

## **CHAPTER 5**

### **DISCUSSION**

A convenience sample of dietetics students completed a questionnaire that assessed the knowledge, attitudes, and practices about weight, weight management, dieting behavior, and family history of illness. A majority of the 28 participants were of a healthy or “normal” weight using World Health Organization (WHO)/National Institutes of Health (NIH) criteria. Most were dissatisfied with their weight; and almost three-fourths desired to weigh less than their current weight. Paradoxically, there was an overall trend of weight gain and weight fluctuation in the population. Many attributed these weight changes to changes in activity patterns; stress; irregular or changing eating habits; and changes in lifestyle, living, or working situation. Many participants felt that it was easy to gain weight but difficult to lose it; and their weight was affected by happy or sad events. The primary method of weight loss among participants was dieting; however, a small percentage used other compensatory methods, such as fasting, starving, laxative/purgative use, and self-induced vomiting. Over half of the participants reported being overweight at some point in their lives. Most participants felt that their lives would be greatly affected with weight loss or weight gain; and most expressed weight as an important component of their self-concept. Overeating, preoccupation with food, and lack of control when eating were common problems reported by participants. Finally, many participants felt that overweight and obesity affected social and psychological functioning more so in females than males. All believed that our society discriminates against persons who are overweight.

## **Body Dissatisfaction, Distorted Perception of Weight, and Dieting Behaviors**

Distorted perception of self-body weight and body dissatisfaction were common in our population. The overwhelming majority of our population was of a “desirable” or “healthy” weight according to their calculated body mass index (BMI). The BMI of this population was comparable to that of dietetic students at another university (average BMI =  $21.6 \text{ kg/m}^2$ )<sup>8</sup> and Euro-American females ( $n=1,307$ ) aged 18-30 years in the Coronary Artery Risk Development in Young Adults (CARDIA) study (average BMI =  $23.1 \text{ kg/m}^2$ )<sup>72</sup>. Dietetics students are very familiar with ideal body weight (IBW), BMI, and what ranges are considered desirable; however, they clearly do not apply this knowledge to self-body weight. In our study, many reported their IBW as less than their calculated IBW, and most wanted to be less than this calculated IBW. Dietetic students are taught early in the dietetics curriculum about BMI and IBW; and they should be able to apply these calculations and the principles behind them to their own body weight, as well as the body weights of other people. This distortion of perceived IBW could affect our participants’ ability to relay effective messages to clients about healthy weight ranges. If they have a distorted perception of what is a “healthy” weight, then how can they educate their clients about weight management?

Most were dissatisfied with their weight, yet approximately half described their weight as “just about right.” The conflicting nature of participants’ responses with respect to their weight is of concern because it is essential that dietetics students as future professionals be consistent in their assessments and recommendations to clients. If they have conflicting views concerning their own weight, this may cause the relay of mixed messages when counseling clients. General dissatisfaction with weight was consistent

with participants' selection of silhouettes that were closest to their current weight and desired weight. The fact that many participants selected silhouettes that corresponded to underweight figures as the size they desire further suggests a distorted perception of what they perceive as their "ideal" weight. Schulken and co-researchers<sup>7</sup> showed the same trend among female sorority students, in which 62.1% (n=389/627) selected "underweight" silhouettes as representing the size that women should be, as well as the ideal weight they would like to be (81%, n=504/627). They may desire to be "under" weight because of the emphasis of "thinness as the ideal" in our society. This overall dissatisfaction with current weight and desire to be thinner may also presage an eating disorder or indicate that the participant already has one.

The Eating Disorders Awareness and Prevention, Inc. (EDAP)<sup>118</sup> states that "media messages often create cultural definitions of beauty and attractiveness; and although they may not cause directly eating disorders, they help to create a frame of mind where people learn to place a value on the size and shape of their body." The idea of placing a value on one's own body was found among our population. An overwhelming majority of our population felt that their lives would be affected greatly if they lost or gained five to ten pounds. They also felt that weight was a "very" or "extremely" important part of their self-concept. Self-concept is "a blueprint or mental picture that one maintains of their strengths, weaknesses, and personality."<sup>126</sup> It is thought that we acquire our self-concept from what other people tell us and from our observations of our behavior and its consequences<sup>126</sup>. We tend to be judged in society primarily according to how we measure up to the "norms" of our culture. Our society, which prizes thinness, fitness, and body shapes that are almost impossible to attain, contribute to the body

dissatisfaction that is the common among females. “Fear of fatness” and placing a “value” on body weight has been found among other populations of dietetics students<sup>8,9</sup>. Worobey and co-researchers<sup>8</sup> found that over half of the dietetics and dance students surveyed were “bothered by the thought of having fat on their body.” Fredenberg and co-researchers<sup>9</sup> found that 39% (n=13/34) of Didactic Program in Dietetics (DPD) students surveyed were “very often” or “always” “terrified about being overweight.” Placing such a high value on weight, however, could suggest potential eating disordered behavior.

Weight fluctuation was common in our population; and many attributed these fluctuations to irregular eating habits, changes in activity patterns, stress, special events, and binge eating. Weight fluctuation may correlate with the incidence of weight gain and loss among participants during “happy” or “sad” events. Almost one-half of participants reported weight fluctuations due to special events, such as holidays and parties. These special events may be considered “happy” events because they are normally associated with people gathering together with good food and good times. This may explain the weight fluctuation among the population to some extent. A small percentage of the population attributed weight fluctuation to binge eating, which again suggests that eating disordered behavior may exist in our population.

Small weight fluctuations do not have detrimental effects on health; however, repeated deliberate attempts at weight loss may have deleterious effects on a persons’ mental and physical health<sup>115,116</sup>. Participants attempted weight loss an average of 14.3 times (range:1-100) with an average single greatest weight loss of 14.7 pounds. These are average numbers that may not apply directly to every participant. Participants’ responses to other questions, however, suggest that “yo-yo” dieting is common in our

population; for example, most indicated “dieting” as the primary method used to control and lose weight. Williamson and co-researchers<sup>114</sup> estimated that approximately 40% of females attempted to lose weight among a cohort of 14,915 females. The overwhelming incidence of attempted weight loss among our population is consistent with Connor-Greene and co-researchers<sup>5</sup> who found that 65% (n=65/100) of female participants had dieted in the previous 12 months, with an average of 5.1 diets over that period of time. Participants of our study reported more attempts at weight loss, but this was an estimate over their lifetime. If the questionnaire had asked about attempts at weight loss over a specified period of time, a more accurate estimate of recent dieting behavior in our population could have been obtained. It should be noted that the range of attempts at weight loss by participants was large, with some reporting attempting weight loss only once and others reporting 20, 50, and even 100 attempts at weight loss. The participants at the upper extreme of this range are of particular concern because this could have adverse effects on psychological well-being.

A possible reason for “yo-yo” dieting behavior is that over half of the population reported being overweight at some point in their life. The principle of making lifestyle changes as a permanent mode of weight loss is not a new idea to dietetics students. They are taught that “diets” are short-term fixes; and to lose weight permanently, one needs to make a lifelong commitment to lifestyle change and behavior modification. Moreover, dietetics students, too, may get caught up in the media messages immersed in our culture and “jump on the bandwagon.” Most of our population reported “sometimes” to “always” setting unachievable weight goals, which may be a reason for the “yo-yo” dieting. Multiple weight loss attempts are often a problem in maintaining weight and

weight loss<sup>115</sup>. The NIH estimated that approximately 95% of persons who lose weight voluntarily regain it within five years<sup>115</sup>. If this weight cycling is the typical pattern in adulthood, this could partly explain the trend between the ages of 20 and 50, in which males and females gain an average of one to two pounds of body fat per year<sup>111</sup>.

Dieting behavior and restrictive eating is also prevalent among dietetics students from other universities. Worobey and co-researchers<sup>8</sup> found that dietetics students commonly restricted their eating to control their weight. Fredenberg and co-researchers<sup>9</sup> found that 36% of DPD participants “often” or “always” engaged in dieting behavior. Some people may enter an undergraduate dietetics curriculum because of past problems with eating disorders and problematic eating behavior. A preoccupation with self-weight may stem from the perception that they must be “thin” to be effective educators about nutrition and weight management.

Many of our population reported analyzing the nutritional content of the food that they ate, which may support the overall preoccupation with food and losing weight. “Analyzing the nutritional content of the food that they ate” is a term that is not defined easily. As future nutrition professionals, dietetics students are taught to be aware of the nutritional content of foods and read labels, but “analyze” carries a strong connotation and could be interpreted in different ways. It could mean simply reading food labels or it could mean performing a nutrient analysis on every food eaten. If the latter is the interpretation, this would support the overall preoccupation with food that was found among many participants in our population.

Many participants reported using compensatory methods other than dieting to control their weight (eg. laxatives/purgatives, fasting/starving, bingeing, self-induced

vomiting). This behavior has been found in general college populations<sup>1,5</sup>, as well as among dietetics students from another university<sup>8</sup>. Worobey and co-researchers<sup>8</sup> found that dietetics students, when compared with students in other majors, scored highest in the “Bingeing/Purging” portion of the survey. This is especially important because participants in our study are upper-level dietetics students who should be aware of the adverse health effects of this behavior. They are specializing in the area of food and nutrition that is linked intricately to maintaining a healthy weight; yet they report using inappropriate behaviors to control their weight. How will they be able to instruct clients on effective modes of weight loss when they do not practice appropriate modes of weight loss? The incidence of these inappropriate behaviors suggests that dietetics students may benefit from coursework in appropriate methods of weight management.

Overeating, preoccupation with food, and lack of control when eating were common problems reported by participants. Many participants reported using the feeling of an uncomfortable feeling of fullness as a signal to stop eating, feeling out of control when eating, feeling like they wouldn't be able to stop eating once they started, or a preoccupation with food. Fredenberg and co-researchers<sup>9</sup> showed the same trend in dietetics students in which 42% (n=14/34) of dietetics students gave too much time to the thought of food and 40% (n=15/34) were preoccupied with food. The preoccupation with food and eating could be a reason that some dietetics students enter into a food and nutrition-related field. They may enter the field to hide their preoccupation or to learn more about it. Recurrent binge eating and recurrent episodes of compensatory behavior are characterizations of bulimia nervosa, an eating disorder that affects primarily female adolescents and young adults<sup>117</sup>. Recurrent binge eating, a sense of lack of control over

eating, a feeling that one won't be able to stop eating once they start, and eating until uncomfortably full are characterizations of binge eating disorder<sup>117</sup>. Thus, many of the inappropriate eating and dieting behaviors reported by our participants are listed as criteria for diagnosis of these disorders<sup>117</sup> and may be indicative of potential or existing eating disorders.

It is important to note that over one-third of participants in this study rated their eating habits as "poor" or "fair." This could have important implications in the futures of Registered Dietitians. A primary focus in their job will be to educate others about healthy eating habits. If they are not able to implement healthy eating habits in their own lives, this could have a significant impact on their effectiveness as nutrition educators. Other problematic behaviors found among participants in our study, including use of compensatory methods of weight loss, body dissatisfaction, distorted perception of weight, and inappropriate eating behaviors, could also have adverse effects on their effectiveness as nutrition educators. Our participants' overall distorted perception of "thinness as the ideal" could be extended to the clients they counsel. These factors could affect these future professionals' effectiveness in conveying nutrition knowledge to others and teaching others how to achieve and maintain a healthy weight.

It should also be noted that only about half of the population rated their knowledge of nutrition as "excellent," which is a surprising finding of upper-level dietetic students. Compared with an average person, dietetic students have an excellent knowledge of basic nutrition, as well as the underlying mechanisms and science of nutrition. This suggests that the participants may need to increase their confidence in their knowledge of nutrition. In the communities in which our participants will be



working, it is important that they feel confident in their knowledge of nutrition and their ability to convey this knowledge to others.

The majority of participants felt that there were gender differences in the way that our society perceives overweight persons. Over three-fourths felt that it was more damaging socially and psychologically for a female to be overweight than a male. Every participant felt that our society discriminates against persons who are overweight. Could this possibly be an indication that the participants themselves may have negative attitudes toward overweight and obesity? Oberrieder and co-researchers<sup>10</sup> found that dietetics students and Registered Dietitians had negative attitudes toward obesity. McArthur and co-researchers<sup>124</sup> found that nutrition majors had more favorable opinions about overweight when it occurred in other people, but had less favorable attitudes about themselves if they are personally overweight. Considering that all of our participants were female, the responses to these questions could be an extension of their own attitudes toward overweight and obesity.

### **Weight Gain and Family History of Illness and Implications**

Weight gain places an individual at a higher risk for developing chronic diseases, including coronary heart disease<sup>13,14</sup>, hypertension<sup>15,16</sup>, type 2 diabetes mellitus<sup>17,18</sup>, cancer<sup>19-21</sup>, as well as stroke, gallbladder disease, and osteoarthritis<sup>22</sup>. Overweight and obesity have been characterized by a “slow progression of weight gain throughout adult life”<sup>11</sup>. Overall, over half of the participants in this study report they have gained weight since the age 18; however, this weight gain has not placed them in an unhealthy weight category as determined by BMI. This may be because participants were underweight at

the beginning of this time period and have not progressed to the point of an unhealthy weight.

In the US adult population, over one-third are obese<sup>11</sup>. Further, over one-half of the US adult population over 20 years of age are overweight or obese<sup>38</sup>. In 1999, the Centers for Disease Control and Prevention (CDC) found a continuing increase in the prevalence of obesity in men and women<sup>39</sup>. Moreover, 30 to 40% of people in the US develop obesity during early adulthood and middle age<sup>111</sup>. Our population is in this “early adulthood” stage. If the weight gain experienced by our population continues unabated, overweight or obesity could be the result. Lewis and co-researchers<sup>12</sup> reported the trends in overweight in the CARDIA cohort of 5,115 young adults; and over a 10-year period, average increases in body weight ranged from 26.2 lb (2.2 lb/yr) in African American females to 15.2 lbs (1.2 lbs/yr) in Euro-American females. In this study, we have only tracked weight gain over the past five years. It would be interesting to resurvey the population in five years to determine if the weight gain continued.

