EAT

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

1. How tall is ________?

   CODE HEIGHT  
   (CODE FT/IN OR CM)

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

2. How much does [he/she] weigh now?

   CODE WEIGHT  
   (CODE LB OR KG)

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

3. In the last year – that is, since [[NAME EVENT]]/[NAME CURRENT MONTH] of last year – what was [his/her] lowest weight?

   CODE WEIGHT  
   (CODE LB OR KG)

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

   IF YES, A. Now, what about the last four weeks?

   Since [[NAME EVENT]/the beginning of/the middle of/the end of [LAST MONTH]], have you or anyone else worried that [he/she] was much too thin?

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

   IF YES: CONTINUE
   IF NO: GO TO Q 10

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

   Even though [he/she] only weighed [NAME LOWEST WEIGHT]/you or other people worried [he/she] was too thin, did [he/she] say [he/she] was worried about being fat or becoming fat?

   IF YES, A. Was there a time when [he/she] said [he/she] was worried nearly every day about being fat or becoming fat?

   IF YES, B. Did [he/she] say [he/she] sometimes worried about it so much that it was difficult for [him/her] to think about other things?

   C. Did [he/she] say that worrying about being fat or becoming fat made [him/her] try to keep [his/her] weight down?

   D. Now, what about the last four weeks?

   (Since [[NAME EVENT]/the beginning of/the middle of/the end of [LAST MONTH]], has [he/she] been worried about being fat or becoming fat?)

6. When [he/she] weighed the least in the last year, did [he/she] say [he/she] was overweight?

   IF NO, A. Did [he/she] say [he/she] was too thin?

7. Does [he/she] say [he/she] is overweight now?

   IF NO, A. Does [he/she] say [he/she] is too thin?

8. When [he/she] weighed the least in the last year, did ________ say that [his/her] low weight could cause any health problems for [him/her]?

Module B: Miscellaneous Disorders
Eating Disorders
DISC IV-P, past year
9. Does [he/she] say that what [he/she] weighs now could cause any health problems for [him/her]?

10. In the last year (that is, since [NAME CURRENT MONTH] of last year), has it seemed like [he/she] often felt bad about [himself/herself] because [he/she] thought [he/she] was fat or overweight?

   IF YES, A. Did [he/she] say that losing weight would be the most important thing [he/she] could do to feel better about [himself/herself]?

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

   B. Did [he/she] say [he/she] felt that way at the same time that [he/she] was at [his/her] thinnest in the last year?

   C. Now, what about the last four weeks? (Since [[NAME EVENT]//the beginning of/the middle of/the end of [LAST MONTH]], has it seemed like [he/she] often felt bad about [himself/herself] because [he/she] thought [he/she] was fat or overweight?)}
12. Now I am going to ask you about eating binges. An eating binge is when someone stuffs themselves with a whole lot of food in a short time – like several whole pizzas or a whole chocolate cake or several containers of ice cream – and they don’t seem to be able to control how much they eat.

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

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

IF NO, GO TO INSTRUCTION BOX “b”

B. Did [he/she] eat this food in a very short time – say, in less than two hours?

IF NO, GO TO INSTRUCTION BOX “b”

C. Did [he/she] say that [he/she] wasn’t able to stop [himself/herself] from eating too much when [he/she] was on an eating binge?

D. In the last year, has there been a time when [he/she] had an eating binge at least twice a week?

IF YES, E. Did [he/she] have eating binges at least twice a week for as long as three months?

