

EATING DISORDERS (EA)

*EA1. This part of the interview is about problems you might have had either with eating or with your weight. Was there ever a time in your life when you had a great deal of concern about or strongly feared being too fat or overweight?

- YES1
- NO5 **GO TO *EA16**
- DON'T KNOW8 **GO TO *EA16**
- REFUSED9 **GO TO *EA16**

*EA1a. Did you ever have this strong worry or fear at a time when you really weighed less than most other people?

- YES1
- NO5 **GO TO *EA16**
- DON'T KNOW8 **GO TO *EA16**
- REFUSED9 **GO TO *EA16**

*EA2. What was the lowest body weight you ever purposefully had after the age of twelve?

_____ BODY WEIGHT

CIRCLE UNIT OF MASS: POUNDS.....1 KILOGRAMS.....2

- DON'T KNOW998
- REFUSED999

*EA3. How tall were you at that time?

_____ BODY HEIGHT

CIRCLE UNIT OF MASS: FEET/ INCHES.....1 CENTIMETERS.....2

- DON'T KNOW998
- REFUSED999

*EA4. INTERVIEWER CHECKPOINT: (SEE *EA2, *EA3 AND MINIMUM WEIGHT TABLE, BELOW)

WEIGHT RECORDED IN *EA2 IS LESS THAN MINIMUM WEIGHT IN TABLE FOR
 HEIGHT RECORDED IN *EA3 1
 ALL OTHERS..... 2 GO TO *EA16

MINIMUM WEIGHTS FOR WOMEN		MINIMUM WEIGHTS FOR MEN	
Height (feet)	Weight (lbs)	Height (feet)	Weight (lbs)
4'10" or less	111	5'2" or less	128
4'11"	114	5'3"	130
5'0"	116	5'4"	133
5'1"	119	5'5"	136
5'2"	122	5'6"	139
5'3"	125	5'7"	143
5'4"	128	5'8"	146
5'5"	132	5'9"	150
5'6"	135	5'10"	153
5'7"	139	5'11"	156
5'8"	142	6'0"	160
5'9"	145	6'1"	163
5'10"	147	6'2"	167
5'11"	150	6'3"	172
6'0" or more	152	6'4" or more	176

*EA6. At the time you weighed (WEIGHT REPORTED IN *EA2) were you very afraid that you might gain weight?

YES1
 NO5 GO TO *EA16
 DON'T KNOW8 GO TO *EA16
 REFUSED9 GO TO *EA16

*EA7. Did you do things to keep your weight low, such as dieting or exercising?

YES1
 NO5 (GO TO *EA16) ** (17b)
 DON'T KNOW8 (GO TO *EA16) **
 REFUSED9 (GO TO *EA16) **

***EA8. INTERVIEWER CHECKPOINT: (R'S GENDER)**

R IS MALE1 **GO TO *EA10**
 R IS FEMALE.....2

***EA9.** Around the time you weighed (WEIGHT REPORTED IN ***EA2**) did you ever have three months or more in a row when you stopped having your menstrual periods?

YES1
 NO5 **(GO TO *EA16) **** (17c)
 DON'T KNOW8 **(GO TO *EA16) ****
 REFUSED9 **(GO TO *EA16) ****

	YES (1)	NO (5)	DK (8)	RF (9)
*EA10. Did you feel like you were heavier than you should have been or heavier than you wanted to be? (KEY PHRASE: feeling you were too heavy)	1	5	8	9
*EA10b. Did you think that some parts of your body were too fat? (KEY PHRASE: thinking that parts of your body were too fat)	1	5	8	9
*EA10c. Did you feel like your self-esteem or confidence depended on your ability to stay thin or to lose even more weight? (KEY PHRASE: feeling like your self-esteem depended on being thin)	1	5	8	9
*EA10d. Did anyone tell you that your low weight was bad for your health? (KEY PHRASE: hearing from others that your low weight was bad for your health)	1	5	8	9

***EA11. INTERVIEWER CHECKPOINT: (SEE *EA10, *EA10b, *EA10c, *EA10d)** (17e)

AT LEAST ONE "YES" RESPONSE IN ***EA10, OR *EA10b, OR *EA10c, OR *EA10d**.....1
 ALL OTHERS.....2 **GO TO *EA16**

*EA12. Think of the very first time in your life you weighed around (WEIGHT REPORTED IN *EA2) and you had problems like (KEY PHRASES FROM “YES” RESPONSES IN *EA10 SERIES). Can you remember your exact age?

