9/29/98 Questionnaire: SP
Target Group: SPs 16+

## **WEIGHT HISTORY - WHQ**

WHQ.010 These next questions ask about {your/SP's} height and weight at different times in {your/his/her} life. How tall {are you/is SP} without shoes? ENTER HEIGHT IN FEET AND INCHES OR METERS AND CENTIMETERS ENTER NUMBER OF FEET AND **ENTER NUMBER OF INCHES** OR **ENTER NUMBER OF METERS** AND **ENTER NUMBER OF CENTIMETERS** OR WHQ.020 How much {do you/does SP} weigh without clothes or shoes? RECORD CURRENT WEIGHT INCLUDE WEIGHT DURING PREGNANCY ENTER WEIGHT IN POUNDS OR KILOGRAMS **ENTER NUMBER OF POUNDS** OR ENTER NUMBER OF KILOGRAMS OR

WHQ.030	{Do you/Does SP} consider {	{Do you/Does SP} consider {your/his/her}self now to be		
		overweight, underweight, or about the right weight? REFUSED DON'T KNOW	1 2 3 7 9	
WHQ.040	Would {you/SP} like to weigh	1		
		more, less, or stay about the same? REFUSED DON'T KNOW	1 2 3 7 9	
WHQ.050	How much did {you/SP} weig	nh a year ago?		
	ENTER WEIGHT IN POUND IF PREGNANT, ASK FOR W	S OR KILOGRAMS EIGHT BEFORE PREGNANCY		
		 ENTER NUMBER OF POUNDS		
		OR		
		 ENTER NUMBER OF KILOGRAMS		
		OR		
		REFUSED		
		BOX 1  S 10 POUNDS, 4.55 KILOGRAMS, OR MORE G., WHQ.050 = 150 LBS AND WHQ.020 = 135 Q.070.		
WHQ.060	Was the change between {yo	our/SP's} <b>current</b> weight and {your/his/her} weight	ght <b>a year ago</b> intentional?	
		YES	1 (WHQ.090) 2 7 9	
WHQ.070	During the past 12 months,	{have you/has SP} tried to lose weight?		
		YES	1 2 (WHQ.090) 7 (WHQ.090) 9 (WHQ.090)	

## WHQ.080 How did {you/SP} try to lose weight?

## HAND CARD WHQ1 CODE ALL THAT APPLY

During the past 12 months,

WHQ.090

ATE LESS FOOD (AMOUNT)	10		
SWITCHED TO FOODS WITH LOWER			
CALORIES	11		
ATE LESS FAT	12		
EXERCISED	13		
SKIPPED MEALS			
ATE "DIET" FOODS OR PRODUCTS	15		
USED A LIQUID DIET FORMULA SUCH			
AS SLIMFAST OR OPTIFAST	16		
JOINED A WEIGHT LOSS PROGRAM			
SUCH AS WEIGHT WATCHERS, JENNY			
CRAIG, TOPS, OR OVEREATERS			
ANONYMOUS	17		
TOOK DIET PILLS PRESCRIBED BY A			
DOCTOR	18		
TOOK OTHER PILLS, MEDICINES, HERBS	<b>;</b> ,		
OR SUPPLEMENTS NOT NEEDING A			
PRESCRIPTION	19		
TOOK LAXATIVES OR VOMITED	20		
OTHER (SPECIFY)	21		
REFUSED			
DON'T KNOW	99		
{have you/has SP} done anything to keep fror	n gai	ning weight	?
	Ū	0 0	
YES	1		
NO	2	(BOX 2)	
REFUSED	7	(BOX 2)	
DON'T KNOW		(BOX 2)	

