

7/29/08

Questionnaire: SP

WEIGHT HISTORY – WHQ

Target Group: SPs 16+

WHQ.010 These next questions ask about {your/SP's} height and weight at different times in {your/his/her} life.
G/F/I/M/C

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

REFUSED 7777

DON'T KNOW 9999

WHQ.025/ L/K How much {do you/does SP} weigh without clothes or shoes? [If {you are/she is} currently pregnant, how much did {you/she} weigh **before** your pregnancy?]

RECORD **CURRENT** WEIGHT
ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION:
DISPLAY OPTIONAL SENTENCE [If {you are/she is} currently pregnant . . .] **ONLY** IF SP IS FEMALE **AND** AGE IS 16 THROUGH 59.

|_|_|_|
ENTER NUMBER OF POUNDS

CAPI INSTRUCTION:
SOFT EDIT 75-500, HARD EDIT 50-750

OR

|_|_|_|
ENTER NUMBER OF KILOGRAMS

CAPI INSTRUCTION:
SOFT EDIT 34-225, HARD EDIT 23-338

OR

REFUSED 777
DON'T KNOW 999

WHQ.030 {Do you/Does SP} consider {your/his/her}self now to be . . . [If {you are/she is} currently pregnant, what did {you/she} consider {your/her}self to be before {you were/she was} pregnant?]

overweight, 1
underweight, or 2
about the right weight? 3
REFUSED 7
DON'T KNOW 9

CAPI INSTRUCTION:
DISPLAY OPTIONAL SENTENCE [If {you are/she is} currently pregnant...] **ONLY** IF SP IS FEMALE **AND** AGE IS 16 THROUGH 59.

WHQ.040 Would {you/SP} like to weigh . . .

more, 1
less, or 2
stay about the same? 3 (WHQ.053)
REFUSED 7 (WHQ.053)
DON'T KNOW 9 (WHQ.053)

WHQ.045/ How much {would you/would SP} like to weigh?
L/K

ENTER WEIGHT IN POUNDS OR KILOGRAMS

|_|_|_|

ENTER NUMBER OF POUNDS

CAPI INSTRUCTION:
SOFT EDIT 75-500, HARD EDIT 50-750

OR

|_|_|_|

ENTER NUMBER OF KILOGRAMS

CAPI INSTRUCTION:
SOFT EDIT 34-225, HARD EDIT 23-338

REFUSED 7777
DON'T KNOW 99999

WHQ.053/ How much did {you/SP} weigh **a year ago**? [If {you were/she was} pregnant a year ago, how much did
L/K {you/she} weigh **before** your pregnancy?]

ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION:
DISPLAY OPTIONAL SENTENCE [If {you were/she was} pregnant . . .] **ONLY IF SP IS FEMALE AND SP
AGE IS 17 THROUGH 60.**

|_|_|_|

ENTER NUMBER OF POUNDS

CAPI INSTRUCTION:
SOFT EDIT 75-500, HARD EDIT 50-750

OR

|_|_|_|

ENTER NUMBER OF KILOGRAMS

CAPI INSTRUCTION:
SOFT EDIT 34-225, HARD EDIT 23-338

OR

REFUSED 777
DON'T KNOW 999

BOX 1

CHECK ITEM WHQ.055:

IF WEIGHT IN WHQ.053/L/K IS 10 POUNDS, 4.55 KILOGRAMS, OR MORE THAN WEIGHT IN WHQ.025/L/K (E.G., WHQ.053/L/K = 150 LBS AND WHQ.025/L/K = 135 LBS), CONTINUE.

OTHERWISE, GO TO WHQ.070.

WHQ.061 Was the change between {your/SP's} **current** weight and {your/his/her} weight **a year ago because {you/s/he} tried to lose weight?**

- YES 1 (WHQ.089/OS)
- NO 2
- REFUSED 7
- DON'T KNOW 9

WHQ.070 During the **past 12 months**, {have you/has SP} tried to lose weight?

- YES 1
- NO 2 (WHQ.090)
- REFUSED 7 (WHQ.090)
- DON'T KNOW 9 (WHQ.090)

WHQ.089/ OS How did {you/SP} try to lose weight?