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

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

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

In the last year (that is, since [NAME CURRENT MONTH] of last year), has [he/she] often refused to eat foods that [he/she] said would make [him/her] fat? 0 2 7 9 [63]

IF YES, A. Did [he/she] refuse to eat fattening foods on most days for at least three months? 0 2 7 9 [64]

IF A [ ] RESPONSE WAS CODED IN NOTE 4, ASK:

B. Did [he/she] refuse to eat fattening foods at the same time that [he/she] was at [his/her] thinnest in the last year? 0 2 7 9 [65]

C. Now, what about the last four weeks? (Since [[NAME EVENT]//the beginning of/the middle of/the end of [LAST MONTH]], has [he/she] often refused to eat foods that [he/she] said were fattening? 0 2 7 9 [66]

14. In the last year (that is, since [NAME CURRENT MONTH] of last year), has [he/she] made [himself/herself] throw up?

IF YES, A. Has [he/she] made [himself/herself] throw up to lose weight or to keep from gaining weight? 0 2 7 9 [67]

IF YES, B. In the last year, was there a time when [he/she] made [himself/herself] throw up at least twice a week? 0 (2) 7 9 [68]

IF YES, C. Did [he/she] make [himself/herself] throw up at least twice a week for as long as three months? 0 2Δ 7 9 [69]

IF A [ ] RESPONSE WAS CODED IN NOTE 4, ASK:

D. Did [he/she] make [himself/herself] throw up at the same time that [he/she] was [his/her] thinnest in the last year? 0 2Δ [70]

E. Now, what about the last four weeks? (Since [[NAME EVENT]//the beginning of/the middle of/the end of [LAST MONTH]], has [he/she] often made [himself/herself] throw up? 0 2 7 9 [71]
15. In the last year (that is, since [NAME CURRENT MONTH] of last year), has [he/she] taken any kind of pills or medicines to lose weight or to keep from gaining weight?

   IF YES, A. What did [he/she] take?

   

   B. In the last year, was there a time when [he/she] took medicine to lose weight or to keep from gaining weight at least twice a week?

   IF YES, C. Did [he/she] take the medication at least twice a week for as long as three months?

   IF A { } RESPONSE TO NOTE 4, ASK:

   D. Did [he/she] take medicine to lose weight or to keep from gaining weight at the same time that [he/she] was [his/her] thinnest in the last year?

   E. Now, what about the last four weeks? (Since [NAME EVENT]/the beginning of/the middle of/the end of [LAST MONTH]), has [he/she] often taken any kind of pills or medicines to lose weight or to keep from gaining weight?
16. In the last year – that is, since [NAME CURRENT MONTH] of last year – has 0 2 7 9 23 __________ done anything to make [himself/herself] go to the toilet a lot?

IF YES, A. What did [he/she] do?

______________________________________________________________________________

B. Did [he/she] do things to make [himself/herself] go to the toilet a lot because [he/she] wanted to lose weight or keep from gaining weight?

IF YES, C. Was there a time when [he/she] did something at least twice a week to make [himself/herself] go to the toilet a lot?

IF YES, D. Did [he/she] often do things like this for as long as three months?

IF A {} RESPONSE TO NOTE 4, ASK:

E. Did [he/she] do things to make [himself/herself] go to the toilet a lot at the same time that [he/she] was [his/her] thinnest in the last year?

F. Now, what about the last four weeks? 0 2 7 9 (26) (2)

(Since [[NAME EVENT]//the beginning of/the middle of/the end of [LAST MONTH]]), has [he/she] done things to make [himself/herself] go to the toilet a lot?

IF YES, G. Has [he/she] done things to make [himself/herself] go to the toilet at least twice a week for the last four weeks?

______________________________________________________________________________
17. In the last year (that is, since [NAME CURRENT MONTH] of last year), has [he/she] eaten no food at all for at least a full 24 hours?

IF YES, A. Did [he/she] say [he/she] did that to lose weight or to keep from gaining weight?

IF YES, B. Was there a time when [he/she] would eat no food at all at least two days a week?

IF YES, C. Did [he/she] eat no food at all about two days a week for as long as three months?

IF A { } RESPONSE TO NOTE 4 ASK:

D. Did [he/she] refuse to eat food like this at the same time that [he/she] was [his/her] thinnest in the last year?

E. Now, what about the last four weeks? (Since [[NAME EVENT]//the beginning of/the middle of/the end of [LAST MONTH]], has [he/she] often eaten no food for a full 24 hours?)