YES 1
NO 5 **GO TO *EA12b**
DON'T KNOW 8 **GO TO *EA12b**
REFUSED 9 **GO TO *EA12b**

*EA12a. (IF NEC: How old were you?)

_____ YEARS OLD **GO TO *EA13**

REFUSED 999 **GO TO *EA13**

*EA12b. About how old were you the first time?

IF DK, PROBE: Was it before your twenties?

_____ YEARS OLD

BEFORE TWENTIES 19
DON'T KNOW 998
REFUSED 999

*EA13. About how many different years in your life did you weigh around (WEIGHT REPORTED IN *EA2) and have problems like the ones we just reviewed?

_____ YEARS

DON'T KNOW 998
REFUSED 999

*EA14. INTERVIEWER CHECKPOINT: (SEE *EA13)

*EA13 IS CODED 1 YEAR OR LESS 1 **GO TO *EA16**
ALL OTHERS 2

*EA15. How recently did you weigh around (WEIGHT REPORTED IN *EA2) and have problems like the ones we just reviewed – in the past month, two to six months ago, seven to twelve months ago, or more than twelve months ago?

PAST MONTH 1 **GO TO *EA16**
2-6 MONTHS AGO 2 **GO TO *EA16**
7-12 MONTHS AGO 3 **GO TO *EA16**
MORE THAN 12 MONTHS AGO 4
DON'T KNOW 8
REFUSED 9

*EA15a. How old were you the last time?

_____ YEARS OLD

DON'T KNOW 998
REFUSED 999

***EA16.** The next question is about “eating binges” when a person eats a large amount of food during a short period like two hours. By “a large amount” I mean eating so much food that it would be like eating two or more entire meals in one sitting, or eating so much of one particular food -- like candy or ice cream -- that it would make most people feel sick. With that definition in mind, did you ever have a time in your life when you went on eating binges (READ SLOWLY) at least twice a week for several months or longer?

YES 1
 NO 5 **GO TO *EA30**
 DON'T KNOW 8 **GO TO *EA30**
 REFUSED 9 **GO TO *EA30**

(17f)

	YES (1)	NO (5)	DK (8)	RF (9)
*EA17. During the binges did you usually eat much more quickly than usual?	1	5	8	9
*EA17a. Did you usually eat until you felt uncomfortably full?	1	5	8	9
*EA17b. Did you usually continue to eat even when you didn't feel hungry?	1	5	8	9
*EA17c. Did you usually eat alone because you were embarrassed by how much you ate?	1	5	8	9
*EA17d. Did you feel guilty, very upset with yourself, or depressed after you binged?	1	5	8	9
*EA17e. Around the time you were binge eating, were you very afraid that you would gain weight?	1	5	8	9
*EA17f. Did you feel like your self-esteem and confidence depended on your weight or body shape?	1	5	8	9
*EA17g. Did you worry about the long term effects of binging on your health, on your weight, or on your body shape?	1	5	8	9
*EA17h. Did you often get upset <u>both</u> during and after the binges that your eating was out of your control?	1	5	8	9

***EA18. INTERVIEWER CHECKPOINT: (SEE *EA17 SERIES)**

AT LEAST ONE “YES” RESPONSE IN *EA17 SERIES1
 ALL OTHERS.....2 **GO TO *EA23**

*EA19. Can you remember your exact age the very first time in your life you began bingeing at least two times a week for three months or longer?

YES 1
NO 5 **GO TO *EA19b**
DON'T KNOW 8 **GO TO *EA19b**
REFUSED 9 **GO TO *EA19b**

*EA19a. (IF NEC: How old were you?)

_____ YEARS OLD **GO TO *EA20**

REFUSED 999 **GO TO *EA20**

*EA19b. About how old were you the first time?

IF DK, PROBE: Was it before your twenties?

_____ YEARS OLD

BEFORE TWENTIES 19
DON'T KNOW 998
REFUSED 999

*EA20. About how many different years in your life did you go through periods when you bingeed at least two times a week for three months or longer?