HAND CARD WHQ1
CODE ALL THAT APPLY

ATE LESS FOOD (AMOUNT)	100
SWITCHED TO FOODS WITH LOWER CALORIES	110
ATE LESS FAT	120
ATE FEWER CARBOHYDRATES	125
EXERCISED.....	130
SKIPPED MEALS.....	140
ATE "DIET" FOODS OR PRODUCTS.....	150
USED A LIQUID DIET FORMULA SUCH AS SLIMFAST OR OPTIFAST	160
JOINED A WEIGHT LOSS PROGRAM SUCH AS WEIGHT WATCHERS, JENNY CRAIG, TOPS, OR OVEREATERS ANONYMOUS.....	170
FOLLOWED A SPECIAL DIET SUCH AS DR. ATKINS, SOUTH BEACH, OTHER HIGH PROTEIN OR LOW CARBOHYDRATE DIET, CABBAGE SOUP DIET, ORNISH, NUTRISYSTEM, BODY-FOR-LIFE	300
TOOK DIET PILLS PRESCRIBED BY A DOCTOR.....	310
TOOK OTHER PILLS, MEDICINES, HERBS, OR SUPPLEMENTS NOT NEEDING A PRESCRIPTION.....	320
STARTED TO SMOKE OR BEGAN TO SMOKE AGAIN	325
TOOK LAXATIVES OR VOMITED	330
DRANK A LOT OF WATER.....	340
ATE MORE FRUITS, VEGETABLES, SALADS	350
ATE LESS SUGAR, CANDY, SWEETS	360
CHANGED EATING HABITS (DIDN'T EAT LATE AT NIGHT, ATE SEVERAL SMALL MEALS A DAY)	370
ATE LESS JUNK FOOD OR FAST FOOD....	380
OTHER (SPECIFY).....	400
REFUSED	777
DON'T KNOW	999

WHQ.270 In the **past 12 months**, {did you/did SP} seek help from a personal trainer, dietitian, nutritionist, doctor or other health professional to lose weight?

YES	1
NO	2 (BOX 2A)
REFUSED	7 (BOX 2A)
DON'T KNOW	9 (BOX 2A)

WHQ.281 Was that a . . .

CODE ALL THAT APPLY.

- personal trainer,..... 1
- dietitian, 2
- nutritionist, 3
- doctor, or 4
- other health professional? 5
- REFUSED 7
- DON'T KNOW 9

BOX 2A

CHECK ITEM WHQ.185:

IF WHQ.061 = CODE 1 OR WHQ.070 = CODE 1, GO TO WHQ.220/L/K.

WHQ.090 During the **past 12 months**, {have you/has SP} done anything to keep from gaining weight?

- YES 1
- NO 2 (WHQ.210)
- REFUSED 7 (WHQ.210)
- DON'T KNOW 9 (WHQ.210)

WHQ.104/ OS What did {you/SP} do to keep from gaining weight?

CODE ALL THAT APPLY.

HAND CARD WHQ1

ATE LESS FOOD (AMOUNT)	100
SWITCHED TO FOODS WITH LOWER CALORIES	110
ATE LESS FAT	120
ATE FEWER CARBOHYDRATES	125
EXERCISED.....	130
SKIPPED MEALS.....	140
ATE "DIET" FOODS OR PRODUCTS.....	150
USED A LIQUID DIET FORMULA SUCH AS SLIMFAST OR OPTIFAST	160
JOINED A WEIGHT LOSS PROGRAM SUCH AS WEIGHT WATCHERS, JENNY CRAIG, TOPS, OR OVEREATERS ANONYMOUS.....	170
FOLLOWED A SPECIAL DIET SUCH AS DR. ATKINS, SOUTH BEACH, OTHER HIGH PROTEIN OR LOW CARBOHYDRATE DIET, CABBAGE SOUP DIET, ORNISH, NUTRISYSTEM, BODY-FOR-LIFE	300
TOOK DIET PILLS PRESCRIBED BY A DOCTOR.....	310
TOOK OTHER PILLS, MEDICINES, HERBS, OR SUPPLEMENTS NOT NEEDING A PRESCRIPTION.....	320
STARTED TO SMOKE OR BEGAN TO SMOKE AGAIN	325
TOOK LAXATIVES OR VOMITED	330
DRANK A LOT OF WATER.....	340
ATE MORE FRUITS, VEGETABLES, SALADS	350
ATE LESS SUGAR, CANDY, SWEETS	360
CHANGED EATING HABITS (DIDN'T EAT LATE AT NIGHT, ATE SEVERAL SMALL MEALS A DAY)	370
ATE LESS JUNK FOOD OR FAST FOOD....	380
OTHER (SPECIFY).....	400
REFUSED	777
DON'T KNOW	999

WHQ.210 {Have you/Has SP} **ever** tried to lose weight?