As age increases, the risk of developing chronic disease increases<sup>36</sup>. Therefore, it is not uncommon that participants from our population have a family history of certain chronic diseases. These factors need to be taken into consideration when determining one’s own risk for developing chronic disease. Over one-fourth of participants had a grandparent who has or has had: diabetes mellitus, heart attack, HTN, stroke, or cancer. A smaller percentage of participants had first-degree relatives with these diseases. The exception to the latter is HTN, in which over one-fourth had a father with HTN. The small percentage of participants with first-degree relatives with chronic disease is probably due to participants’ parents and siblings having not yet reached the age at which

these conditions usually manifest and are diagnosed. Family history is a risk factor for CHD, type 2 DM, HTN, and some cancers<sup>127</sup>. Data from the CARDIA study supports the relation of risk factor levels in young adulthood to parental history of disease<sup>127</sup>. Parental HTN, myocardial infarction, diabetes mellitus, obesity, and stroke were all associated with the incidence of risk factors in their young adult children<sup>127</sup>. If overweight or obesity is compounded with family history as risk factors, the risk of developing the disease is exacerbated further. If the weight gain experienced by participants in this study were to continue unabated, this would increase their risk of developing one or more of these conditions.

### **Stress, Mental Health, and Physical Health**

When students were asked if they were stressed as a result of being a student, all of the participants reported experiencing some level of stress, with more than half reported being “extremely” or “very” stressed. The perceived high level of stress experienced by the participants of our study may be because they are upper-level dietetics students who are experiencing “stress” as a result of the competitiveness of the curriculum, the internship application process, or the demand of upper-level dietetics courses.

The question concerning stress merely asks if participants experience stress as a “result of being a student.” There is neither a definition of stress in the questionnaire nor a standard for comparison for stress or the level of stress experienced by participants. Different people could define, interpret, and handle stress in different ways. In the case of someone who has experienced severe trauma or burns or an airforce carrier worker in 120°F weather, stress would be of a different magnitude from that of students. A

physician may define stress as “mental” in which life-and-death decisions are made on a day-to-day basis or “physical” in which they may work 60-hour work weeks. So how does the stress that dietetics students report compare to these other examples of stress? The same “fight-or-flight” hormones are released no matter the type or level of stress that is experienced. If the questionnaire would have been interviewer-administered, clarification of what was meant by stress or what the participant perceives as “stress” could have been obtained. It should be noted that one student reported their level of stress as “not stressed.” It is possible that this student did not understand the question or did not interpret it correctly, which may place the reliability of the questionnaire into doubt.

Among our population, stress was reported frequently as a reason for weight gain and weight fluctuation. Perceived stress may influence the amount of food consumed and may be an underlying cause of the reported weight gain and weight fluctuations in our population. This agrees with that of Oliver and co-researchers<sup>125</sup> who showed that approximately one-half of female respondents reported that stress influenced the overall amount of food consumed, with almost half consuming “more than usual” when stressed. Three-fourths of female respondents in that study reported eating more snacks than usual when stressed, suggesting a change in patterns of intake under stress (Oliver, 1999).

More participants felt that their physical health was “fair” or “poor” over the past five years when compared with the present, suggesting a perception of overall improved physical health of the participants at the present. The fact that some participants felt that their physical health was fair or poor even over the past five years is surprising considering the young age of our population. Most healthy people in their late teen years

and early twenties should feel vibrant, full of life, and in optimal physical health. The perception of overall improved physical health at the present, however, may be due to an increased interest in the importance of nutrition and exercise to physical health and implementation of healthy practices.

Data from our study also suggest an overall improvement in mental health at present compared with the past five years. When participants were asked if a physician had ever diagnosed them with mental illness or depression in the past, one participant reported a diagnosis of mental illness and depression and two reported a diagnosis of depression. It is possible that these illnesses were under control at the time of the survey, which supports the overall perceived improvement in mental health or that the illness, including depression, was transient. It is also possible that the mental illness could have been due to weight issues. Mental illness, particularly depression, has been associated with overweight and obesity<sup>106,107</sup>. Rumpel and co-researchers<sup>113</sup> found the recent weight gain was strongly associated with poorer well-being in both overweight and non-overweight females and concluded that maintenance of a stable weight throughout life may contribute to psychological well-being in females. In the past 12 months, only one participant sought help from a psychiatrist, further supporting an overall improvement in mental health at the present. Some students may have found the questionnaire confusing since it separates mental illness and depression. Since diagnosed depression is a mental illness, this wording may have misled the participants.

Over half of participants saw a physician (other than a psychiatrist) in the past 12 months. For students in this age group, this probably reflects treatment for an acute problem, such as a cold or the flu, rather than a chronic problem, such as CHD. It was

surprising that more students did not see a dentist in the past 12 months, considering that the recommended visitation to the dentist is every six months.

### **Future Directions**

From the information obtained from this study, it can be stated that dietetics students would benefit from additional coursework in weight management, body image disturbances, eating disorders, and assessment of self-risk factors for chronic disease. Data from this research, in addition to other studies done on this subject with dietetics students from other universities, could be used to design and implement coursework in weight management and eating disorders for Didactic Programs in Dietetics. A larger-scale, multi-center, follow-up study should be conducted to determine if these findings apply to a more representative sample of dietetics students. It would be interesting to conduct other types of studies, such as focus group discussions or personal interviews, to see if the same trends exist. A study similar to this one with solely Registered Dietitians should also be conducted to see if these patterns exist among the professionals themselves. Since dietetics students are on the track to become Registered Dietitians, who are considered experts in the food and nutrition sciences, it is essential that they become more aware of their own behaviors that may impact their effectiveness as nutrition educators and change agents for others.

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# Appendices

## Appendix A

### Human Subjects Approval Form

Louisiana State University Agricultural Center

IRB accession #: \_\_\_\_\_

Proposal #: \_\_\_\_\_

LSU Ag Ctr: HUMAN RESEARCH SUBJECTS  
APPLICATION FOR EXEMPTION FROM INSTITUTIONAL OVERSIGHT

ALL LSU Ag Ctr research/projects using living humans as subjects, or samples or data, obtained from them, directly or indirectly, with or without their consent, must be approved in advance by the LSU Ag Ctr Institutional Review Board (IRB), unless they meet the criteria for exemption from IRB oversight and are exempted.

This Form helps the PI determine if the project can be exempted, and is used to request an exemption. NOTE: A determination of Exempt status does not release the researcher from exercise of prudent practice in protecting the interests of research subjects, including obtaining informed consent. Exempt research must be conducted in a manner consistent with the Ethical Principles and Guidelines for the Protection of Human Subjects (Belmont Report) and LSU Guide to Informed Consent; documents available from Office of Sponsored Research or <http://www.osr.lsu.edu/osr/comply.html>).

Instructions: Complete checklist, pp 2-4. If project appears to qualify for exemption, send 2ccs of completed form and a brief project protocol (adequate to evaluate risks to subjects and your responses to Parts A & B) to Michael Keenan, School of Human Ecology.

Principal Investigator Karah Lynette Lindbergh Student? Y Y/N

Department/Unit Human Nutrition and Food Ph: 388-2281

Project Title Assessment of knowledge, attitudes, and practices about nutrition, dieting, weight, and activity of college students

Agency expected to fund project N/A

Subject pool (e.g. Psychology students) Human Ecology students

Are any of the following "vulnerable populations" to be used in the study: (children <18; the mentally impaired, pregnant women, prisoners, the aged, other)? (circle those applicable) Y/N N

I certify my responses are accurate and complete. If the project scope or design is later changed I will resubmit for review.

Carol O'Neil, PhD, RD  
Associate Professor

PI Signature Karah Lindbergh Date 11/08/00 (no per signatures) Carol O'Neil

Screening Action: Exempted      Not Exempted     

Recommended for: Full      IRB Review\*

\* PI: Obtain the IRB forms packet: send completed form to Bill Todd, Dept. of Veterinary Sciences, plus 1 cc of any associated grant proposal.

Reviewer                      Signature                      Date

cc PI

## Part A: DETERMINATION OF "RESEARCH" and POTENTIAL FOR RISK

This section determines whether the project meets the Department of Health and Human Services definition of "research" and if not, whether it nevertheless presents more than "minimal risk" to humans that makes IRB review prudent.

1. Is the project a systematic investigation designed to develop or contribute to generalizable knowledge?

(Note "systematic investigation" includes "research development, testing and evaluation"; therefore some instructional development and service programs will include a "research" component).

YES ☒ Go to Part B: Project constitutes research

NO ☐ Go to 2

2. Does the project present physical, psychological, or legal risks to the participants reasonably expected to exceed those risks normally experienced in daily life or in routine physical or psychological examination or testing?

YES ☐ Check C2 and stop here: IRB review required

NO ☒ Check C1: Apply for exemption from IRB oversight

---

## Part B: EXEMPTION CRITERIA FOR RESEARCH PROJECTS

This Part establishes whether the project is confined to categories of research activity that may be exempted from IRB oversight.

Please answer each question 1-5; although a single exemption criterion may be sufficient to exempt a project, some projects contain several elements that may be met by different criteria.

1. Is this research conducted in established or commonly accepted educational settings, AND does the research involve normal educational practices (e.g. research on regular and special education strategies or research on the effectiveness of, or comparison among instructional techniques, curricula or classroom management methods)? (NOT "YES" merely because conducted at LSU).

YES ☒ Check C1 & go to 2: This exemption criterion is satisfied

NO ☐ Go to 2: This exemption criterion is not applicable

2. Will this research use educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior?

YES ☒ Go to 2.1

NO \_\_\_\_\_ Skip to 3: (Criterion not applicable)

2.1 Will minors (<18y) be subjects AND does this research use survey procedures, interview procedures or observation of public behavior in which the observer participates?

YES \_\_\_\_\_ Check C2, and skip to 3: IRB review probably required

NO ☒ Go to 2.2

2.2 Is the information recorded in such a manner that human subjects can be identified directly, or indirectly through identifiers (such as a code) linked to the subjects?

YES \_\_\_\_\_ Go to 2.3

NO ☒ Skip to 3: This exemption criterion is satisfied

2.3 Will any disclosure of the human subjects' responses have the potential to place the subjects at risk of criminal and civil liability, or be damaging to the subjects' financial standing, employability or reputation?

(The collection of sensitive data regarding the subjects' (or relatives' or associates') possible substance abuse, sexuality, criminal history or intent, medical or psychological condition, financial status, or similarly compromising information are examples of instances which will require an answer of YES):

YES \_\_\_\_\_ Go to 2.4

NO \_\_\_\_\_ Skip to 3: This exemption criterion is satisfied

2.4 Are the human subjects elected or appointed public officials or candidates for public office?

YES \_\_\_\_\_ Check C1 & go to 3: This exemption criterion is satisfied

NO \_\_\_\_\_ Check C2 and go to 3: IRB review probably required

3. Does this research involve the collection or study of existing\* data, documents, records, pathological or diagnostic specimens?

YES \_\_\_\_\_ Go to 3.1 (\*"existing" implies a retrospective study)

NO ☒ Skip to 4: (Criterion not applicable)

3.1 Is this material or information publicly available, or will it be recorded in such a manner by the investigator that the subjects cannot be identified directly, or indirectly through identifiers linked to the subjects?

YES \_\_\_\_\_ Check C1 & go to 4: This exemption criterion is satisfied

NO \_\_\_\_\_ Check C2 & go to 4: IRB review probably required.

4. Is this a taste or food evaluation or consumer taste or food acceptance study?

YES ☐ Go to 4.1

NO ☒ Skip to 5: (criterion not applicable)

4.1 Will only wholesome foods without additives be consumed? OR any food ingredients (including additives) consumed will be demonstrably at or below the level, and for a use found to be safe; are agricultural chemicals or environmental contaminants demonstrably at or below the level found to be safe by the Food and Drug Administration or approved by the Environmental Protection Agency or the USDA Food Safety and Inspection Service?

YES ☐ Check C1 & Go to 5: This exemption criterion is satisfied

NO, or unsure ☐ Check C2 & go to 5: IRB review may be required

5. Does the project include ANY research activity with human subjects not exempted under one or more of the above criteria?

YES ☐ Check C2: IRB review required

NO ☒ Check C1; Go to Part C and proceed accordingly

---

Part C: PRELIMINARY EVALUATION of EXEMPT STATUS by Investigator:

1. ☒ This project CAN be exempted from IRB Review unless C2 is also checked (you must have answered B1 thru B5). Forward 2 copies of this form and the protocol to Michael Keenan, School of Human Ecology for a determination/grant of exemption.

2. ☐ IRB review required (if C1 also checked, seek exemption)

\* Send signed original IRB protocol forms plus one cc of any associated grant application to Bill Todd, IRB Chair, Dept. of Veterinary Sciences.

## Appendix B

### Instructions Cover Page for Participants

**PRIZES!! PRIZES!! PRIZES!! PRIZES!! PRIZES!!**

**Can You Help us by Completing this  
Nutrition Questionnaire??**

The attached questionnaire is part of a research study looking at upper division Human Ecology students' personal health, weight, dieting, nutrition, and activity histories. The study will look at the differences among dietetics; family, child, and consumer science; and textile, apparel, and merchandising majors.

**It's easy!!** Just read and answer all questions that apply to you—as you will see, there may be ones that don't. Be as complete and accurate as you can. Use the instructions to guide you. Drop the questionnaire into the box with **Dr. O'Neil** on it in Room 130 by Friday, December 1—but why wait, do it now!!

All information is to be kept anonymous. Remember, it's not what you say, but that you said it. If it's anonymous, how will I be eligible to win one of the prizes? Add your phone number to the box on the bottom of this page. When you hand in the questionnaire, it will be cut out and entered into a prize drawing. If you win, you'll be called to pick up the prize at the front desk of the Human Ecology Building. What could be easier??