_____ YEARS

DON'T KNOW 998
REFUSED 999

*EA21. INTERVIEWER CHECKPOINT: (SEE *EA20)

*EA20 IS CODED 1 YEAR OR LESS 1 **GO TO *EA23a**
ALL OTHERS 2

*EA22. How recently did you binge at least two times a week – in the past month, two to six months ago, seven to twelve months ago, or more than twelve months ago?

PAST MONTH 1 **GO TO *EA23a**
2-6 MONTHS AGO 2 **GO TO *EA23a**
7-12 MONTHS AGO 3 **GO TO *EA23a**
MORE THAN 12 MONTHS AGO 4
DON'T KNOW 8
REFUSED 9

*EA22a. How old were you the last time?

_____ YEARS OLD **GO TO *EA23a**

DON'T KNOW 998 **GO TO *EA23a**
REFUSED 999 **GO TO *EA23a**

	YES (1)	NO (5)	DK (8)	RF (9)
<p>*EA23. Did you ever do any of the following things regularly in order to control your weight:</p> <p>Did you fast by not eating at all or only taking liquids for 8 hours or longer?</p> <p>(KEY PHRASE: fasted or took only a liquid diet)</p>	1 GO TO *EA23b	5 GO TO *EA23b	8 GO TO *EA23b	9 GO TO *EA23b
<p>*EA23a. Did you ever do any of the following things regularly after binging in order to control your weight:</p> <p>Did you fast by not eating at all or only taking liquids for 8 hours or longer?</p> <p>(KEY PHRASE: fasted or took only a liquid diet)</p>	1	5	8	9
<p>*EA23b. Did you take water pills, diuretics, or weight control medicines?</p> <p>(KEY PHRASE: took weight loss medicine or pills)</p>	1	5	8	9
<p>*EA23c. Did you make yourself vomit?</p> <p>(KEY PHRASE: vomited)</p>	1	5	8	9
<p>*EA23d. Did you take laxatives or enemas?</p> <p>(KEY PHRASE: took laxatives or enemas)</p>	1	5	8	9
<p>*EA23e. Did you exercise <u>excessively</u>?</p> <p>(KEY PHRASE: exercised excessively)</p>	1	5	8	9
<p>*EA23f. Did you chew and then spit out your food?</p> <p>(KEY PHRASE: spit out your food)</p>	1	5	8	9

***EA24. INTERVIEWER CHECKPOINT: (SEE *EA23 SERIES)**

AT LEAST ONE "YES" RESPONSE IN *EA23 SERIES..... 1
 ALL OTHERS 2 **GO TO *EA30**

***EA25.** You (KEY PHRASES FROM "YES" RESPONSES IN *EA23 SERIES). Did you ever do (this/ either of these things/ any of these things) at least two times a week for three months or longer?

YES 1
 NO 5 **GO TO *EA30**
 DON'T KNOW 8 **GO TO *EA30**
 REFUSED 9 **GO TO *EA30**

*EA26. Can you remember your exact age the very first time you used (this/ any of these) weight control (strategy/ strategies) at least two times a week for three months?

YES 1
NO 5 **GO TO *EA26b**
DON'T KNOW 8 **GO TO *EA26b**
REFUSED..... 9 **GO TO *EA26b**

*EA26a. (IF NEC: How old were you?)

_____ YEARS OLD **GO TO *EA27**

REFUSED 999 **GO TO *EA27**

***EA26b.** About how old were you the first time?

IF DK, PROBE: Was it before your twenties?

_____ YEARS OLD

BEFORE TWENTIES 19
DON'T KNOW 998
REFUSED 999

*EA27. About how many different years in your life did you do any of these things at least twice a week for three months or longer?

_____ YEARS

DON'T KNOW 998
REFUSED 999

*EA28. INTERVIEWER CHECKPOINT: (SEE *EA27)

*EA27 IS CODED 1 YEAR OR LESS 1 **GO TO *EA30**
ALL OTHERS 2

*EA29. How recently did you use (this strategy/these strategies) this often – in the past month, two to six months ago, seven to twelve months ago, or more than twelve months ago?