YES	1
NO	2 (BOX 2)
REFUSED	7 (BOX 2)
DON'T KNOW	9 (BOX 2)

WHQ.220/
L/K

How much weight {did you/did SP} lose in {your/his/her} most successful attempt **ever** to lose weight?

ENTER WEIGHT IN POUNDS OR KILOGRAMS

HELP SCREEN: This question refers only to deliberate attempts to lose weight; it does **not** refer to weight loss because of illness, side effects of medication, stress, or other unintended causes.

|_|_|_|

ENTER NUMBER OF POUNDS

CAPI INSTRUCTION:
SOFT EDIT OVER 100 POUNDS

OR

|_|_|_|

ENTER NUMBER OF KILOGRAMS

CAPI INSTRUCTION:
SOFT EDIT OVER 45 KILOGRAMS

OR

REFUSED 777

DON'T KNOW 999

HELP SCREEN:

This question refers only to deliberate attempts to lose weight; it does not refer to weight loss because of illness, side effects of medication, stress, or other unintended causes.

BOX 2

CHECK ITEM WHQ.105:

IF SP AGE >= 36, CONTINUE.

OTHERWISE, GO TO BOX 3.

WHQ.111/ L/K How much did {you/SP} weigh **10 years ago**? [If you don't know {your/his/her} exact weight, please make your best guess.] [If {you were/she was} pregnant, how much did {you/she} weigh before {your/her} pregnancy?]

ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION:
DISPLAY OPTIONAL SENTENCE [If {you were/she was} . . .] ONLY IF SP IS FEMALE AND AGE IS LESS THAN OR EQUAL TO 69.

|_|_|_|
ENTER NUMBER OF POUNDS

CAPI INSTRUCTION:
SOFT EDIT 75-500, HARD EDIT 50-750

OR

|_|_|_|
ENTER NUMBER OF KILOGRAMS

CAPI INSTRUCTION:
SOFT EDIT 34-225, HARD EDIT 23-338

OR

REFUSED 77777
DON'T KNOW 99999

BOX 3

CHECK ITEM WHQ.115A:
IF SP AGE >= 27, CONTINUE.
OTHERWISE, GO TO WHQ.147/L/K.

WHQ.121/ L/K How much did {you/SP} weigh at **age 25**? [If you don't know {your/his/her} exact weight, please make your best guess.] [If {you were/she was} pregnant, how much did {you/she} weigh before your pregnancy?]

ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION:
DISPLAY OPTIONAL SENTENCE [If {you were/she was} . . .] ONLY IF SP IS FEMALE.

|_|_|_|
ENTER NUMBER OF POUNDS

OR

|_|_|_|
ENTER NUMBER OF KILOGRAMS

OR

REFUSED 77777
DON'T KNOW 99999

BOX 3A

CHECK ITEM WHQ.125:
IF SP AGE >= 50, CONTINUE.
OTHERWISE, GO TO WHQ.147/L/K.

WHQ.130/ F/I/M/C How tall {were you/was SP} at **age 25**? [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

CAPI INSTRUCTION: HARD EDIT 2-8

AND

|_|_|
ENTER NUMBER OF INCHES

CAPI INSTRUCTION: HARD EDIT 0-11

OR

|_|_|
ENTER NUMBER OF METERS

CAPI INSTRUCTION: HARD EDIT 0-3

AND

|_|_|_|
ENTER NUMBER OF CENTIMETERS

CAPI INSTRUCTION: HARD EDIT 0-99

OR

REFUSED 7777

DON'T KNOW 9999

BOX 4

OMITTED

WHQ.147/ L/K What is the most {you have/SP has} **ever** weighed? [Do not include any times when {you were/she was} pregnant.]

ENTER WEIGHT IN POUNDS OR KILOGRAMS

CAPI INSTRUCTION:
DISPLAY OPTIONAL SENTENCE {Do not include . . .} **ONLY IF SP IS FEMALE.**

|_|_|_|
ENTER NUMBER OF POUNDS

CAPI INSTRUCTION:
SOFT EDIT 75-500, HARD EDIT 50-750

OR

|_|_|_|
ENTER NUMBER OF KILOGRAMS

CAPI INSTRUCTION:
SOFT EDIT 34-225, HARD EDIT 23-338

OR

REFUSED 777 (END OF SECTION)
DON'T KNOW 999 (END OF SECTION)

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 7777
DON'T KNOW 99999

BOX 5
OMITTED