**PRIZES!! PRIZES!! PRIZES!! PRIZES!!**

Prizes are to be had just for completing the questionnaire COMPLETELY.

**Just a taste of what we will be offering: \$25 in cash,  
cookbooks, Starbuck's Gift Certificates, and...  
a host of other prizes!!!**

**Thanks for participating!!  
Be looking for those prizes!!**

Phone Number:



## Appendix C

### The Obesity Assessment Questionnaire

## B3.1 Personal and Health History (BQH)

Age \_\_\_\_\_  
 Current Weight \_\_\_\_\_  
 Usual Weight \_\_\_\_\_  
 Height \_\_\_\_\_

HUEC division (Circle One)  
 Human Nutrition & Food  
 Family and Consumer Sciences  
 Textiles and Apparel Sciences

Status (Circle One)  
 Sophomore  
 Junior  
 Senior

1. What has your **major work** thus far been throughout your life? (circle one)
  - a. Professional (1) Describe: \_\_\_\_\_
  - b. Clerical (2) Describe: \_\_\_\_\_
  - c. Homemaker (3) Describe: \_\_\_\_\_
  - d. Technical (4) Describe: \_\_\_\_\_
  - e. Physical Labor (5) Describe: \_\_\_\_\_
  - f. Other (6) Describe: \_\_\_\_\_
  
2. Approximately how long **total in your life** have you done this type of work? (fill in a number) \_\_\_\_\_ number of years
  
3. Are you **currently** employed? (circle one)
 

NO (2)

YES (1)

3a. What kind of work do you do? (circle one)

  - 1) Professional (1) Describe: \_\_\_\_\_
  - 2) Clerical (2) Describe: \_\_\_\_\_
  - 3) Homemaker (3) Describe: \_\_\_\_\_
  - 4) Technical (4) Describe: \_\_\_\_\_
  - 5) Physical Labor (5) Describe: \_\_\_\_\_
  - 6) Other (6) Describe: \_\_\_\_\_

Go on to question #4

3b. Approximately how long have you been doing your present type of work? (fill in a number and circle Months or Years)

\_\_\_\_\_ number of MONTHS YEARS (circle one)

(1) (2)

3c. How many hours do you work per week on the average? (circle one)

1-10	11-20	21-30	31-40	41-50	51 or more
(1)	(2)	(3)	(4)	(5)	(6)

3d. Are you employed in more than one job? (circle one)

NO (2) YES (1)

1) In how many jobs are you employed? (fill in a number)

\_\_\_\_\_ number of years

Go on to next page.

3e. On the average, how many days per year do you travel out of town for job-related activities? (fill in the number)

\_\_\_\_\_ number of days per year

3f. Do you experience stress from your employment? (circle one)

NO (2) YES (1)

1) How would you rate the level of stress which you experience related to your job? (circle one)

NOT STRESSFUL (1) SOMEWHAT STRESSFUL (2) VERY STRESSFUL (3) EXTREMELY STRESSFUL (4)

4. Approximately how long total have you been employed at any job in your life? (fill in the number of years)

\_\_\_\_\_ number of years employed

5. Are you currently unemployed? (circle one)

NO (2) YES (1)

5a. Are you retired? (circle one)

NO (2) YES (1)

1) Do you expect or want to go back to work? (circle one)

YES (1) NO (2)

2) Are you retired for medical reasons? (circle one)

NO (2) YES (1)

a) Which medical reason? (circle all that apply)

- i) heart disease (1)
- ii) cancer (1)
- iii) lung disease (1)
- iv) job injury or accident (1)
- v) other (1) Describe: \_\_\_\_\_

3) Before you were retired, how many hours per week did you work on the average? (circle one)

5b. Do you experience stress as a result of being unemployed or retired? (circle one)

NO (2) YES (1)

1) How would you rate the level of stress in your life which you experience as a result of being unemployed or retired? (circle one)

NOT STRESSFUL (1) SOMEWHAT STRESSFUL (2) VERY STRESSFUL (3) EXTREMELY STRESSFUL (4)

6. Do you usually do volunteer work? (circle one)

NO (2) YES (1)

6a. On the average, how many hours per week do you spend as a volunteer? (circle one)

1-10 (1) 11-20 (2) 21-30 (3) 31-40 (4) 41-50 (5) 50 or more (6)

\* 7. Are you currently a student? (circle one)

NO (2) YES (1)

\* 7a. Are you... (circle one)

1) part time? (1)  
2) full time? (2)

\* 7b. Are you working towards a degree? (circle one)

NO (2) YES (1) UNDECIDED (3)

\* 7c. Are you working towards a license, certificate, or credential? (circle one)

NO (2) YES (1) UNDECIDED (3)

\* 7d. Do you experience stress as a result of being a student? (circle one)

NO (2) YES (1)

1) How would you rate the level of stress in your life which you experience as a result of being a student? (circle one)

NOT STRESSFUL (1) SOMEWHAT STRESSFUL (2) VERY STRESSFUL (3) EXTREMELY STRESSFUL (4)

.....Go on to next page.....

Go on to question #6

8. How many years of education have you completed? (circle one)

0-7 (1)    8-9 (2)    10-11 (3)    12 or more (4)

9. What is the highest level you have completed in school? (circle one)

- a. less than high school (1)
- b. started, but didn't finish high school (2)
- c. high school diploma, GED, or equivalent (3)
- d. some college credit, but no degree (4)
- e. college degree (5)
- f. course work beyond college degree (6)

10. Have you completed a program at a trade or technical school? (circle one)

NO (2)    YES (1)

\* 11. What is your marital status? (circle one)

- a. single, never married (1)
- b. married (2)
- c. living with significant other (3)
- d. engaged (4)
- e. separated (5)
- f. divorced (6)
- f. widowed (7)

\* 12. What is your racial or ethnic background? (circle one)

- a. Asian or Pacific Islander (1)
- b. Black, not Hispanic (2)
- c. Chicano, Latino, Hispanic (3)
- d. Native American, Native Alaskan, Indian (4)
- e. White, not Hispanic (5)
- f. other (6) Describe: \_\_\_\_\_

\* 13. Do you live with other people? (circle one)

NO (2)    YES (1)

\* 13a. With whom do you live? (circle all that apply)

- 1) spouse or significant other (1)
- 2) children (1)
- 3) parents (1)
- 4) other relatives or in-laws (1)
- 5) friends or housemates (1)
- 6) other (1) Describe: \_\_\_\_\_

Go on to next page.

13b. With how many people do you live? (fill in a number)

\_\_\_\_\_ number of people

\* 14. What is your approximate monthly household income after taxes? (circle one)

\$0-\$500 (1)    \$501-\$1000 (2)    \$1001-\$2000 (3)    \$2001-\$4000 (4)    \$4001 or more (5)

15. How many people are supported by this income? (fill in a number)

\_\_\_\_\_ number of people supported by this income

\* 16. Where do you live? (circle one)

- a. house, apartment, condo (1)
- b. mobile home (2)
- c. trailer (3)
- d. motel, hotel (4)
- e. boarding house (5)
- f. other (6) Describe: \_\_\_\_\_

17. Are you usually involved with "extracurricular" groups, hobbies, or activities at least once a week? (circle one)

NO (2)    YES (1)

What are they? (describe) \_\_\_\_\_

\* 18. Compared with other people your age, how would you rate your overall physical health at the present? (circle one)

POOR (1)    FAIR (2)    GOOD (3)    EXCELLENT (4)    DON'T KNOW (5)

\* 19. Compared to other people your age, how would you rate your overall physical health over the past five years? (circle one)

POOR (1)    FAIR (2)    GOOD (3)    EXCELLENT (4)    DON'T KNOW (5)

\* 20. Compared to other people your age, how would you rate your overall mental health at the present? (circle one)

POOR (1)    FAIR (2)    GOOD (3)    EXCELLENT (4)    DON'T KNOW (5)

- \* 21. Compared to other people your age, how would you rate your overall mental health over the past five years? (circle one)
- |      |      |      |           |            |
|------|------|------|-----------|------------|
| POOR | FAIR | GOOD | EXCELLENT | DON'T KNOW |
| (1)  | (2)  | (3)  | (4)       | (5)        |
22. In the last 12 months, how many different health problems have you experienced? (fill in the number) \_\_\_\_\_ number of different health problems
23. Of these problems, how many were due to injuries or accidents? (fill in the number) \_\_\_\_\_ number of injuries or accidents
24. During the last 12 months, were you away from work or unable to carry out your usual daily activities because of vacation or personal or family crisis, illness, disability, or injury? (circle one)
- NO (2) YES (1)
- 24a. Approximately how many days were you away on vacation during the last 12 months? (fill in the number) \_\_\_\_\_ number of vacation days
- 24b. Approximately how many days were you away from work or unable to carry out your usual daily activities because of your own personal crisis, illness, disability, or injury? (fill in the number) \_\_\_\_\_ number of days
- 24c. Approximately how many days were you away from work or unable to carry out your usual daily activities because of family crisis, illness, disability, or injury? (fill in the number) \_\_\_\_\_ number of days
- \* 25. In the past 12 months, did you seek help for a health problem from a health professional? (circle one)
- NO (2) YES (1)
- \* 25a. How many times did you seek help? (fill in the number) \_\_\_\_\_ number of times
- Go on to next page.

- \*25b. Which health professional(s) did you seek help from? (circle all that apply)
- 1) doctor (1)
  - 2) psychiatrist (1)
  - 3) chiropractor (1)
  - 4) counselor (1)
  - 5) dentist (1)
  - 6) dietitian (1)
  - 7) nurse (1)
  - 8) other (1) Describe: \_\_\_\_\_
26. Were you a patient in a hospital at any time in the past 12 months? (circle one)
- NO (2) YES (1)
- 26a. How many times were you in a hospital in the past 12 months? (fill in a number) \_\_\_\_\_ number of times
- 26b. How many days total did you spend in a hospital in the past 12 months? (fill in a number) \_\_\_\_\_ number of days
- 26c. Why were you in the hospital during the past 12 months? (circle all that apply)
- 1) surgery (1)
  - 2) childbirth (1)
  - 3) injury or accident (1)
  - 4) lung problem (1)
  - 5) heart problem (1)
  - 6) cancer (1)
  - 7) diabetes (1)
  - 8) mental or emotional problem (1)
  - 9) other (1) Describe: \_\_\_\_\_
- Go on to next page.

- \* 27. Has a doctor ever told you that you had any of the following health problems? (for each condition check NO or YES. If you check YES, put in the date that you were first told that you had the condition.)

	NO (2)	YES (1)	DATE OF DIAGNOSIS (3)
a. heart attack	_____	_____	_____ (1)
b. other heart problem	_____	_____	_____ (1)
c. diabetes	_____	_____	_____ (1)
d. high cholesterol	_____	_____	_____ (1)
e. high blood pressure	_____	_____	_____ (1)
f. kidney problem	_____	_____	_____ (1)
g. stroke	_____	_____	_____ (1)
h. gout	_____	_____	_____ (1)
i. lung problems	_____	_____	_____ (1)
j. irregular heart rate	_____	_____	_____ (1)
k. liver problem	_____	_____	_____ (1)
* l. mental illness	_____	_____	_____ (1)
* m. depression	_____	_____	_____ (1)
n. fluid retention	_____	_____	_____ (1)
o. ulcers or intestinal bleeding	_____	_____	_____ (1)
p. other stomach problems	_____	_____	_____ (1)
q. osteoporosis	_____	_____	_____ (1)
* r. anemia or low iron	_____	_____	_____ (1)
s. arthritis	_____	_____	_____ (1)
t. cancer	_____	_____	_____ (1)
part of body involved: _____			
u. other _____			_____ (1)
Describe: _____			

- \* 28. Do (did) any of your relatives have any of the health conditions listed below? (circle one)

NO (2) YES (1)

- \* 28a. For all that apply, fill in the age when the person first developed the condition:

Relative:	Mother	Father	Grandparent	Sister or Brother
Diabetes				
Heart Attack				
Other Heart Disease				
High Blood Pressure				
Stroke				
Kidney Disease				
Cancer				

☐ 28a1  
☐ 28a2  
☐ 28a3  
☐ 28a4  
☐ 28a5  
☐ 28a6  
☐ 28a7

29. Are you currently taking any medication(s) on a regular basis? (circle one)

NO (2) YES (1)

- 29a. For each medication that you take, fill in the name of the medication, the reason why you take this medication, how long you have been taking it, how much you take, and how often you take it. (Also, please bring the medications in when you come for your cardiovascular examination. This will be your third appointment.)

Go on to next page.

	Name of Medication	Reason for Taking	How Long	How much You Take	How often You Take It
1	<input type="checkbox"/> (1)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
2	<input type="checkbox"/> (1)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
3	<input type="checkbox"/> (1)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
4	<input type="checkbox"/> (1)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)

30. Has any medication ever caused you to have a skin rash or other kind of allergic reaction? (circle one)

NO (2) YES (1)

30a. Describe:

MEDICATION

REACTION

- 1) ☐ 30a.1  
 2) ☐ 30a.2  
 3) ☐ 30a.3  
 4) ☐ 30a.4

31. Have you smoked 100 or more cigarettes in your life? (circle one)

YES (1) NO (2)

31. Do you smoke cigarettes now? (circle one)

NO (2) YES (1)

31a. On the average, how many cigarettes do you smoke per day now? (circle one)

- 1) 5 or fewer cigarettes (1)  
 2) 1/2 pack (2)  
 3) 3/4 pack (3)  
 4) 1 pack (4)  
 5) 1 1/2 packs or more (5)

31b. How does smoking affect your weight? (circle one)

- KEEPS IT DOWN (1) NO EFFECT (2) KEEPS IT UP (3) DON'T KNOW (4)

Go on to question #32

31c. Why did you start to smoke? (circle all that apply)

- 1) some of my friends and family smoke (1)  
 2) friends encouraged me to smoke (1)  
 3) influenced by television and advertising (1)  
 4) I wanted to act and feel "grown up" (1)  
 5) because it was "forbidden" (1)  
 6) for enjoyment (1)  
 7) other (1) Describe: \_\_\_\_\_

31d. How old were you when you first started to smoke regularly? (fill in your age in years)

\_\_\_\_\_ your age when you started to smoke

31e. In your whole life (not counting periods on non-smoking), approximately how long total have you smoked? (fill in the number of years)

\_\_\_\_\_ number of years you have smoked

31f. How difficult would it be for you to stop smoking? (circle one)

- VERY EASY (1) EASY (2) DIFFICULT (3) VERY DIFFICULT (4)

31g. Do you want to quit smoking? (circle one)

- YES (1) NO (2) DON'T KNOW (3)

31h. Do you plan to quit smoking within the next year? (circle one)

- YES (1) NO (2) DON'T KNOW (3)

32. If you don't smoke now, did you ever smoke? (circle one)  
 (If you smoke now, go on to question #33.)

NO (2) YES (1)

Go on to question #34

32a. On the average, how many cigarettes did you used to smoke per day? (circle one)

- 1) 5 or fewer cigarettes (1)  
 2) 1/2 pack (2)  
 3) 3/4 pack (3)  
 4) 1 pack (4)  
 5) 1 1/2 packs or more (5)

Go on to next page.

