? Would you say: a lot of the time, some of the time, or hardly ever?

A lot of the time ................................................................. 3 [31]
Some of the time .............................................................. 2
Hardly ever .......................................................................... 1
Refuse to answer ............................................................... 7
Don’t know .......................................................................... 9

25. At that time, did doing things so you wouldn’t gain weight keep you from doing things or going places with other [children/people your age]?

IF YES, A. How often did the way you ate keep you from doing things or going places with other [children/people your age]? Would you say: a lot of the time, some of the time, or hardly ever?

A lot of the time ................................................................. 3 [33]
Some of the time .............................................................. 2
Hardly ever .......................................................................... 1
Refuse to answer ............................................................... 7
Don’t know .......................................................................... 9
26. When the problems were worst, did doing things to keep from gaining weight [make it difficult for you to do your schoolwork or cause problems with your grades/make it difficult for you to do your work]?

   **IF YES, A.** How bad were the problems you had with your [schoolwork/work] because of the way you ate? Would you say: very bad, bad, or not too bad?

   - Very bad .......................................................................................... 3
   - Bad .................................................................................................. 2
   - Not too bad .................................................................................... 1
   - Refuse to answer ............................................................................ 7
   - Don’t know .................................................................................... 9

27. At that time, did doing things to keep from gaining weight cause your [teachers/boss] to be annoyed or upset with you?

   **IF YES, A.** How often [were/was] your [teachers/boss] annoyed or upset with you? Would you say: a lot of the time, some of the time, or hardly ever?

   - A lot of the time .............................................................................. 3
   - Some of the time ............................................................................ 2
   - Hardly ever .................................................................................... 1
   - Refuse to answer ............................................................................ 7
   - Don’t know .................................................................................... 9

28. When the problems were worst, did the things you did to keep from gaining weight make you feel bad or make you feel upset?

   **IF YES, A.** How bad did these things make you feel? Would you say: very bad, bad, or not too bad?

   - Very bad .......................................................................................... 3
   - Bad .................................................................................................. 2
   - Not too bad .................................................................................... 1
   - Refuse to answer ............................................................................ 7
   - Don’t know .................................................................................... 9

29. In the last year – that is, since [NAME CURRENT MONTH] of last year – have you been to see someone at a hospital or a clinic or at their office because you [NAME < > AND [ ] SYMPTOMS IN Q 10 - 19 AND NOTE 5]?

   **IF YES, GO TO OPTIONAL DETAILS, NEXT PAGE**

   **IF NO, A.** Do you have an appointment set up to see someone because you do [this/these things]?

   **IF YES, GO TO OPTIONAL DETAILS, NEXT PAGE**
OPTIONAL DETAILS:

30. Who [did you/are you going to] see? (WRITE IN:)

Name: ___________________________________________ | ____ ____ | [42-43]

Profession: ______________________________________________________________________

Address: ______________________________________________________________________

A. IF SOMEONE WAS SEEN, ASK:

What did the person you saw say was the matter?

_______________________________________________________________________________ | ____ ____ | [44-45]

_______________________________________________________________________________

_______________________________________________________________________________

n: IF CHILD IS AGE 7 OR OLDER, CONTINUE

ALL OTHERS, GO TO ELIM, P. 17

Whole Life Screen

31. You told me that in the last year you [NAME < > AND [ ] SYMPTOMS IN Q 10 - 19 AND NOTE 5].

Now I want you to think back to before the last year … since the time you turned five years old up until the last twelve months. (INTERVIEWER: point out age five on whole life chart.)

Since you turned five years old, was there ever a time when you or other people were more worried about your weight or about things you were doing to keep from gaining weight than the last year?

IF YES, A. How old were you when you or other people were most worried about this? (INTERVIEWER: IF MORE THAN ONE YEAR IS REPORTED, ASK: “During which single year of age were you the worst?” IF MORE THAN ONE YEAR STILL REPORTED, ENTER YOUNGEST AGE.)

CODE AGE ________________________________________________________________ | ____ ____ | [47-48]

IF AGE NOT-known, ASK: What grade were you in?
CODE GRADE (44 = PRE-K, 55 = KINDERGARTEN, 13 = COLLEGE FRESHMAN, 14 = SOPHOMORE, 15 = JUNIOR, 16 = SENIOR, 17 = POST B.A.) ____________________________ | ____ ____ | [49-50]
INTENTIONALLY LEFT BLANK