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

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ENTER NUMBER OF FEET

AND

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ENTER NUMBER OF INCHES

OR

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ENTER NUMBER OF METERS

AND

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</table>
ENTER NUMBER OF CENTIMETERS

OR

REFUSED ..................................................  7777
DON'T KNOW ............................................  9999
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

(Do you/Does SP} consider {your/his/her}self now to be . . .

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

Would {you/SP) like to weigh . . .

more, ............................................................. 1
less, or .......................................................... 2
stay about the same? ....................................... 3
REFUSED ..................................................... 7
DON'T KNOW ............................................... 9
How much did {you/SP} weigh a year ago? [If {you were/she was} pregnant a year ago, 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} 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.

Was the change between {your/SP’s} current weight and {your/his/her} weight a year ago because you tried to lose weight?

YES ............................................................... 1 (WHQ.088/OS)
NO ................................................................. 2
REFUSED ..................................................... 7
DON'T KNOW ............................................... 9

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)
How did {you/SP} try to lose weight?

HAND CARD WHQ1
CODE ALL THAT APPLY

ATE LESS FOOD (AMOUNT) ....................... 10
SWITCHED TO FOODS WITH LOWER
   CALORIES ............................................ 15
ATE LESS FAT ........................................ 20
ATE FEWER CARBOHYDRATES ............ 25
EXERCISED.............................................. 30
SKIPPED MEALS........................................ 35
ATE "DIET" FOODS OR PRODUCTS............. 40
USED A LIQUID DIET FORMULA SUCH
   AS SLIMFAST OR OPTIFAST .................... 45
JOINED A WEIGHT LOSS PROGRAM
   SUCH AS WEIGHT WATCHERS, JENNY
   CRAIG, TOPS, OR OVEREATERS
   ANONYMOUS ........................................ 50
FOLLOWED A SPECIAL DIET SUCH AS
   DR. ATKINS, OTHER HIGH PROTEIN OR
   LOW CARBOHYDRATE DIET, ZONE,
   GRAPEFRUIT, PRITIKIN ....................... 55
TOOK DIET PILLS PRESCRIBED BY A
   DOCTOR.................................................. 60
TOOK OTHER PILLS, MEDICINES, HERBS,
   OR SUPPLEMENTS NOT NEEDING A
   PRESCRIPTION......................................... 65
STARTED TO SMOKE OR BEGAN TO
   SMOKE AGAIN ...................................... 70
TOOK LAXATIVES OR VOMITED .............. 75
DRANK A LOT OF WATER ....................... 80
OTHER (SPECIFY) .................................... 85
REFUSED ................................................. 777
DON'T KNOW .......................................... 999

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.280  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)
What did (you/SP) do to keep from gaining weight?

CODE ALL THAT APPLY.

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
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<tbody>
<tr>
<td>ATE LESS FOOD (AMOUNT)</td>
<td>10</td>
</tr>
<tr>
<td>SWITCHED TO FOODS WITH LOWER CALORIES</td>
<td>15</td>
</tr>
<tr>
<td>ATE LESS FAT</td>
<td>20</td>
</tr>
<tr>
<td>ATE FEWER CARBOHYDRATES</td>
<td>25</td>
</tr>
<tr>
<td>EXERCISED</td>
<td>30</td>
</tr>
<tr>
<td>SKIPPED MEALS</td>
<td>35</td>
</tr>
<tr>
<td>ATE “DIET” FOODS OR PRODUCTS</td>
<td>40</td>
</tr>
<tr>
<td>USED A LIQUID DIET FORMULA SUCH AS SLIMFAST OR OPTIFAST</td>
<td>45</td>
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<tr>
<td>JOINED A WEIGHT LOSS PROGRAM SUCH AS WEIGHT WATCHERS, JENNY CRAIG, TOPS, OR OVEREATERS ANONYMOUS</td>
<td>50</td>
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<tr>
<td>FOLLOWED A SPECIAL DIET SUCH AS DR. ATKINS, OTHER HIGH PROTEIN OR LOW CARBOHYDRATE DIET, ZONE, GRAPEFRUIT, PRITIKIN</td>
<td>55</td>
</tr>
<tr>
<td>TOOK DIET PILLS PRESCRIBED BY A DOCTOR</td>
<td>60</td>
</tr>
<tr>
<td>TOOK OTHER PILLS, MEDICINES, HERBS, OR SUPPLEMENTS NOT NEEDING A PRESCRIPTION</td>
<td>65</td>
</tr>
<tr>
<td>STARTED TO SMOKE OR BEGAN TO SMOKE AGAIN</td>
<td>70</td>
</tr>
<tr>
<td>TOOK LAXATIVES OR VOMITED</td>
<td>75</td>
</tr>
<tr>
<td>DRANK A LOT OF WATER</td>
<td>80</td>
</tr>
<tr>
<td>OTHER (SPECIFY)</td>
<td>85</td>
</tr>
<tr>
<td>REFUSED</td>
<td>777</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>999</td>
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</table>

Have you/Has SP ever tried to lose weight?

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
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<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON’T KNOW</td>
<td>9</td>
</tr>
</tbody>
</table>
How much weight (did you/did SP) lose in (your/his/her) most successful attempt ever to lose weight?

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 WEIGHT IN POUNDS OR KILOGRAMS

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ENTER NUMBER OF POUNDS

CAPI INSTRUCTION:
SOFT EDIT OVER 100 POUNDS

OR

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ENTER NUMBER OF KILOGRAMS

CAPI INSTRUCTION:
SOFT EDIT OVER 45 KILOGRAMS

OR

REFUSED ..................................................... 777
DON’T KNOW ............................................... 999

BOX 2

CHECK ITEM WHQ.105:
IF SP AGE >= 36, CONTINUE.
OTHERWISE, GO TO BOX 3.
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.

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
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.

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ENTER NUMBER OF POUNDS

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

OR

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</table>
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)

How old (were you/was SP) then? [If you don't know (your/his/her) exact age, please make your best guess.]

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ENTER AGE IN YEARS

REFUSED ..................................................... 77777
DON'T KNOW ................................................. 99999

BOX 5
OMITTED