- 32b. Why did you start to smoke? (circle all that apply)
- 1) some of my friends and family smoke (1)
  - 2) friends encouraged me to smoke (1)
  - 3) influenced by television and advertising (1)
  - 4) I wanted to act and feel "grown up" (1)
  - 5) because it was "forbidden" (1)
  - 6) for enjoyment (1)
  - 7) other (1) Describe: \_\_\_\_\_
- 32c. Why did you stop smoking? (circle all that apply)
- 1) improve health (1)
  - 2) prevent illness (1)
  - 3) doctor's advice (1)
  - 4) pressure from family and friends (1)
  - 5) didn't like it anymore (1)
  - 6) cost too much (1)
  - 7) improve fitness (1)
  - 8) other (1) Describe: \_\_\_\_\_
- 32d. How old were you when you started to smoke?  
(fill in your age) \_\_\_\_\_ your age when you started to smoke
- 32e. How old were you when you stopped smoking?  
(fill in your age) \_\_\_\_\_ your age when you stopped smoking
- 32f. In your whole life (not counting periods on non-smoking),  
approximately how long total have you smoked?  
(fill in number of years) \_\_\_\_\_ number of years
- 32g. About how long has it been since you last smoked cigarettes  
regularly? (fill in a number and circle months or years)
- \_\_\_\_\_ number of MONTHS (1) (circle one)  
YEARS (2)
- 32h. How difficult would it be for you to stop smoking? (circle one)
- VERY EASY EASY DIFFICULT VERY DIFFICULT  
(1) (2) (3) (4)
- Go on to next page.

- 32i. Did you gain weight when you stopped smoking? (circle one)
- NO (2) YES (1)
- 1) How much weight did you gain?  
(fill in the number of pounds) \_\_\_\_\_ number of pounds gained
- 2) How long did it take you to gain this weight?  
(fill in the number and circle months or years) \_\_\_\_\_ number of MONTHS (1)  
YEARS (2) (circle one)
33. Have you tried to quit smoking and then started again? (circle one)
- NO (2) YES (1)
- 33a. How many times have you quit smoking for more than two  
weeks and then started again? (fill in a number) \_\_\_\_\_ number of times
- 33b. How long has it been since you last tried to quit smoking?  
(fill in a number and circle weeks, months or years)
- \_\_\_\_\_ number of: WEEKS MONTHS YEARS (circle one)  
(1) (2) (3)
- 33c. What was the longest period of time that you have gone with-  
out smoking since you started?  
(fill in a number and circle weeks, months or years)
- \_\_\_\_\_ number of: WEEKS MONTHS YEARS (circle one)  
(1) (2) (3)
- 33d. Why have you tried to quit? (circle all that apply)
- 1) improve health (1)
  - 2) prevent illness (1)
  - 3) doctor's advice (1)
  - 4) pressure from family and friends (1)
  - 5) didn't like it anymore (1)
  - 6) cost too much (1)
  - 7) improve fitness (1)
  - 8) other (1) Describe: \_\_\_\_\_
- Go on to next page.

Go on to  
question  
#34



33e. Why did you start again? (circle all that apply)

- 1) physical craving (1)
- 2) gained weight (1)
- 3) stress (1)
- 4) everyone around me smoked (1)
- 5) don't know (1)
- 6) other (1) Describe: \_\_\_\_\_

33f. How difficult was it for you to quit? (circle one)

VERY EASY (1) EASY (2) DIFFICULT (3) VERY DIFFICULT (4)

340. At the present time, do you live with persons who smoke cigarettes regularly? (circle one)

NO (2) YES (1)

34a. On the average, how many hours per day do you spend with these persons while they are smoking? (fill in a number)

\_\_\_\_\_ number of hours per day

34b. How long have you been living with these persons while they are smoking regularly? (fill in a number and circle months or years)

\_\_\_\_\_ number of MONTHS (1) YEARS (2)

34. In the past have you lived with persons who smoked regularly? (circle one)

NO (2) YES (1)

34a. How long has it been since you last lived with these persons while they were smoking regularly? (fill in a number)

\_\_\_\_\_ number of MONTHS (1) YEARS (2)

34b. On the average, how many hours per day do you spend with these persons while they are smoking? (fill in a number)

\_\_\_\_\_ number of hours per day

34c. How long have you been living with these persons while they are smoking regularly? (fill in a number and circle months or years)

\_\_\_\_\_ number of MONTHS (1) YEARS (2)

Go on to next page.

35. On the average, how many hours per week do you spend around people who are smoking (eg. at home, work, in nightclubs, bowling alleys, restaurants, etc.)? (fill in a number) \_\_\_\_\_ number of hours per week

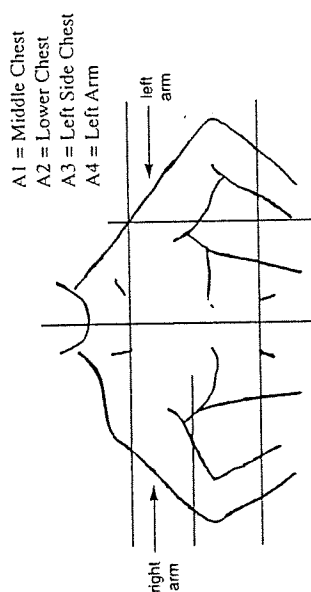
36. How do you think that smoking affects a person's health? (circle one)

BAD EFFECT (1) NO EFFECT (2) GOOD EFFECT (3) DON'T KNOW (4)

37. Do you ever have pain, discomfort, pressure, or heaviness in your chest? (circle one)

NO (2) YES (1)

37a. Where do you get this pain or discomfort? (draw an X on the diagram at all places where you have this pain)



37b. Do you get this pain while walking? (circle one)

NO (2) YES (1)

1) What do you do when you get this pain? (circle all that apply)

- a. stop or slow down (1)
- b. take a nitroglycerine (1)
- c. continue at the same pace (1)
- d. other (1) Describe: \_\_\_\_\_

2) Is the pain relieved when you stand still? (circle one)

NO (2) YES (1)

a. How soon is it relieved? (circle one)

- i) 10 minutes or less (1)
- ii) more than 10 minutes (2)

.....Go on to next page.....

- 37c. When do you usually get this pain? (circle all that apply)
- 1) when walking uphill (1)
  - 2) when hurrying (1)
  - 3) when walking at an ordinary pace (1)
  - 4) other (1) Describe: \_\_\_\_\_ 37.d

38. Have you ever had a severe pain across the front of your chest lasting an hour or more? (circle one)

NO (2) YES (1)

38a. How many times have you had these episodes of chest pain lasting a half an hour or more? (fill in a number)

\_\_\_\_\_ number of episodes

38b. Did you see a doctor because of the pain? (circle one)

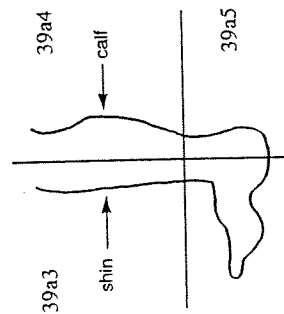
NO (2) YES (1)

1) What did s/he tell you? \_\_\_\_\_ 38.c

39. Do you get pain in either leg when you are walking? (circle one)

NO (2) YES (1)

39a. Where do you get this pain when you are walking? (Draw an X on the diagram below at all the places where you get this pain.)



Go on to question #40

39b. When do you get this pain? (circle all that apply)

- 1) when walking uphill (1)
- 2) when hurrying (1)
- 3) walking at an ordinary pace on level ground (1)
- 4) other (1) Describe: \_\_\_\_\_

Go to next page.

39c. Does the pain ever disappear while you are still walking? (circle one)

YES (1) NO (2)

39d. What do you do when you get this pain while walking? (circle all that apply)

- a. stop (1)
- b. slow or slacken pace (1)
- c. continue at the same pace (1)
- d. other (1) Describe: \_\_\_\_\_ 39.e

40. Do you get shortness of breath that requires you to stop and rest? (circle one)

NO (2) YES (1)

40a. Do you get this shortness of breath when you are walking on level ground? (circle one)

YES (1) NO (2)

40b. Do you get this shortness of breath when you climb a single flight of stairs? (circle one)

YES (1) NO (2)

40c. Do you get this shortness of breath when you are lying down flat? (circle one)

NO (2) YES (1)

1) Does this shortness of breath improve when you sit up? (circle one)

YES (1) NO (2)

2) Do you use extra pillows at night to prevent this? (circle one)

YES (1) NO (2)

3) Does this shortness of breath ever wake you up at night? (circle one)

YES (1) NO (2)

Go on to next page.

41. Do you usually cough first thing in the morning when you get up, with your first cigarette, or when you first go out of doors? (circle one)

NO (2) YES (1)

41a. Do you cough like this on most days for as much as three months each year? (circle one)

YES (1) NO (2)

41b. Do you usually bring up any phlegm or mucous from your chest when you cough at these times? (circle one)

YES (1) NO (2)

41c. Do you bring up phlegm like this from your chest at least twice during each day - or at night - during the winter or for as much as three months each year? (circle one)

YES (1) NO (2)

41d. Have you ever had phlegm like this for more than three years? (circle one)

YES (1) NO (2)

41e. Does your chest sound wheezing or whistling on most days or nights? (circle one)

YES (1) NO (2)

41f. Have you ever had attacks of shortness of breath with wheezing? (circle one)

NO (2) YES (1)

1) Is (was) your breath absolutely normal between attacks of shortness of breath? (circle one) ☐ 41.g

YES (1) NO (2)

THE FOLLOWING QUESTIONS ARE FOR WOMEN ONLY.  
MEN, PLEASE STOP HERE.

42. Have you ever been pregnant? (circle one)

NO (2) YES (1)

42a. Are you pregnant now? (circle one)

1) When you are due (EDC)? (fill in the date)

month - day - 19

Go to next page.

42b. Have you had a baby in the past 12 months? (circle one)

NO (2) YES (1)

1) How many months ago? (fill in a number)

42c. How many live born children have you had? (fill in a number)

number of live born children

42d. How many miscarriages, stillbirths, abortions? (fill in a number)

number of miscarriages, stillbirths, abortions

42e. How old were you when you had your first child? (fill in your age then)

your age when you had first child

42f. How old were you when you had your last child? (fill in a number)

your age when you had last child

42g. Did the doctor ever tell you that you had high blood pressure or toxemia with any of your pregnancies? (circle one)

YES (1) NO (2) DON'T KNOW (3)

42h. Did a doctor ever tell you that you had seizures or convulsions with any of your pregnancies? (circle one)

YES (1) NO (2) DON'T KNOW (3)

42i. Did you ever have a baby that weighed more than 10 pounds? (circle one)

YES (1) NO (2) DON'T KNOW (3)

42j. Did a doctor ever tell you that you had gestational diabetes or high blood sugar problems during any of your pregnancies? (circle one)

YES (1) NO (2) DON'T KNOW (3)

43. How old were you when you had your first menstrual period? (fill in your age)

years - age at first menstrual period

44. Have you experienced menopause? (circle one)

NO (2) YES (1)

44a. What was the reason? (circle one)

- 1) natural cause (1)  
2) surgical - hysterectomy (2)

44b. How old were you when you experienced menopause?

(fill in your age)

\_\_\_\_\_ age at menopause (natural or surgical)

45. Do you usually have menstrual periods? (circle one)

NO (2) YES (1)

45a. Is the number of days between your periods usually fairly regular? (circle one)

NO (2) YES (1)

1) What is the usual length of your menstrual cycle (number of days from the start of one period to the start of the next)? (fill in a number)

\_\_\_\_\_ number of days in your menstrual cycle

45b. Do you usually experience any of the conditions listed below in association with your menstrual cycle? (circle one)

NO (2) YES (1)

1) Which conditions do you experience and when?

(For each item circle NO or YES. If you circle yes, also circle when you experience it.)

a) weight gain	YES (1)	NO (2)	1 WEEK BEFORE PERIOD (3)	DURING PERIOD (4)	1 WEEK AFTER PERIOD (5)	2 WEEKS AFTER PERIOD (6)
b) bloating, water retention, edema	YES (1)	NO (2)	1 WEEK BEFORE PERIOD (3)	DURING PERIOD (4)	1 WEEK AFTER PERIOD (5)	2 WEEKS AFTER PERIOD (6)

Go to next page.