HAND CARD WHQ1 CODE ALL THAT APPLY

ATE LESS FOOD (AMOUNT)	10
SWITCHED TO FOODS WITH LOWER	
CALORIES	11
ATE LESS FAT	12
EXERCISED	13
SKIPPED MEALS	14
ATE "DIET" FOODS OR PRODUCTS	15
USED A LIQUID DIET FORMULA SUCH	
AS SLIMFAST OR OPTIFAST	16
JOINED A WEIGHT LOSS PROGRAM	
SUCH AS WEIGHT WATCHERS, JENNY	
CRAIG, TOPS, OR OVEREATERS	
ANONYMOUS	17
TOOK DIET PILLS PRESCRIBED BY A	
DOCTOR	18
TOOK OTHER PILLS, MEDICINES, HERBS,	
OR SUPPLEMENTS NOT NEEDING A	
PRESCRIPTION	19
TOOK LAXATIVES OR VOMITED	20
OTHER (SPECIFY)	21
REFUSED	77
DON'T KNOW	99

BOX 2

**CHECK ITEM WHQ.105:** 

IF SP AGE >= 36, CONTINUE. OTHERWISE, GO TO BOX 3.

WHQ.110 How much did {you/SP} weigh **10 years ago**? [If you don't know {your/his/her} exact weight, please make your best guess.]

ENTER WEIGHT IN POUNDS OR KILOGRAMS
IF PREGNANT, ASK FOR WEIGHT BEFORE PREGNANCY

|\_\_|\_\_| ENTER NUMBER OF POUNDS

OR

|\_\_|\_| ENTER NUMBER OF KILOGRAMS

OR

 REFUSED
 777

 DON'T KNOW
 999

BOX 3

**CHECK ITEM WHQ.115:** 

IF SP AGE >= 27, CONTINUE. OTHERWISE, GO TO BOX 3A.

WHQ.120	How much did {you/SP} weigh at <b>age 25</b> ? [If you don't know {your/his/her} exact weight, please make your best guess.]				
	ENTER WEIGHT IN POUNDS OR KILOGRAMS IF PREGNANT, ASK FOR WEIGHT BEFORE PREGNANCY				
	 ENTER NUMBER OF POUNDS				
	OR				
	 ENTER NUMBER OF KILOGRAMS				
	OR				
	REFUSED				
	BOX 3A				
	CHECK ITEM WHQ.125: IF SP AGE >= 50, CONTINUE. OTHERWISE, GO TO BOX 4.				
WHQ.130	How tall {were you/was SP} at <b>age 25</b> ? [If you don't know {your/his/her} exact height, please make your best guess.]				
	ENTER HEIGHT IN FEET AND INCHES OR METERS AND CENTIMETERS				
	 ENTER NUMBER OF FEET				
	AND				
	_  ENTER NUMBER OF INCHES				
	OR				
	 ENTER NUMBER OF METERS				
	AND				
	ENTER NUMBER OF CENTIMETERS				
	OR  REFUSED				
	BOX 4				
	CHECK ITEM WHQ.135: IF SP AGE >= 18, CONTINUE. OTHERWISE, GO TO END OF SECTION.				

	ENTER WEIGHT IN POUNDS OR KILOGRAMS DO <b>NOT</b> INCLUDE WEIGHT DURING PREGNANCY
	 ENTER NUMBER OF POUNDS
	OR
	 ENTER NUMBER OF KILOGRAMS
	OR
	REFUSED
WHQ.150	How old {were you/was SP} then? [If you don't know {your/his/her} exact age, please make your best guess.]
	 ENTER AGE IN YEARS
	REFUSED
	BOX 5
	CHECK ITEM WHQ.155: IF SP AGE >= 19, CONTINUE. OTHERWISE, GO TO END OF SECTION.
WHQ.160	What is the least {you/SP} ever weighed since {you were/s/he was} 18?
	ENTER WEIGHT IN POUNDS OR KILOGRAMS DO <b>NOT</b> INCLUDE WEIGHT DURING PREGNANCY
	 ENTER NUMBER OF POUNDS
	OR
	 ENTER NUMBER OF KILOGRAMS
	OR
	REFUSED
WHQ.170	How old {were you/was SP} then? [If you don't know {your/his/her} exact age, please make your best guess.]
	 ENTER AGE IN YEARS
	REFUSED

Up to the present time, what is the most {you have/SP has} ever weighed?

WHQ.140