

Weight History

Please answer the following questions about your weight.

A08MAXWT 1. What is the most you have ever weighed? _____ pounds
(If female, do not include weight during pregnancy.)

A08AGEWT How old were you when you first weighed that much? _____ years

A08SIZE 2. Would you consider yourself now: (Put a check in the box)

1 2 3 4 5
much too thin much too fat

A08PDIET 3. Have you ever been on a weight reducing diet?

1 No

2 Yes

If yes: Are you on such a diet now?

A08NDIET 1 No

2 Yes

A08TENLB 4. How many times would you say that you have lost and gained back 10 pounds or more?

_____ times

5. When you gain weight, where do you tend to put it on? (Check all that apply)

neck 1 No arms 1 No chest 1 No waist or abdomen 1 No
A08GWNEK 2 Yes A08GWARM 2 Yes A08GWCHS 2 Yes A08GWWAS 2 Yes

hips 1 No thighs 1 No buttocks 1 No other 1 No
A08GWHIP 2 Yes A08GWTHI 2 Yes A08GWBUT 2 Yes A08GWOTH 2 Yes

6. What is your belief about the effect of being overweight on health? (Check the box)

Harmless Very harmful

A08BLFOV 1 2 3 4 5

Interviewer Id. A08IVID1 2 A08HELP1