Continued

c) mood changes	YES (1)	NO (2)	1 WEEK BEFORE PERIOD (3)	DURING PERIOD (4)	1 WEEK AFTER PERIOD (5)	2 WEEKS AFTER PERIOD (6)
d) increased appetite	YES (1)	NO (2)	1 WEEK BEFORE PERIOD (3)	DURING PERIOD (4)	1 WEEK AFTER PERIOD (5)	2 WEEKS AFTER PERIOD (6)
e) weight gain	YES (1)	NO (2)	1 WEEK BEFORE PERIOD (3)	DURING PERIOD (4)	1 WEEK AFTER PERIOD (5)	2 WEEKS AFTER PERIOD (6)
f) breast swelling or tenderness	YES (1)	NO (2)	1 WEEK BEFORE PERIOD (3)	DURING PERIOD (4)	1 WEEK AFTER PERIOD (5)	2 WEEKS AFTER PERIOD (6)
g) depression	YES (1)	NO (2)	1 WEEK BEFORE PERIOD (3)	DURING PERIOD (4)	1 WEEK AFTER PERIOD (5)	2 WEEKS AFTER PERIOD (6)

45c. Do you usually have what you would consider to be major difficulties with your menstrual cycle? (circle one)

NO (2) YES (1)

Which one(s)? (check all that apply)

- 1) cramps (1)  
2) backaches (1)  
3) headaches (1)  
4) nausea (1)  
5) diarrhea (1)  
6) heavy flow (1)  
7) irregular cycles (1)  
8) weight gain or bloating (1)  
9) mood changes (1)  
10) food cravings (1)  
11) other (1) Describe: \_\_\_\_\_

Go to next page.

46. Have you missed or not had a period within the last 6 weeks? (circle one)

NO (2) YES (1)

46a. What was the reason? (circle one)

- 1) menopause, natural (1)  
 2) menopause, surgical (hysterectomy) (2)  
 3) known pregnancy (3)  
 4) possible pregnancy (4)  
 5) don't know (5)  
 6) other (6) Describe: \_\_\_\_\_

47. Are you currently taking female hormones (eg. estrogen)?

(Do not count birth control pills.) (circle one)

NO (2) YES (1)

47a. How long have you been taking them?

(fill in a number and circle months or years)

\_\_\_\_\_ number of: MONTHS (1) YEARS (2)

47b. Which one(s) do you take, how much do you take, and how often do you take them? (fill in chart below.)

NAME OF HORMONE PREPARATION (1)	HOW MUCH YOU TAKE (2)	HOW OFTEN YOU TAKE THEM (3)
1) <input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
2) <input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)

48. Are you currently taking birth control pills? (circle one)

NO (2) YES (1)

48a. How long total in your life have you been taking them?

(fill in a number of years)

\_\_\_\_\_ number of years

Go to next page.

48b. What happened to your weight when you started taking birth control pills? (circle one)

- 1) stayed the same (1)  
 2) gained 1 to 5 pounds (2)  
 3) lost 1 to 5 pounds (3)  
 4) gained 6 or more pounds (4)  
 5) lost 6 or more pounds (5)

49. If you are not currently taking birth control pills, have you taken them in the past? (circle one)

NO (2) YES (1)

49a. For how long total in your life did you take them?

(fill in a number of years)

\_\_\_\_\_ number of years

49b. What happened to your weight when you stopped taking birth control pills? (circle one)

- 1) stayed the same (1)  
 2) gained 1 to 5 pounds (2)  
 3) lost 1 to 5 pounds (3)  
 4) gained 6 or more pounds (4)  
 5) lost 6 or more pounds (5)

50. Are you breastfeeding now? (circle one)

NO (2) YES (1)

50a. How old is the infant or child that you are breastfeeding?

(fill in his/her age in months)

\_\_\_\_\_ age in months

50b. How many times per day do you breastfeed? (fill in a number)

\_\_\_\_\_ number of times per day

CONGRATULATIONS! ALL DONE!

## B3.2 Weight History (BQW)

- \* 1. How often do you weigh yourself? (circle one)
- more than once per day (1)
  - once per day (2)
  - once per week (3)
  - once per month (4)
  - once per year or less (5)
- \* 2. Do you have a scale at home that you use to weigh yourself? (circle one)
- YES (1) NO (2)
- \* 3. How would you describe your current weight?
- |                    |                   |                      |                    |                     |
|--------------------|-------------------|----------------------|--------------------|---------------------|
| EXTREMELY THIN (1) | SOMEWHAT THIN (2) | JUST ABOUT RIGHT (3) | SOMEWHAT HEAVY (4) | EXTREMELY HEAVY (5) |
|--------------------|-------------------|----------------------|--------------------|---------------------|
- \* 4. How often do you think about your weight? (circle one)
- |           |               |           |            |
|-----------|---------------|-----------|------------|
| NEVER (1) | SOMETIMES (2) | OFTEN (3) | ALWAYS (4) |
|-----------|---------------|-----------|------------|
- \* 5. Are you dissatisfied with your weight, ie. would you like to weigh something different from your present weight? (circle one)
- NO (2) YES (1)
- 5a. How much does your weight bother you (circle one)
- a lot; it is a major problem (1)
  - some; it is a small problem (2)
  - none; it is not a problem (3)
- 5b. How much would you like to weigh? (fill in the number of pounds) \_\_\_\_\_ number of pounds
- Go to next page.
- 5c. Have you ever weighed this as an adult? (circle one)
- NO (2) YES (1)
- 1) How old were you then? (fill in your age then) \_\_\_\_\_ age
- \* 6. What would your doctor say is your ideal weight according to the standard height-weight charts? (fill in the weight in pounds)
- \_\_\_\_\_ pounds – ideal weight according to tables
- \* 7. What would you say is your ideal weight? (fill in the weight in pounds)
- \_\_\_\_\_ pounds – ideal weight according to you
- \* 8. What do you usually weigh? (fill in the weight in pounds)
- \_\_\_\_\_ pounds – your usual weight
- \* 9. In an average week or month, does your weight usually fluctuate (go up and down)?
- NO (2) YES (1)
- \* 9a. How much does your weight fluctuate? (fill in a number of pounds and circle "week" or "month")
- \_\_\_\_\_ Number of pounds per: WEEK (1) MONTH (2) (circle one)
- \* 9b. What do you think causes your weight to fluctuate (circle all that apply)
- changes in activity patterns (1)
  - changes in the seasons or weather (1)
  - stress (1)
  - special events like holidays, parties, vacations (1)
  - changes associated with the menstrual cycle (1)
  - binge eating (1)
  - irregular eating habits (1)
  - changes in metabolism (1)
  - changes in water retention (1)
  - other (1) Describe: \_\_\_\_\_
10. About how much did you weigh when you were 18 years old? (fill in the weight in pounds)
- \_\_\_\_\_ pounds – weight at age 18

\* 11. Does your current weight differ more than 5 pounds from your weight at age 18? (circle one)

NO (2) YES (1)

\* 11a. Is your weight now more or less than your weight at age 18? (circle one)

MORE (1) LESS (2)

11b. How many pounds more or less? (fill in the number of pounds)

\_\_\_\_\_ pounds – difference weight now and weight at age 18

\* 11c. Why do you think that your weight has changed since you were 18? (circle all that apply)

- 1) changes in activity patterns (1)
- 2) changes in eating habits (1)
- 3) changes in stress level or personal situation (1)
- 4) changes in lifestyle, work, or living situation (1)
- 5) changes in health or physical mobility (1)
- 6) pregnancy(ies) (1)
- 7) changes in metabolism (1)
- 8) deliberate attempts to gain or lose weight (1)
- 9) other (1) Describe: \_\_\_\_\_

\* 12. Have you ever weighed more than 5 pounds more than you did when you were 18 years old? (circle one)

NO (2) YES (1)

\* 12a. What is the most you have weighed since you were 18? (fill in the number of pounds)

\_\_\_\_\_ pounds – highest weight since age 18

12b. How old were you then? (fill in your age then)

\_\_\_\_\_ years – age at highest weight since age 18

12c. Did you ever weigh more than your highest adult weight before you were 18? (circle one)

13. As an adult, have you ever weighed 5 or more pounds less than you did when you were 18? (circle one)

NO (2) YES (1)

13a. What is the least you have weighed since you were 18? (fill in the number of pounds).

\_\_\_\_\_ years – age at highest weight since age 18

13b. How old were you then? (fill in your age)

\_\_\_\_\_ years – age at lowest adult weight

\* 14. About how much have you weighed at the following intervals over the past five years? (fill in the number of pounds in each of the spaces below)

- a. \_\_\_\_\_ pounds – weight 4 months ago (1)
- b. \_\_\_\_\_ pounds – weight 8 months ago (1)
- c. \_\_\_\_\_ pounds – weight 1 year ago (1)
- d. \_\_\_\_\_ pounds – weight 2 years ago (1)
- e. \_\_\_\_\_ pounds – weight 3 years ago (1)
- f. \_\_\_\_\_ pounds – weight 4 years ago (1)
- g. \_\_\_\_\_ pounds – weight 5 years ago (1)

15. Describe your weight over the past 5 years by "drawing" it on the graph below. Try to show when and how much it has changed (ie. gone up and/or down) or stayed the same.

- \* Let the dark line in the middle represent your weight now
- \* Plot weights lower than your present weight below the dark line.
- \* Plot weights higher than your present weight above the dark line.
- \* If you had weight changes due to pregnancy, mark these with a "P".
- \* Use the time markers across the bottom of the grid to help you mark changes.

17. Are there certain times, events, occasions in your life when you distinctly remember your weight? (circle one)

NO (2) YES (1)

17a. When do you remember your weight and what was your weight then? (fill in your age and weight in all the places that apply to you below)

	AGE	WEIGHT
1) graduated from high school	____ yrs (1)	____ lbs (2)
2) graduated from college	____ yrs (1)	____ lbs (2)
3) joined the military	____ yrs (1)	____ lbs (2)
4) left the military	____ yrs (1)	____ lbs (2)
5) got married	____ yrs (1)	____ lbs (2)
6) got divorced	____ yrs (1)	____ lbs (2)
7) other: _____	____ yrs (1)	____ lbs (2)
8) other: _____	____ yrs (1)	____ lbs (2)

8. Describe your weight at different ages by “drawing” it on the graph below. Try to show when and how much it has changed (ie. gone up and/or down) or stayed the same.

- \* Let the dark line in the middle represent *your weight now*.
- \* Plot weights lower than your present weight below the dark line.
- \* Plot weights higher than your present weight above the dark line.
- \* If you had weight changes due to pregnancy, mark these with a “p”.
- \* Use the age markers across the bottom of the grid to help you mark the changes.

16. About how much did you weigh at the following ages? (fill in your weight in pounds for each of the ages below up to your current age range)

- a. \_\_\_\_\_ pounds – weight at age 20
- b. \_\_\_\_\_ pounds – weight at age 25
- c. \_\_\_\_\_ pounds – weight at age 30
- d. \_\_\_\_\_ pounds – weight at age 35
- e. \_\_\_\_\_ pounds – weight at age 40
- f. \_\_\_\_\_ pounds – weight at age 45
- g. \_\_\_\_\_ pounds – weight at age 50
- h. \_\_\_\_\_ pounds – weight at age 55
- i. \_\_\_\_\_ pounds – weight at age 60
- j. \_\_\_\_\_ pounds – weight at age 65
- k. \_\_\_\_\_ pounds – weight at age 70



20a. Fill out the following information about your pregnancy(ies) and your weight as best you can remember

20b. How did your pregnancy(ies) affect your weight? (circle one)

- 1) beginning of a problem of overweight (1)
- 2) worsening of a problem of overweight (2)
- 3) no long term effect on weight (3)
- 4) beginning of a problem of underweight (4)
- 5) worsening of a problem of underweight (5)
- 6) other (6) Describe: \_\_\_\_\_

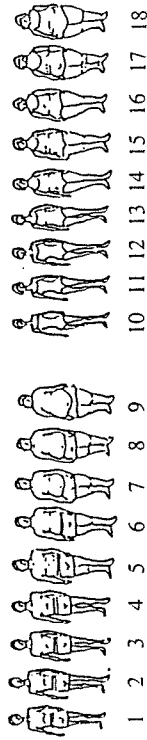
\*19. In your opinion, have you ever been overweight? (circle one)

NO (2) YES (1)

\*19a. When were you overweight? (circle the period(s) when you were overweight and fill in your age or age range and your weight then)

	AGE(S)	WEIGHT
1) infant, young child	_____ yrs (1)	_____ lbs (2)
2) older child	_____ yrs (1)	_____ lbs (2)
3) just before puberty	_____ yrs (1)	_____ lbs (2)
4) during puberty	_____ yrs (1)	_____ lbs (2)
5) just after puberty	_____ yrs (1)	_____ lbs (2)
6) young adult	_____ yrs (1)	_____ lbs (2)
7) middle-age adult	_____ yrs (1)	_____ lbs (2)
8) older adult	_____ yrs (1)	_____ lbs (2)

MEN, GO ON TO QUESTION #21.  
WOMEN, PLEASE ANSWER NEXT QUESTION.



- \* 21. Use the silhouettes above to answer the following questions about yourself:  
(for each item, fill in the number of the corresponding silhouette)

- \* a. Which figure is closest to your size? \_\_\_\_\_ (1)
- \* b. Which figure is closest to the size you desire? \_\_\_\_\_ (1)
- \* c. Which figure best represents you as a child? \_\_\_\_\_ (1)
- \* d. Which figure best represents you as a teenager? \_\_\_\_\_ (1)
- \* e. Which figure is closest to your highest adult body weight? \_\_\_\_\_ (1)
- \* f. Which figure is closest to your lowest adult body weight? \_\_\_\_\_ (1)

- \* 22. Use the same silhouettes above to answer the following questions about your relatives. Skip the questions that do not apply to you. (for each item, fill in the number of the corresponding silhouette.)