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

IF YES, A. Has [he/she] spent so much time exercising that it got in the way of doing other things?

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

IF YES, C. Did [he/she] exercise like this for as long as three months?

IF A { } RESPONSE TO NOTE 4 ASK:

D. Did [he/she] spend a lot of time exercising like this at the same time that [he/she] was [his/her] thinnest in the last year?

E. Now, what about the last four weeks? (Since [[NAME EVENT]//the beginning of/the middle of/the end of [LAST MONTH]], has [he/she] spent so much time exercising that it often got in the way of doing other things?)
NOTE 5: WERE ANY Δ RESPONSES CODED IN Q 14 - 18?

0 [2] [44]

IF YES: GO TO INSTRUCTION BOX “d”

IF NO: CONTINUE

c: IF ANY ( ) RESPONSES WERE CODED IN Q 14 - 18, CONTINUE

ALL OTHERS GO TO INSTRUCTION BOX “d”

19. You told me that [he/she] [NAME ( ) RESPONSES IN Q 14 - 18].

In the last year, did [he/she] do things like this for at least three months? 0 [2] 7 9 [45]

d: IF CHILD IS A BOY, CODE “8” IN Q 20 AND GO TO

INSTRUCTION BOX “e”

ALL OTHERS, CONTINUE
20. Has _______ started to menstruate – that is, has she started to have monthly periods?

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

IF YES, B. Did she start to have regular monthly periods more than a year ago?

IF NO, GO TO INSTRUCTION BOX “e”

C. In the last year, did she miss as many as three monthly periods in a row?

IF NO, GO TO F

IF YES, D. When she missed her periods, was she her thinnest?

E. Has she had a menstrual period in the last three months?

GO TO INSTRUCTION BOX “e”

F. Does she take the birth control pill?

IF YES, G. Has she taken it almost every month in the last year?

IF NO, H. During the months when she wasn’t taking the pill, did she have her menstrual period?

IF NO, I. When she missed her periods, was she very thin?

---

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

ALL OTHERS GO TO INSTRUCTION BOX “f”

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

ALL OTHERS, GO TO ELIM, P. 17
21. You said that in the last year [[he/she] was thin/you or other people worried that [he/she] was too thin] and also that [he/she] [NAME \(\rightarrow\) SYMPTOMS IN Q 10 - 18].

How old was [he/she] the first time [he/she] was like that?

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

IF AGE NOT KNOWN, ASK: What grade was [he/she] in?

CODE GRADE (44 = PRE-K, 55 = KINDERGARTEN) -------------------- > [58-59]

|____ ____| YRS. 
|____ ____| GRADE

\[56-57\]

\[58-59\]

|____ ____| GRADE
|____ ____| GRADE

\[65-66\]

h: IF [AGE/GRADE] GIVEN WAS CHILD'S CURRENT [AGE/GRADE], GO TO INSTRUCTION BOX “i”
|____ ____| GRADE

ALL OTHERS, GO TO B

E. Did [he/she] start being that way again more than a year ago – that is, before [[NAME EVENT][NAME CURRENT MONTH] of last year]?

0 2 7 9 [67]
22. You said that in the last year [he/she] [NAME ] SYMPTOMS IN Q 10 - 19 AND NOTE 5.

How old was [he/she] the first time [he/she] ever did things like that?

**CODE AGE (66 = WHOLE LIFE, ALWAYS) -------------------------------**

**IF AGE NOT KNOWN, ASK:** What grade was [he/she] in?

**CODE GRADE (44 = PRE-K, 55 = KINDERGARTEN) ----------------------**

[j]: If [AGE/GRADE] given was child's current [AGE/GRADE], go to Q 23

If [AGE/GRADE] given was child's current [AGE/GRADE] minus one, go to A

All others, go to B

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

**IF NO, GO TO Q 23**

B. Since that first time, was there ever a time when [he/she] did not do things like [NAME ] SYMPTOMS IN Q 10 - 19 AND NOTE 5?