PAST MONTH 1 **GO TO *EA30**
2-6 MONTHS AGO 2 **GO TO *EA30**
7-12 MONTHS AGO 3 **GO TO *EA30**
MORE THAN 12 MONTHS AGO 4
DON'T KNOW 8
REFUSED 9

*EA29a. How old were you the last time?

_____ YEARS OLD

DON'T KNOW 998
REFUSED 999

***EA30. INTERVIEWER CHECKPOINT: (SEE *EA11, *EA18, *EA24)**

RESPONSE CODED "1," IN AT LEAST ONE OF THE
FOLLOWING: *EA11, *EA18 OR *EA241
ALL OTHERS2 **GO TO *AT1, NEXT SECTION**

***EA31. INTERVIEWER CHECKPOINT: (SEE *EA15, *EA22, *EA29)**

RESPONSE CODED "1," "2," OR "3" IN AT LEAST ONE OF THE
FOLLOWING: *EA15, *EA22 OR *EA291
ALL OTHERS2 **GO TO *EA35**



***EA32.** (RB, PG 9) Using a 0 to 10 scale on page 9 of your booklet, where 0 means no interference and 10 means very severe interference, think about the month or longer in the past 12 months when your problems with your eating or weight were most severe. What number describes how much problems with your eating or weight interfered with each of the following activities during that month or longer?

(IF NEC: How much did problems with your eating or weight interfere with (ACTIVITY) during that time?)

(IF NEC: You can use any number between 0 and 10 to answer.)

NUMBER (0-10)

*EA32a. Your home management, like cleaning, shopping, and taking care of the (house/ apartment)? _____

DOES NOT APPLY97
DON'T KNOW98
REFUSED99

*EA32b. Your ability to work? _____

DOES NOT APPLY97
DON'T KNOW98
REFUSED99

*EA32c. Your ability to form and maintain close relationships with other people? _____

DOES NOT APPLY97
DON'T KNOW98
REFUSED99

*EA32d. Your social life? _____

DOES NOT APPLY97
DON'T KNOW98
REFUSED99

***EA33. INTERVIEWER CHECKPOINT: (SEE *EA32 SERIES)**

ALL FOUR RESPONSES TO *EA32 SERIES EQUAL '0' OR '97'1 **GO TO *EA35**
ALL OTHERS2

***EA34.** About how many days out of 365 in the past 12 months were you totally unable to work or carry out your normal activities because of problems with your eating or weight?

(IF NEC: You can use any number between 0 and 365 to answer.)

_____ NUMBER OF DAYS

DON'T KNOW 998
REFUSED 999

***EA35.** Did you ever in your life talk to a medical doctor or other professional about problems with your eating or weight? (By other professional we mean psychologists, counselors, spiritual advisors, herbalists, acupuncturists, and other healing professionals.)

YES 1
NO 5 **GO TO *AT1, NEXT SECTION**
DON'T KNOW 8 **GO TO *AT1, NEXT SECTION**
REFUSED 9 **GO TO *AT1, NEXT SECTION**

*EA35a. How old were you the first time (you talked to a professional about problems with your eating or weight)?

_____ YEARS OLD

DON'T KNOW 998
REFUSED 999

***EA37.** Did you ever get treatment for problems with your eating or weight that you considered helpful or effective?

YES 1
NO 5 **GO TO *EA37c**
DON'T KNOW 8 **GO TO *EA37c**
REFUSED 9 **GO TO *EA37c**

*EA37a. How old were you the first time (you got helpful treatment for problems with your eating or weight)?

_____ YEARS OLD

DON'T KNOW 998
REFUSED 999

*EA37b. How many professionals did you ever talk to about problems with your eating or weight, up to and including the first time you got helpful treatment?

_____ NUMBER OF PROFESSIONALS **GO TO *EA38**

DON'T KNOW 998 **GO TO *EA38**
REFUSED 999 **GO TO *EA38**

***EA37c.** How many professionals did you ever talk to about problems with your eating or weight?

_____ NUMBER OF PROFESSIONALS

DON'T KNOW 998
REFUSED 999

***EA38.** Did you receive professional treatment for problems with your eating or weight at any time in the past 12 months?

YES 1
NO 5
DON'T KNOW 8
REFUSED 9

GO TO *AT1, NEXT SECTION