- \* a. Which figure is closest to the typical adult weight of your mother? \_\_\_\_\_ (1)
- \* b. Which figure is closest to the typical adult weight of your father: \_\_\_\_\_ (1)
- \* c. Which figure is closest to the typical adult weight of your step-mother? \_\_\_\_\_ (1)
- \* d. Which figure is closest to the typical adult weight of your step-father? \_\_\_\_\_ (1)
- \* e. Which figure is closest to the typical adult weight of your grandmother on your mother's side? \_\_\_\_\_ (1)
- \* f. Which figure is closest to the typical adult weight of your grandmother on your father's side? \_\_\_\_\_ (1)
- \* g. Which figure is closest to the typical adult weight of your grandfather on your mother's side? \_\_\_\_\_ (1)
- \* h. Which figure is closest to the typical adult weight of your grandfather on your father's side? \_\_\_\_\_ (1)

- i. Which figure is closest to the typical adult weight of your oldest brother? \_\_\_\_\_ (1)
- j. Which figure is closest to the typical adult weight of your oldest sister? \_\_\_\_\_ (1)
- k. Which figure is closest to the typical adult weight of your youngest brother? \_\_\_\_\_ (1)
- l. Which figure is closest to the typical adult weight of your youngest sister? \_\_\_\_\_ (1)

23. Describe the **typical weights** of the following relatives during their **adult life**. (circle the weight category that best applies; circle n/a if this relative does not apply to you; circle "?" if you don't know this relative's typical weight).

	under wt. (1)	normal wt. (2)	1-10 lbs. overwt (3)	11-30 lbs. overwt (4)	31-50 lbs. overwt (5)	51+ lbs. overwt (6)	N/A (7)	?
a. mother								(8)
b. father								(8)
c. step-mother								(8)
d. step-father								(8)
e. grandmother on mother's side								(8)
f. grandmother on father's side								(8)

Continued

g. grandfather on mother's side	under wt. (1)	normal wt. (2)	1-10 lbs. overwt (3)	11-30 lbs. overwt (4)	31-50 lbs. overwt (5)	51+ lbs. overwt (6)	N/A (7)	?
h. grandfather on father's side	under wt. (1)	normal wt. (2)	1-10 lbs. overwt (3)	11-30 lbs. overwt (4)	31-50 lbs. overwt (5)	51+ lbs. overwt (6)	N/A (7)	?
i. oldest brother	under wt. (1)	normal wt. (2)	1-10 lbs. overwt (3)	11-30 lbs. overwt (4)	31-50 lbs. overwt (5)	51+ lbs. overwt (6)	N/A (7)	?
i. oldest sister	under wt. (1)	normal wt. (2)	1-10 lbs. overwt (3)	11-30 lbs. overwt (4)	31-50 lbs. overwt (5)	51+ lbs. overwt (6)	N/A (7)	?
i. youngest brother	under wt. (1)	normal wt. (2)	1-10 lbs. overwt (3)	11-30 lbs. overwt (4)	31-50 lbs. overwt (5)	51+ lbs. overwt (6)	N/A (7)	?
i. youngest sister	under wt. (1)	normal wt. (2)	1-10 lbs. overwt (3)	11-30 lbs. overwt (4)	31-50 lbs. overwt (5)	51+ lbs. overwt (6)	N/A (7)	?

\* 24. How difficult or easy is it for you to gain weight? (circle one)

EXTREMELY DIFFICULT (1)	MODERATELY DIFFICULT (2)	NEITHER EASY NOR DIFFICULT (3)	MODERATELY EASY (4)	EXTREMELY EASY (5)
-------------------------	--------------------------	--------------------------------	---------------------	--------------------

\* 25. How difficult or easy is it for you to lose weight? (circle one)

EXTREMELY DIFFICULT (1)	MODERATELY DIFFICULT (2)	NEITHER EASY NOR DIFFICULT (3)	MODERATELY EASY (4)	EXTREMELY EASY (5)
-------------------------	--------------------------	--------------------------------	---------------------	--------------------

\* 26. How much harder or easier is it for you to lose weight now than it was in the past? (circle one)

MUCH HARDER (1)	SOMEWHAT HARDER (2)	NEITHER HARDER NOR EASIER (3)	SOMEWHAT EASIER (4)	MUCH EASIER (5)
-----------------	---------------------	-------------------------------	---------------------	-----------------

- \* 27. How often are you dieting to lose weight? (circle one)
- |           |               |             |            |
|-----------|---------------|-------------|------------|
| NEVER (1) | SOMETIMES (2) | USUALLY (3) | ALWAYS (4) |
|-----------|---------------|-------------|------------|
- \* 28. How often do you use fasting or starving yourself as a method to lose weight? (circle one)
- |           |               |             |            |
|-----------|---------------|-------------|------------|
| NEVER (1) | SOMETIMES (2) | USUALLY (3) | ALWAYS (4) |
|-----------|---------------|-------------|------------|
- \* 29. How often do you use laxatives or purgatives as a method to lose weight? (circle one)
- |           |               |             |            |
|-----------|---------------|-------------|------------|
| NEVER (1) | SOMETIMES (2) | USUALLY (3) | ALWAYS (4) |
|-----------|---------------|-------------|------------|
- \* 30. How often do you use vomiting as a method to lose weight? (circle one)
- |           |               |             |            |
|-----------|---------------|-------------|------------|
| NEVER (1) | SOMETIMES (2) | USUALLY (3) | ALWAYS (4) |
|-----------|---------------|-------------|------------|
- \* 31. If an extremely sad event happens in your life such as divorce, death, separation, loss of job, etc., what is likely to happen to your weight? (circle all that apply)
- |                 |                   |                 |                |
|-----------------|-------------------|-----------------|----------------|
| GAIN WEIGHT (1) | STAY THE SAME (2) | LOSE WEIGHT (3) | DON'T KNOW (4) |
|-----------------|-------------------|-----------------|----------------|
- \* 32. If an extremely happy event happens in your life such as marriage, vacation, promotion, move to a better location, etc., what is likely to happen to your weight? (circle all that apply)
- |                 |                   |                 |                |
|-----------------|-------------------|-----------------|----------------|
| GAIN WEIGHT (1) | STAY THE SAME (2) | LOSE WEIGHT (3) | DON'T KNOW (4) |
|-----------------|-------------------|-----------------|----------------|
- \* 33. Have you ever tried to lose weight? (circle one)
- |        |         |
|--------|---------|
| NO (1) | YES (2) |
|--------|---------|
- \* 33a. About how many times total in your life would you estimate that you have tried to lose weight? (fill in the number of times)
- \_\_\_\_\_ number of times tried to lose weight
- \* 33b. What is the most weight you have ever lost at one time? (fill in the number of pounds)
- \_\_\_\_\_ pounds - greatest single weight loss
- Go to next page.

- \* 33c. How many times in your life would you estimate that you have lost the number of pounds shown below? (circle the number of times for each range of pounds lost)

* a. 0-1 pounds lost	never (1)	1-5 times (2)	6-10 times (3)	11-20 times (4)	21-50 times (5)	51-100 times (6)	101+ times (7)
* b. 11-20 pounds lost	never (1)	1-5 times (2)	6-10 times (3)	11-20 times (4)	21-50 times (5)	51-100 times (6)	101+ times (7)
c. 21-40 pounds lost	never (1)	1-5 times (2)	6-10 times (3)	11-20 times (4)	21-50 times (5)	51-100 times (6)	101+ times (7)
d. 41+ pounds lost	never (1)	1-5 times (2)	6-10 times (3)	11-20 times (4)	21-50 times (5)	51-100 times (6)	101+ times (7)

- 33d. Describe which method(s) you have used to lose weight, approximately how many times you have used them, and your greatest weight loss with each method. (circle the method(s) that you have tried and write in the number of times and your greatest weight loss with the method)

Method(s) Tried	Number of times used	Greatest weight loss (pounds)
a. Weight Watchers	(1)	(2)
b. TOPS	(1)	(2)
c. Overeaters Anonymous	(1)	(2)
d. Diet Pills (prescription)	(1)	(2)
e. Diet Pills (non-prescription)	(1)	(2)
f. Commercial liquid diet products	(1)	(2)
g. Other diet products	(1)	(2)
h. Injections	(1)	(2)

Continued

Method(s) Tried	Number of times used	Greatest weight loss (pounds)
i. Hypnosis	(1)	(2)
j. Counseling or psychotherapy	(1)	(2)
k. Behavior modification	(1)	(2)
l. Starvation diet or fasting	(1)	(2)
m. Popular or fad diets	(1)	(2)
n. Other commercial programs	(1)	(2)
o. Exercise programs (spas, health clubs, etc.)	(1)	(2)
p. Acupuncture	(1)	(2)
q. Surgery	(1)	(2)
r. Reducing belts or other garments	(1)	(2)
s. Other:	(1)	(2)
t. Other:	(1)	(2)
u. Other:	(1)	(2)

- \*34. How often are you preoccupied with losing weight? (circle one)

NEVER (1) SOMETIMES (2) USUALLY (3) ALWAYS (4)

- \*35. How often are you preoccupied with food? (circle one)

NEVER (1) SOMETIMES (2) USUALLY (3) ALWAYS (4)

- \*36. How much of a difference would it make in your life if you gained 5 pounds? (circle one)
- |            |            |            |            |
|------------|------------|------------|------------|
| LARGE      | MODERATE   | SMALL      | NO         |
| DIFFERENCE | DIFFERENCE | DIFFERENCE | DIFFERENCE |
| (1)        | (2)        | (3)        | (4)        |
- \*37. How much difference would it make in your life if you gained 10 pounds? (circle one)
- |            |            |            |            |
|------------|------------|------------|------------|
| LARGE      | MODERATE   | SMALL      | NO         |
| DIFFERENCE | DIFFERENCE | DIFFERENCE | DIFFERENCE |
| (1)        | (2)        | (3)        | (4)        |
- \*38. How much difference would it make in your life if you lost 5 pounds? (circle one)
- |            |            |            |            |
|------------|------------|------------|------------|
| LARGE      | MODERATE   | SMALL      | NO         |
| DIFFERENCE | DIFFERENCE | DIFFERENCE | DIFFERENCE |
| (1)        | (2)        | (3)        | (4)        |
- \*39. How much difference would it make in your life if you lost 10 pounds? (circle one)
- |            |            |            |            |
|------------|------------|------------|------------|
| LARGE      | MODERATE   | SMALL      | NO         |
| DIFFERENCE | DIFFERENCE | DIFFERENCE | DIFFERENCE |
| (1)        | (2)        | (3)        | (4)        |
- \*40. How important is your weight to your self concept? (circle one)
- |           |           |           |           |
|-----------|-----------|-----------|-----------|
| NOT       | SOMEWHAT  | VERY      | EXTREMELY |
| IMPORTANT | IMPORTANT | IMPORTANT | IMPORTANT |
| (1)       | (2)       | (3)       | (4)       |
- \*41. Do you often have trouble with overeating? (circle one)
- NO (2) YES (1)
- \*41a. Why do you think this is? (circle all that apply)
- 1) I'm hungry all of the time (1)
  - 2) I have trouble stopping eating once I start (1)
  - 3) Other (1) Describe: \_\_\_\_\_
- Go to next page.

- \*42. Do you think that it looks worse for women to be overweight than men? (circle one)
- YES (1) NO (2) DON'T KNOW (3)
- \*43. Do you think that it is more damaging socially for a woman to be overweight than it is for a man? (circle one)
- YES (1) NO (2) DON'T KNOW (3)
- \*44. Do you think that it is more damaging psychologically for a woman to be overweight than it is for a man? (circle one)
- YES (1) NO (2) DON'T KNOW (3)
- \*45. Do you think that our society discriminates against persons who are overweight? (circle one)
- YES (1) NO (2) DON'T KNOW (3)
46. Do you think of yourself as having a weight problem? (circle one)
- NO (2) YES (1)
- Go to question #27
- 46a. Which person in your family has had the most influence on you and your life? (circle one)
- 1) father (1)
  - 2) mother (2)
  - 3) step-father (3)
  - 4) step-mother (4)
  - 5) grandfather (5)
  - 6) grandmother (6)
  - 7) spouse (7)
  - 8) brother (8)
  - 9) sister (9)
  - 10) other (10) Describe: \_\_\_\_\_
- 46b. How would you describe this person's influence on you? (circle one)
- |      |          |          |         |          |          |      |
|------|----------|----------|---------|----------|----------|------|
| VERY | POSITIVE | POSITIVE | NEUTRAL | NEGATIVE | NEGATIVE | VERY |
| (1)  | (2)      | (3)      | (4)     | (5)      | (5)      |      |
- Go to next page.

- 46c. How would you characterize your relationship with this person? (circle one)
- VERY CLOSE (1) CLOSE (2) NEUTRAL (3) DISTANT (4) VERY DISTANT (5)
- 46d. How does this person deal with your weight problem? (circle one)
- VERY ACCEPTING (1) ACCEPTING (2) NEUTRAL (3) CRITICAL (4) VERY CRITICAL (5)
- 46e. How has your weight problem affected your relationship with this person? (circle one)
- HAS MADE US CLOSE (1) HAS MADE US VERY CLOSE (2) HAS DRIVEN US FAR APART (3) HAS DRIVEN US FAR APART (4) HAS DRIVEN US FAR APART (5)
- 46f. How do other members of your family accept your weight problem? (circle one)
- VERY ACCEPTING (1) ACCEPTING (2) NEUTRAL (3) CRITICAL (4) VERY CRITICAL (5)
- 46g. Do members of your family try to give you advice regarding your weight problem? (circle one)
- NO (2) YES (1)
- 1) How often is this advice helpful? (circle one)
- NEVER (1) SOMETIMES (2) USUALLY (3) ALWAYS (4)
- 46h. Does anyone in your family have a weight problem similar to yours? (circle one)
- NO (2) YES (1)
- 1) Who? (circle all that apply)
- i) father (1)  
 ii) mother (1)  
 iii) step-father (1)  
 iv) step-mother (1)  
 v) grandfather (1)  
 vi) grandmother (1)
- Go to next page.

