WEIGHT HISTORY – WHQ
Target Group: SPs 8-15 years

BOX 1
CHECK ITEM WHQ.499:
■ IF INTERVIEW DONE ONLY WITH SURVEY PARTICIPANT (CODED ‘1’) IN RIQ.005 AND NO INTERPRETER USED (INT.001 CODED ‘2’), CONTINUE WITH WHQ.030c.
■ IF INTERVIEW DONE WITH SURVEY PARTICIPANT (CODED ‘1’) IN RIQ.005 AND INTERPRETER USED (INT.001 CODED ‘1’), AND INTERPRETER SOURCE = 4, 5, 6, 7, OR 99 IN INT.007, CONTINUE WITH WHQ.030c.
■ OTHERWISE, GO TO NEXT SECTION.

WHQ.030c Do you consider yourself now to be . . .

fat or overweight, ........................................... 1
too thin, or.................................................... 2
about the right weight? ................................. 3
REFUSED ..................................................... 7
DON’T KNOW ............................................... 9

WHQ.500 Which of the following are you trying to do about your weight:

lose weight,.................................................... 1
gain weight,................................................... 2 (WHQ.520)
stay the same weight, or.................................. 3 (WHQ.520)
not trying to do anything about your weight? 4 (WHQ.520)
REFUSED ..................................................... 7 (WHQ.520)
DON’T KNOW ............................................... 9 (WHQ.520)
WHQ.511 Why are you trying to lose weight? (Check all that apply)

HAND CARD WHQ1 [CATEGORIES 22, 23, AND 24 APPEAR ON INTERVIEWER’S SCREEN ONLY]

I WANT TO LOOK BETTER .................. 10
I WANT TO BE HEALTHIER ............... 11
I WANT TO BE BETTER AT SPORTS AND
   OTHER PHYSICAL ACTIVITIES .......... 12
I GET TEASED ABOUT MY WEIGHT ........ 13
I THINK MY CLOTHES WILL FIT BETTER... 14
I THINK BOYS WILL LIKE ME BETTER .... 15
I THINK GIRLS WILL LIKE ME BETTER ..... 16
MY FRIENDS ARE TRYING TO LOSE
   WEIGHT ........................................... 17
SOMEONE IN MY FAMILY IS TRYING TO
   LOSE WEIGHT .................................... 18
MY MOTHER OR FATHER WANTS ME
   TO LOSE WEIGHT .............................. 19
MY TEACHER OR COACH WANTS
   ME TO LOSE WEIGHT ....................... 20
A DOCTOR, NURSE, OR OTHER HEALTH
   PROFESSIONAL WANTS ME TO LOSE
   WEIGHT .......................................... 21
I DON’T WANT TO BE FAT .................. 22
I WANT TO BE SKINNY .......................... 23
I WANT TO FEEL GOOD/BETTER ABOUT
   MYSELF ......................................... 24
OTHER (SPECIFY) ............................. 30
REFUSED .......................................... 77
DON’T KNOW ..................................... 99

WHQ.520 In the past year, how often have you tried to lose weight? Would you say . . .

never, ............................................. 1 (BOX 2)
sometimes, or .................................... 2
a lot?............................................... 3
REFUSED .......................................... 7
DON’T KNOW ..................................... 9

WHQ.530 In the past year, how often have you been on a diet to lose weight? Would you say . . .

never, ............................................. 1
sometimes, or .................................... 2
a lot?............................................... 3
REFUSED .......................................... 7
DON’T KNOW ..................................... 9

WHQ-2
**WHQ.540** In the past year, how often have you gone without eating for a day or more (starved) to lose weight? Would you say . . .

- never, ............................................................ 1
- sometimes, or .................................................. 2
- a lot? ............................................................ 3
- REFUSED ..................................................... 7
- DON'T KNOW ................................................ 9

**WHQ.550** In the past year, how often have you cut back on what you ate to lose weight? Would you say . . .

- never, ............................................................ 1
- sometimes, or .................................................. 2
- a lot? ............................................................ 3
- REFUSED ..................................................... 7
- DON'T KNOW ................................................ 9

**WHQ.560** In the past year, how often have you skipped meals to lose weight? Would you say . . .

- never, ............................................................ 1
- sometimes, or .................................................. 2
- a lot? ............................................................ 3
- REFUSED ..................................................... 7
- DON'T KNOW ................................................ 9

**WHQ.570** In the past year, how often have you exercised to lose weight? Would you say . . .

- never, ............................................................ 1
- sometimes, or .................................................. 2
- a lot? ............................................................ 3
- REFUSED ..................................................... 7
- DON'T KNOW ................................................ 9

**WHQ.580** In the past year, how often have you eaten less sweets or fatty foods to lose weight? Would you say . . .

- never, ............................................................ 1
- sometimes, or .................................................. 2
- a lot? ............................................................ 3
- REFUSED ..................................................... 7
- DON'T KNOW ................................................ 9

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**BOX 2**

CHECK ITEM WHQ.709:
- IF SP AGE >= 12, CONTINUE.
- OTHERWISE, GO TO END OF SECTION.
Next, I’m going to ask you about meals.

By meal, I mean **breakfast, lunch and dinner**. During the **past 7 days**, how many meals did you get that were **prepared away from home** in places such as restaurants, fast food places, food stands, grocery stores, or from vending machines?

Please **do not** include meals provided as part of the school lunch or school breakfast.

**SOFT EDIT VALUES: 0-21**

Error message: “Please verify that you ate **more** than 3 meals prepared away from home **every** day during the past 7 days.”

<table>
<thead>
<tr>
<th>ENTER NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE ............................................................ 2 (DBQ.905)</td>
</tr>
<tr>
<td>REFUSED ..................................................... 77 (DBQ.905)</td>
</tr>
<tr>
<td>DON'T KNOW ............................................... 99 (DBQ.905)</td>
</tr>
</tbody>
</table>

How many of those meals did you get from a fast-food or pizza place?

**HARD EDIT: “DBQ.900 must be equal to or less than DBQ.895.”**

Error message: "The number of meals from a fast-food or pizza place cannot be greater than the total number of meals you had that were prepared away from home. Could I have another answer please?"

<table>
<thead>
<tr>
<th>ENTER NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE ............................................................ 2</td>
</tr>
<tr>
<td>REFUSED ..................................................... 77</td>
</tr>
<tr>
<td>DON'T KNOW ............................................... 99</td>
</tr>
</tbody>
</table>
Some grocery stores sell “ready to eat” foods such as salads, soups, chicken, sandwiches and cooked vegetables in their salad bars and deli counters.

During the past 30 days, how often did you buy “ready to eat” foods at the grocery store? Please do not count frozen or canned foods.

|___|___|
ENTER NUMBER OF TIMES (PER DAY, WEEK, OR MONTH)

NEVER ......................................................... 2
REFUSED ..................................................... 77
DON'T KNOW ............................................... 99

ENTER UNIT

DAY ............................................................... 1
WEEK ............................................................ 2
MONTH ......................................................... 3
REFUSED ..................................................... 7
DON'T KNOW ............................................... 9

During the past 30 days, how often did you eat frozen meals or frozen pizzas? Here are some examples of frozen meals and frozen pizzas.

HAND CARD WHQ2

|___|___|
ENTER OF TIMES (PER DAY, WEEK, OR MONTH)

NEVER ......................................................... 2
REFUSED ..................................................... 77
DON'T KNOW ............................................... 99

ENTER UNIT

DAY ............................................................... 1
WEEK ............................................................ 2
MONTH ......................................................... 3
REFUSED ..................................................... 7
DON'T KNOW ............................................... 9