**IF NO, GO TO Q 23**

C. Did that time when [he/she] didn’t do these things last for two months or more?

**IF NO, GO TO Q 23**

D. You said that [he/she] was [NAME ] SYMPTOMS IN Q 10 - 19 AND NOTE 5 in the last year.

How old was [he/she] when [he/she] started doing these things this time?

**CODE AGE (88 = NEVER STARTED AGAIN)-----------------------------**

**IF AGE NOT KNOWN, ASK:** What grade was [he/she] in?

**CODE GRADE (44 = PRE-K, 55 = KINDERGARTEN, 88 = NEVER STARTED AGAIN) -------------------------------**

[k]: If [AGE/GRADE] given was child's current [AGE/GRADE] minus one, go to E

All others, go to Q 23
E. Did [he/she] start doing these things again more than a year ago – that is, before [[NAME EVENT]/[NAME CURRENT MONTH] of last year]?

0 = NO  1 = SOMETIMES/SOMEWHAT  2 = YES  7, 77 = REFUSE TO ANSWER  8, 88 = NOT APPLICABLE  9, 99 = DON’T KNOW

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26. When the problems were worst, did [his/her] doing things to keep from gaining weight [make it difficult for [him/her] to do [his/her] schoolwork or cause problems with [his/her] grades/make it difficult for [him/her] to do [his/her] work]?

If Yes, A. How bad were the problems [he/she] had with [his/her] [schoolwork/work] because of the way [he/she] ate? Would you say: very bad, bad, or not too bad?

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

27. At that time, did [his/her] doing things to keep from gaining weight cause [ ]’s [teachers/boss] to be annoyed or upset with [him/her]?

If Yes, A. How often did [his/her] [teachers/boss] seem annoyed or upset with [him/her]? Would you say: a lot of the time, some of the time, or hardly ever?

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

28. When the problems were worst, did it seem like the things [he/she] did to keep from gaining weight made [him/her] feel bad or made [him/her] feel upset?

If Yes, A. How bad did [his/her] doing these things seem to make [him/her] feel? Would you say: very bad, bad, or not too bad?

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

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

If Yes, Go to Optional Details, Next Page

If No, A. Does [he/she] have an appointment set up to see someone because [he/she] does [this/these things]?

If Yes, Go to Optional Details, Next Page
OPTIONAL DETAILS:

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

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

Profession: _________________________________________

Address: __________________________________________

A. IF SOMEONE WAS SEEN, ASK:
What did the person [he/she] saw say was the matter?

____________________________________________________ | ____ ____ | [44-45]

____________________________________________________

____________________________________________________

n: IF CHILD IS AGE 7 OR OLDER, CONTINUE

ALL OTHERS, GO TO ELIM, P. 17

Whole Life Screen

31. You told me that in the last year [he/she] [NAME ↓ AND [ ] SYMPTOMS IN Q 10 - 19 AND NOTE 5].

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

Since [he/she] turned five years old, was there ever a time when you or other people were more worried about ________’s weight or about things [he/she] was doing to keep from gaining weight than the last year?

IF YES, A. How old was [he/she] when you or other people were most worried about this?

(INTERVIEWER: IF MORE THAN ONE YEAR IS REPORTED, ASK: “During which single year of age was [he/she] the worst?” IF MORE THAN ONE YEAR STILL REPORTED, ENTER YOUNGEST AGE.)

CODE AGE .............................. > | ____ ____ | [47-48]

IF AGE NOT KNOWN, ASK: What grade was [he/she] in?
CODE GRADE ............................. > | ____ ____ | [49-50]

(44 = PRE-K, 55 = KINDERGARTEN,
13 = COLLEGE FRESHMAN, 14 = SOPHOMORE,
15 = JUNIOR, 16 = SENIOR, 17 = POST B.A.)
INTENTIONALLY LEFT BLANK