- 46i. How do you explain the fact that you and this person have the same weight problem? (circle all that apply)
- vii) spouse (1)  
 viii) brother (1)  
 ix) sister (1)  
 x) child (1)  
 xi) other (1) Describe: \_\_\_\_\_
- 1) biology or genetics (1)  
 2) social influences (1)  
 3) similar lifestyle (1)  
 4) emotional conflicts (1)  
 5) emotional closeness (1)  
 6) other (1) Describe: \_\_\_\_\_
- 46j. Who are the most upset about your weight problem? (circle all that apply)
- 1) no one (1)  
 2) myself (1)  
 3) mother (1)  
 4) father (1)  
 5) spouse (1)  
 6) brother (1)  
 7) sister (1)  
 8) entire family (1)  
 9) boyfriend/girlfriend (1)  
 10) close friends (1)  
 11) acquaintances (1)  
 12) boss (1)  
 13) co-workers (1)  
 14) other (1) Describe: \_\_\_\_\_
- 46k. Do you feel that you personally have been discriminated against because of your weight problem? (circle one)
- YES (1) NO (1) DON'T KNOW (3)
- 46l. Do you feel that your opportunities in life have been limited because of your weight problem? (circle one)
- YES (1) NO (1) DON'T KNOW (3)
- Go to next page.

## \* 47. DIETING BEHAVIORS\*

Please check your answer

\* 1. Have you ever received counselling for behavior modification to control or lose weight? YES \_\_\_\_\_ NO \_\_\_\_\_

## PLEASE LIST HOW OFTEN YOU:

	ALWAYS (a) ▲	USUALLY (b) ▲	SOMETIMES (c) ▲	NEVER (d) ▲
* 2. are dieting to control your weight?	_____	_____	_____	_____
* 3. are dieting to lose weight?	_____	_____	_____	_____
4. shop for food after eating?	_____	_____	_____	_____
5. shop for food from a list?	_____	_____	_____	_____
6. carry just enough cash needed or your food shopping list?	_____	_____	_____	_____
7. make plans to limit your food intake?	_____	_____	_____	_____
8. substitute exercise for snacking?	_____	_____	_____	_____
9.* eat at scheduled times?	_____	_____	_____	_____
11. store food out of sight?	_____	_____	_____	_____
12. eat the same meal/snacks in the same place?	_____	_____	_____	_____
13. remove food from inappropriate storage areas in your house?	_____	_____	_____	_____
14. keep serving dishes on the table?	_____	_____	_____	_____
15. use smaller dishes to control food portions?	_____	_____	_____	_____
16. are the food server?	_____	_____	_____	_____
17. leave the table immediately after eating?	_____	_____	_____	_____
18. save leftovers?	_____	_____	_____	_____
19. are able to drink less alcoholic beverages, especially at parties?	_____	_____	_____	_____
20. plan eating habits before parties?	_____	_____	_____	_____
21. eat a low-calorie snack before parties?	_____	_____	_____	_____
22. are able to politely decline food?	_____	_____	_____	_____

\* 10 missing

	ALWAYS (a) ▲	USUALLY (b) ▲	SOMETIMES (c) ▲	NEVER (d) ▲
23. get discouraged by too many parties/holidays?	_____	_____	_____	_____
24. put fork down between mouthfuls?	_____	_____	_____	_____
25. chew thoroughly before swallowing?	_____	_____	_____	_____
26. prepare to eat foods one portion at a time?	_____	_____	_____	_____
27. leave some food on your plate?	_____	_____	_____	_____
28. pause in the middle of your meal?	_____	_____	_____	_____
29. do nothing else while eating (read, watch TV, etc)	_____	_____	_____	_____
* 30. solicit help with dieting from family or friends?	_____	_____	_____	_____
* 31. help family & friends develop praise or material rewards for you?	_____	_____	_____	_____
* 32. utilize records for the basis of rewards?	_____	_____	_____	_____
* 33. plan specific rewards for specific behaviors?	_____	_____	_____	_____
34. keep a diary of the time and place of eating?	_____	_____	_____	_____
35. keep a diary of the type and amount of food?	_____	_____	_____	_____
36. keep a diary of who you eat with and how you feel?	_____	_____	_____	_____
37. use a diary to identify problem areas of eating?	_____	_____	_____	_____
* 38. make small changes to control your eating that you can continue?	_____	_____	_____	_____
* 39. count calories or analyze the nutritional value of the food you eat	_____	_____	_____	_____
* 40. decrease fat intake and increase complex carbohydrates (starches, fiber)?	_____	_____	_____	_____
* 41. increase your daily activity?	_____	_____	_____	_____
42. increase your use of stairs?	_____	_____	_____	_____
43. keep a record of distance walked each day?	_____	_____	_____	_____





- \* 3. Are your eating habits and meal patterns on week (or work) days very different from the week-end (or non-work days)? (circle one)

NO (2) YES (1)

3a. How are the week-end (non-work) days different? (circle all that apply)

- 1) fewer meals/snacks (1)  
 2) more meals/snacks (1)  
 3) less overall food (1)  
 4) more overall food (1)  
 5) eat out more (1)  
 6) eat out less (1)  
 7) other (1) Describe: \_\_\_\_\_

4. In a typical week, how many times do you eat at the following times? (circle one response for each meal or snack)

#### NUMBER OF TIMES

Circle one for each item.

	NEVER (1)	1-2 TIMES (2)	3-4 TIMES (3)	5-6 TIMES (4)	7 TIMES (5)
a. Breakfast					
b. Between breakfast and lunch	NEVER (1)	1-2 TIMES (2)	3-4 TIMES (3)	5-6 TIMES (4)	7 TIMES (5)
c. Lunch	NEVER (1)	1-2 TIMES (2)	3-4 TIMES (3)	5-6 TIMES (4)	7 TIMES (5)
d. Between lunch and dinner	NEVER (1)	1-2 TIMES (2)	3-4 TIMES (3)	5-6 TIMES (4)	7 TIMES (5)
e. Between breakfast and lunch	NEVER (1)	1-2 TIMES (2)	3-4 TIMES (3)	5-6 TIMES (4)	7 TIMES (5)
f. Between dinner and bedtime	NEVER (1)	1-2 TIMES (2)	3-4 TIMES (3)	5-6 TIMES (4)	7 TIMES (5)
g. In the middle of the night	NEVER (1)	1-2 TIMES (2)	3-4 TIMES (3)	5-6 TIMES (4)	7 TIMES (5)

- \* 5. On the average, how often do you eat in restaurants, fast-food places, diners, cafeterias, etc. (circle one.)

RARELY OR NEVER (1) SEVERAL TIMES PER MONTH (2) SEVERAL TIMES PER WEEK (3) ONCE A DAY (4) MOST MEALS (5)

6. How often do you eat commercial frozen entrees or TV dinners? (circle one)

DAILY (1) 4-6 TIMES PER WEEK (2) 1-3 TIMES PER WEEK (3) 1-3 TIMES PER MONTH (4) LESS THAN ONCE PER MONTH (5)

- \* 7. How would you describe your usual pace of eating? (circle one)

EAT ALL OR MOST MEALS ON THE RUN (1) EAT SOME MEALS ON THE RUN (2) EAT ALL OR MOST MEALS IN A RELAXED MANNER (3)

10. How often do you have foods like ketchup, A-1 sauce, Worcestershire sauce, soy sauce, mustard, relish, pickles? (circle one)

USUALLY ADD THEM TO FOODS (1) SOMETIMES ADD THEM TO FOODS (2) RARELY OR NEVER ADD THEM TO FOODS (3)

11. Do you usually cook with or add some kind of fat to foods such as vegetables, potatoes, bread, sandwiches, etc? (circle one)

NO (2) YES (1)

11a. What kind(s) do you usually add? (circle all that apply)

- 1) real butter (1)  
 2) stick margarine (1)  
 3) liquid or tub margarine (1)  
 4) mayonnaise (1)  
 5) diet margarine (1)  
 6) diet mayonnaise (1)  
 7) vegetable oil (1)  
 8) corn, safflower, sunflower, sesame, or soy oil (1)  
 9) olive or peanut oil (1)  
 10) lard (1)  
 11) shortening (1)  
 12) other (1) Describe \_\_\_\_\_

Go to next page.

12. Are you a vegetarian? (circle one)

NO (2) YES (1)

12a. What practices do you follow? (circle one)

- 1) avoid red meats; eat fish and poultry (1)
- 2) avoid red meats and poultry; eat fish (2)
- 3) lacto-ovo: avoid all meat, poultry, fish; eat eggs and dairy products (3)
- 4) lacto: avoid all meat, poultry, fish, eggs; eat dairy products (4)
- 5) vegan: avoid all animal products; eat only vegetables, fruits, grains, nuts, legumes, etc. (5)
- 6) other (6) Describe: \_\_\_\_\_

12b. How often do you follow these practices? (circle one)

ALWAYS (1) ALMOST ALWAYS (2) USUALLY (3) SOMETIMES (4)

12c. For how long have you followed these practices? (fill in a number and circle months or years)

\_\_\_\_\_ number of MONTHS (1) YEARS (2) (circle one)

12d. Why are you a vegetarian? (circle all that apply)

- 1) religious reasons (1)
- 2) political reasons—world hunger and food supply (1)
- 3) ethical reasons—killing of animals
- 4) health reasons (1)
- 5) food preferences—don't like meat (1)
- 6) economic reasons—reduce food bill (1)
- 7) other (1) Describe: \_\_\_\_\_

If you eat no meat or poultry, go on to Question #15.

If you eat meat or poultry, answer Question #13 and/or #14.

13. What do you usually do with the visible fat on meats? (circle one)

EAT MOST OF IT (1) EAT SOME OF IT (2) EAT AS LITTLE AS POSSIBLE (3) LEAVE IT ON THE PLATE (4) REMOVE IT BEFORE COOKING (5)

14. What do you usually do with the skin on poultry? (circle one)

EAT MOST OF IT (1) EAT SOME OF IT (2) EAT AS LITTLE AS POSSIBLE (3) LEAVE IT ON THE PLATE (4) REMOVE IT BEFORE COOKING (5)

15. Do you have any problems which affect the types or amounts of foods that you can eat? (circle one)

NO (2) YES (1)

15a. Do you have problems chewing or swallowing due to dental, mouth, jaw, etc. problems? (circle one)

NO (2) YES (1)

Describe: \_\_\_\_\_

15b. Do you have any food allergies? (circle one)

NO (2) YES (1)

Describe: \_\_\_\_\_

15c. Do you have health problems which affect your diet? (circle one)

NO (2) YES (1)

Describe: \_\_\_\_\_

16. Are you currently on a special diet? (circle one)

NO (2) YES (1)

16a. Which one(s) (circle all that apply)

- 1) low salt/sodium (1)
- 2) low fat (1)
- 3) low cholesterol (1)
- 4) diabetic (1)
- 5) low calorie (1)
- 6) high calorie (1)
- 7) other (1) Describe: \_\_\_\_\_

16b. How often do you follow this special diet? (circle one)

ALWAYS (1) ALMOST ALWAYS (2) USUALLY (3) SOMETIMES (4)

Go to next page.

16c. For how long have you followed this diet(s) (fill in a number and circle months or years)

\_\_\_\_\_ number of MONTHS (1) YEARS (circle one) (2)

17. Do you regularly take vitamin, mineral, herbal or other nutritional supplements? (circle one)

NO (2) YES (1)

17a. Describe: (Use the label on the supplement bottle to get complete information.)

NAME OR TYPE OF SUPPLEMENT (1)	BRAND NAME (2)	DOSE PER TABLET (3)	# OF TABLETS TAKEN (4)	HOW OFTEN TAKEN (5)	REASON FOR TAKING (6)
				per	
				per	
				per	

18. Have you changed your eating habits intentionally so that you will be healthier: (circle one)

NO (2) YES (1)

19. How has your use of the following foods changed over the past five years? (circle one for each food type)

a. whole milk	DECREASED (1)	ABOUT THE SAME (2)	INCREASED (3)	DON'T USE (4)
b. skim or non-fat milk	DECREASED (1)	ABOUT THE SAME (2)	INCREASED (3)	DON'T USE (4)

Continued

c. butter	DECREASED (1)	ABOUT THE SAME (2)	INCREASED (3)	DON'T USE (4)
d. margarine (stick)	DECREASED (1)	ABOUT THE SAME (2)	INCREASED (3)	DON'T USE (4)
e. margarine (soft tub)	DECREASED (1)	ABOUT THE SAME (2)	INCREASED (3)	DON'T USE (4)
f. red meat (beef, lamb, veal, pork)	DECREASED (1)	ABOUT THE SAME (2)	INCREASED (3)	DON'T USE (4)
g. fish	DECREASED (1)	ABOUT THE SAME (2)	INCREASED (3)	DON'T USE (4)
h. poultry	DECREASED (1)	ABOUT THE SAME (2)	INCREASED (3)	DON'T USE (4)
i. vegetables	DECREASED (1)	ABOUT THE SAME (2)	INCREASED (3)	DON'T USE (4)
j. fruits	DECREASED (1)	ABOUT THE SAME (2)	INCREASED (3)	DON'T USE (4)
k. eggs	DECREASED (1)	ABOUT THE SAME (2)	INCREASED (3)	DON'T USE (4)
l. whole grains	DECREASED (1)	ABOUT THE SAME (2)	INCREASED (3)	DON'T USE (4)
m. commercial baked goods	DECREASED (1)	ABOUT THE SAME (2)	INCREASED (3)	DON'T USE (4)
n. homemade baked goods	DECREASED (1)	ABOUT THE SAME (2)	INCREASED (3)	DON'T USE (4)
o. vegetarian products	DECREASED (1)	ABOUT THE SAME (2)	INCREASED (3)	DON'T USE (4)
p. alcohol	DECREASED (1)	ABOUT THE SAME (2)	INCREASED (3)	DON'T USE (4)
q. sugar	DECREASED (1)	ABOUT THE SAME (2)	INCREASED (3)	DON'T USE (4)
r. cheese	DECREASED (1)	ABOUT THE SAME (2)	INCREASED (3)	DON'T USE (4)
s. salt	DECREASED (1)	ABOUT THE SAME (2)	INCREASED (3)	DON'T USE (4)
t. canned foods	DECREASED (1)	ABOUT THE SAME (2)	INCREASED (3)	DON'T USE (4)
u. frozen foods	DECREASED (1)	ABOUT THE SAME (2)	INCREASED (3)	DON'T USE (4)
v. fresh produce	DECREASED (1)	ABOUT THE SAME (2)	INCREASED (3)	DON'T USE (4)

20. Do you receive Food Stamps? (circle one)

YES (1) NO (2)

21. Do you receive WIC vouchers? (circle one)

YES (1) NO (2)

22. Do you receive Meals on Wheels? (circle one)

YES (1) NO (2)

23. Do you participate in the Senior Citizen Meal Program? (circle one)

YES (1) NO (2)

24. Who does the majority of the grocery shopping for your household? (circle one)

a. self (1)

b. spouse/significant other (2)

c. parent(s) (3)

d. child(ren) (4)

e. roommate/friends (5)

f. other (6) Describe: \_\_\_\_\_

25. Who does the majority of cooking for your household? (circle one)

a. self (1)

b. spouse/significant other (2)

c. parent(s) (3)

d. child(ren) (4)

e. roommate/friends (5)

f. other (6) Describe: \_\_\_\_\_

26. On the average, how much does your household spend per week on food?

\$0-25	\$26-75	\$76-125	\$126-200	\$201-300	\$301-500
(1)	(2)	(3)	(4)	(5)	(6)

27. How many persons does this feed per week? (fill in a number in each of the spaces below; fill in a zero if not applicable.)

a. \_\_\_\_\_ number of adults (1)

b. \_\_\_\_\_ number of teenagers (1)

c. \_\_\_\_\_ number of children (1)

d. \_\_\_\_\_ number of infants (1)

28. Do you drink alcohol? (circle one)

NO (2) YES (1)

28a. What kind(s) do you usually drink? (circle all that apply)

1) regular wine (1)

2) lite wine (1)

3) regular beer (1)

4) lite beer (1)

5) mixed drinks (1)

6) hard liquor shots (1)

7) hard liquor with water, soda, ice (1)

8) other (1) Describe: \_\_\_\_\_

28b. On the average, how much do you drink? (fill in a number next to the size and type of drink, and circle "per week" or "per month")

1) \_\_\_\_\_ number of 5 ounce glasses of wine per WEEK (1) MONTH (2) (circle one)

2) \_\_\_\_\_ number of 12 ounce cans or glasses of beer per WEEK (1) MONTH (2) (circle one)

3) \_\_\_\_\_ number of 1 ounce shots or equivalent of hard liquor per WEEK (1) MONTH (2) (circle one)

28c. Describe your pattern of use of alcohol? (circle one)

1) Periodically: drink less often than once a week; abstinent between drinking episodes (1)

2) Steadily: drink at least once per week; drink about the same amount each week without periodic episodes of heavier drinking. (2)

3) Combination: drink at least once per week with a regular pattern; also have heavier episodes. (3)

4) Regular: drink more than once per week with a regular pattern; also have heavier episodes. (4)

5) Heavy: drink more than once per day; also have heavier episodes. (5)

Go to next page.

29. Do you abstain from drinking alcohol? (circle one)

NO (2) YES (1)

29a. What are your reasons for not drinking alcohol? (circle all that apply)

- 1) no need; not necessary; not interested (1)
- 2) don't like it (1)
- 3) medical or health reasons (1)
- 4) religious or moral reasons (1)
- 5) brought up not to drink (1)
- 6) I am an alcoholic or problem drinker (1)
- 7) I have a family member or friend who is an alcoholic or problem drinker (1)
- 8) other (1) Describe: \_\_\_\_\_

\* 30. Which of the following do you usually use as signals to stop eating? (circle all that apply)

- a. feeling of fullness (1)
- b. feeling of satisfaction (1)
- c. food is gone (1)
- d. feeling of guilt (1)
- e. food stops tasting good (1)
- f. uncomfortable feeling of fullness (1)
- g. everyone else has stopped eating (1)
- h. I know that I have had enough (1)
- i. other (1) Describe: \_\_\_\_\_

31. How often do you eat all of the food on your plate? (circle one)

ALWAYS (1) USUALLY (2) SOMETIMES (3) NEVER (4)

\* 32. How often do you take second helpings? (circle one)

ALWAYS (1) USUALLY (2) SOMETIMES (3) NEVER (4)

\* 33. How often are you hungry? (circle one)

ALWAYS (1) USUALLY (2) SOMETIMES (3) NEVER (4)

\* 34. How often do you feel out of control when you are eating? (circle one)

ALWAYS (1) USUALLY (2) SOMETIMES (3) NEVER (4)

\* 35. How often do you have the feeling that you won't be able to stop eating? (circle one)

ALWAYS (1) USUALLY (2) SOMETIMES (3) NEVER (4)

\* 36. How often do you eat so much that you are uncomfortable? (circle one)

ALWAYS (1) USUALLY (2) SOMETIMES (3) NEVER (4)

37. How often do you make yourself vomit after eating? (circle one)

ALWAYS (1) USUALLY (2) SOMETIMES (3) NEVER (4)

38. How much control do you have over your eating? (circle one)

NO CONTROL (1) SOME CONTROL (2) MUCH CONTROL (3) TOTAL CONTROL (4)

39. How much control do you have over your drinking (alcohol)? (circle one)

NO CONTROL (1) SOME CONTROL (2) MUCH CONTROL (3) TOTAL CONTROL (4)

\* 40. How often is eating a problem for you? (circle one)

NEVER (1) SOMETIMES (2) OFTEN (3) ALWAYS (4)

41. How often is drinking a problem for you? (circle one)

NEVER (1) SOMETIMES (2) OFTEN (3) ALWAYS (4)

- \* 42. How would you rate your eating habits? (circle one)

POOR	FAIR	GOOD	EXCELLENT
(1)	(2)	(3)	(4)

- \* 43. How would you rate the nutritional quality of your diet? (circle one)

POOR	FAIR	GOOD	EXCELLENT
(1)	(2)	(3)	(4)

44. How would you rate your usual total caloric intake? (circle one)

MUCH TOO LOW	SOMEWHAT LOW	JUST ABOUT RIGHT	SOMEWHAT HIGH	MUCH TOO HIGH
(1)	(2)	(3)	(4)	(5)

45. How often is having enough money to buy food a problem for you or your family? (circle one)

NEVER	SOMETIMES	USUALLY	ALWAYS
(1)	(2)	(3)	(4)

- \* 46. How would you rate your knowledge of nutrition? (circle one)

POOR	FAIR	GOOD	EXCELLENT
(1)	(2)	(3)	(4)

## B3.4 Activity History

1. Compared to other people your age, how active would you say that you are? (circle one)

MUCH LESS ACTIVE	LESS ACTIVE	ABOUT AS ACTIVE	MORE ACTIVE	MUCH MORE ACTIVE
(1)	(2)	(3)	(4)	(5)

2. When you were a child, how active were you compared with other children you knew? (circle one)

MUCH LESS ACTIVE	LESS ACTIVE	ABOUT AS ACTIVE	MORE ACTIVE	MUCH MORE ACTIVE
(1)	(2)	(3)	(4)	(5)

3. How important is exercise to you as a part of your life? (circle one)

NOT IMPORTANT	SOMEWHAT IMPORTANT	VERY IMPORTANT	EXTREMELY IMPORTANT
(1)	(2)	(3)	(4)

4. How important do you think that exercise is in maintaining health? (circle one)

NOT IMPORTANT	SOMEWHAT IMPORTANT	VERY IMPORTANT	EXTREMELY IMPORTANT
(1)	(2)	(3)	(4)

5. When you were a child, how often was exercise an important part of your family's recreation? (circle one)

NEVER	SOMETIMES	OFTEN	ALWAYS
(1)	(2)	(3)	(4)

6. When you were a child, how often was exercise an important part of your own personal recreation? (circle one)

NEVER	SOMETIMES	OFTEN	ALWAYS
(1)	(2)	(3)	(4)

7. How often is exercise an important part of your current recreation? (circle one)
- NEVER (1)      SOMETIMES (2)      OFTEN (3)      ALWAYS (4)
8. How does your current activity level over the past two months compare to your usual activity level? (circle one)
- MUCH LESS ACTIVE (1)      LESS ACTIVE (2)      ABOUT AS ACTIVE (3)      MORE ACTIVE (4)      MUCH MORE ACTIVE (5)
9. Are exercise and sports a regular part of your lifestyle? (circle one)
- NO (2)      YES (1)
- 9a. For how many years have exercise and sports been regular parts of your lifestyle? (fill in the number of years) \_\_\_\_\_ number of years
- 9b. What are the types of exercise and/or sports that you usually do? Describe: \_\_\_\_\_
10. In an average week, how many hours do you spend in an automobile? (fill in the number of hours) \_\_\_\_\_ number of hours per week in an automobile
11. In an average week, how many hours do you spend watching TV? (fill in the number of hours) \_\_\_\_\_ number of hours per week watching TV
- Go to next page.

12. Does your job or main daily activity require physical work or activity? (circle one)
- NO (2)      YES (1)
- 12a. How physically hard or exerting is this work or activity? (circle one)
- NOT DIFFICULT (1)      SOMEWHAT DIFFICULT (2)      VERY DIFFICULT (3)      EXTREMELY DIFFICULT (4)
- 12b. On the average, how many hours per day do you spend doing this work or activity? (fill in the number of hours) \_\_\_\_\_ number of hours per day doing physical work
13. On the average, how many hours of sleep do you get in a 24-hour period? (fill in the number of hours) \_\_\_\_\_ number of hours of sleep per 24 hours
14. On the average, how many naps do you take per week? (fill in the number of naps) \_\_\_\_\_ number of naps per week
15. On the average, how many flights of stairs do you climb each day? Let one flight = 10 stairs. (fill in the number of flights) \_\_\_\_\_ number of flights of stairs per day
16. On the average, how many city blocks or their equivalent do you walk each day? Let 12 blocks = 1 mile. (fill in the number of blocks) \_\_\_\_\_ number of city blocks walked per day
17. On the average, how many times a week do you engage in an activity (like brisk walking, jogging, bicycling, etc.) long enough to increase your heart rate, breathe more heavily, or work up a sweat for at least 10 minutes? (fill in the number of times) \_\_\_\_\_ number of times per week
- Go to next page.

18. Please complete the activity frequency form on the following page. Estimate the total number of hours you spent during the past week at MODERATE, HARD, and VERY HARD activity. (Do not consider light activity such as desk work, standing, slow walking, light housework, driving, or very light sports such as bowling.)

Estimate the total amount of time you spent in each type of activity for the week, how much of this was on the week or work days (usually Monday through Friday) and how much was on the weekend or non-work days (usually Saturday or Sunday).

Estimate the time to the nearest quarter hour (eg. 4¾ hours)

Circle the type of activity that most closely resembles yours. If the type of activity that you do is not on the list, try to find activities which you consider to be similarly strenuous. Record your activity in that section as "other".

### 19. ACTIVITY FREQUENCY FORM

		TOTAL HOURS	
MODERATE ACTIVITIES	WEEK DAYS	WEEK ENDS	
<b>JOB-RELATED OR OCCUPATIONAL:</b>			
carrying light objects; delivering mail;	_____	_____	
brisk walking; house painting; truck driving;	_____ (1)	_____ (2)	
making deliveries; climbing stairs.			
Other: _____			
<b>HOUSEHOLD OR YARD:</b>			
planting; gardening; weeding; raking;	_____	_____	
washing windows; sweeping; mopping;	_____ (1)	_____ (2)	
mowing with a power mower; climbing stairs;			
shopping while carrying packages.			
Other: _____			
<b>SPORTS AND RECREATION:</b>			
volleyball; brisk walking; pleasure	_____	_____	
cycling; golf (on foot); ping-pong; slow	_____ (1)	_____ (2)	
dancing; calisthenics; badminton.			
Other: _____			
<b>HARD ACTIVITIES</b>		<b>WEEK DAYS</b>	<b>WEEK ENDS</b>
<b>JOB-RELATED OR OCCUPATIONAL</b>			
heavy carpentry; masonry; construction;	_____	_____	
physical labor.	_____ (1)	_____ (2)	
Other: _____			
<b>HOUSEHOLD AND YARD:</b>			
scrubbing floors; scrubbing walls;	_____	_____	
digging in the garden; mowing with	_____ (1)	_____ (2)	
hand mower; chopping wood.			
Other: _____			

### Activity Frequency Form, contd.

		TOTAL HOURS	
HARD ACTIVITIES (cont.)	WEEK DAYS	WEEK ENDS	
<b>SPORTS AND RECREATION:</b>			
tennis doubles; water skiing; ice	_____	_____	
skating; jogging; aerobic dancing; disco,	_____ (1)	_____ (2)	
square, and folk dancing; distance cycling;			
distance swimming.			
Other: _____			
<b>VERY HARD ACTIVITIES</b>		<b>WEEK DAYS</b>	<b>WEEK ENDS</b>
<b>JOB-RELATED OR OCCUPATIONAL:</b>			
very hard physical labor; digging	_____	_____	
or chopping with heavy tools; carrying	_____ (1)	_____ (2)	
heavy loads such as bricks or lumber.			
Other: _____			
<b>SPORTS AND RECREATION:</b>			
running; singles tennis; racketball;	_____	_____	
handball; squash; paddleball; fencing;	_____	_____	
soccer; touch football; basketball; competitive	_____ (1)	_____ (2)	
or open water swimming; cross-country			
skiing; scuba diving; rock climbing.			
Other: _____			





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Baton Rouge, LA 70803-4300

RE: Student questionnaires

Dear Carol O'Neil:

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Sincerely,

Jennifer Murray  
Permissions Assistant

Please note that you must request permission to publish the questionnaire (and study results) in a book or journal article. Thank you.

## Appendix D

### Demographic Information Section

Age \_\_\_\_\_

Current Weight \_\_\_\_\_

Usual Weight \_\_\_\_\_

Height \_\_\_\_\_

HUEC division (Circle One)

Human Nutrition & Food

Family and Consumer Sciences

Textiles and Apparel Sciences

Status (Circle One)

Sophomore

Junior

Senior

The End