Eating Habits

PID: 0 Acrostic: 0
Date Form Completed: d_form
Reviewed by:compby
Language: language
Visit:
Administration Type: admin

E. Eating Habits

1. During the past 6 months, did you ever eat what most people, like your friends, would think was a *really big* amount of food?

   edeat6mo

   1 yes
   2 no

   ➔ **If No,**

   Did you ever eat a *really big* amount of food within a short time (2 hours or less)?

   edeat2hr

   1 yes
   2 no

   ➔ **If No,**

2. When you ate a *really big* amount of food, did you ever feel that you could not stop eating? Did you feel that you could not control what or how much you were eating?

   edcontrol

   1 yes
   2 no

   ➔ **If No,**

3. During the past 6 months, how often did you eat a *really big* amount of food with the feeling that your eating was out of control? There may have been some weeks when you did not eat this way at all. and some weeks you may eaten like this a lot. but, *in general*, how often did this happen?

   edfreq6m

   1 less than 1 day a week
   2 one day a week
   3 two or three days a week
   4 four or five days a week
   5 almost every day

4. When you ate a *really big* amount of food and you could not control your eating, did you:

a) Eat *very fast*? edfast

1 yes
2 no

b) Eat until your stomach hurt or you felt sick in your stomach? edhurt

1 yes
2 no

c) Eat really *big amounts* of food when you were not hungry? edbig

1 yes
2 no

d) Eat really *big amounts* of food during the day without regular meals like breakfast, lunch, dinner? edday

1 yes
2 no

e) Eat by yourself because you did not want anyone to see how much you ate? edalone

1 yes
2 no

f) Feel *really bad* about yourself after eating a lot of food? edbad

1 yes
2 no

5 During the past 6 months, how bad did you feel when you ate too much or more food than you think is best for you?

.

edfeel1

1 not bad at all
2 just a little bad
3 pretty bad
4 very bad
5 very, very bad
6 i did not eat too much

6 How bad did you feel that you could not stop eating or could not control what or how much you were eating?
.

edfeel2

1 not bad at all
2 just a little bad
3 pretty bad
4 very bad
5 very, very bad
6 i did not lose control over my eating

7 During the past 6 months, has your weight or the shape of your body mattered to how you feel about yourself?
.

edshape

1 not important at all
2 somewhat important
3 pretty important
4 very important

8 During the past 3 months, did you ever make yourself vomit, throw up, or get sick to keep from gaining weight after
. a *really big* amount of food?

edvomit

1 yes
2 no

➔ **If No,**

How often - on the average - did you do that?

edvcount

1 less than once a week
2 once a week
3 two or three times a week
4 four or five times a week
5 more than five times a week

9 During the past 3 months, did you ever take medicine (pills, liquid, gum, powder) that would*make you go to the*
. *bathroom* in order to *not gain weight* after eating a *really big* amount of food?

edmeds

1 yes
2 no

➔ **If No,**

Were these laxatives (makes you have a bowel movement or b.m.) or *diuretics* (makes you urinate or pee)?

Check which one(s):

edlax value="1" Laxatives

eddiur value="1" Diuretics

eddk value="1" Don't know

During the past 3 months, did you ever take *more than twice* the amount you were told to take on the box or bottle?

edtwice1

1 yes
2 no

How often - on the average - did you do that?

edfreq1

1 less than once a week
2 once a week
3 two or three times a week
4 four or five times a week
5 more than five times a week

1 During the past 3 months, did you ever *not eat anything at all* for at least 24 hours (a full day) to keep from gaining weight
0. after eating a *really big* amount of food

edfast24

1 yes
2 no

➔ **If No,**

How often - on the average - did you do that?

edfreq2

1 less than once a week
2 once a week
3 two or three times a week
4 four or five times a week
5 more than five times a week

1 During the past 3 months, did you ever exercise *for more than one hour* at a time only to keep from gaining weight after
1. eating a *really big* amount of food?

edex1hr

1 yes
2 no

➔ **If No,**

How often - on the average - did you do that?

edfreq3

1 less than once a week
2 once a week
3 two or three times a week
4 four or five times a week
5 more than five times a week

1 During the past 3 months, did you ever take diet pills to keep from gaining weight after eating a*really big* amount of food?
2.

edpills

1 yes
2 no

➔ **If No, End**

Did you ever take *more than twice* the amount you were told to take on the box or bottle?

edtwice2

1 yes
2 no

How often - on the average - did you do that?

edfreq4

1 less than once a week
2 once a week
3 two or three times a week
4 four or five times a week
5 more than five times a week

Additional Comments: edcomments

BEHAVIORS Years 8,12 or Closeout

Patient ID	*[affix ID label here]*	Date Form Completed	☐☐/☐☐/☐☐ Month / Day / Year
Administration Type ☐	Visit Code ☐☐	Reviewed by ☐☐	Language E

A. Tobacco Use

1. Do you smoke cigarettes?
   - 1 ☐ Yes
   - 2 ☐ No ➔ **Go to Question 6, below**

2. Do you smoke cigarettes every day or some days?
   - 1 ☐ Every Day
   - 2 ☐ Some

3. On how many of the past 30 days did you smoke cigarettes?
   ☐☐ Number of days

4. On the days that you smoke, about how many cigarettes do you usually smoke per day?
   ☐☐ Number of cigarettes per day

5. For approximately how many years have you smoked this amount?
   ☐☐ Number of years

6. Does anyone living with you now smoke cigarettes regularly inside your home?
   - 1 ☐ Yes ➔
     a. Please mark all the people who live with you who now smoke cigarettes regularly inside your home: (**Mark all that apply**)
     1 ☐ Spouse or partner 2 ☐ Son(s) or daughter(s) 3 ☐ Other person/people
   - 2 ☐ No

B. Alcohol Use

1. Did you drink any alcoholic beverages in the past year?

   1 ☐ Yes ➔**Go to Question 2, below**

   2 ☐ No ➔**Go to Section C, "Eating Patterns," next page**

2. How many drinks of wine do you usually have per week? By drink, we mean about a 5-ounce glass.

   ☐☐ drinks per week

3. How many drinks of beer do you usually have per week? One beer is a 12-ounce glass, can, or bottle.

   ☐☐ drinks per week

4. How many drinks of hard liquor do you usually have per week? Count each shot, which is $1^1/_2$ ounces, as one drink.

   ☐☐ drinks per week

5. During the past 24 hours, how many drinks have you had?

   ☐☐ drinks

6. In the past month, what is the largest number of drinks you had in one day?

   ☐☐ drinks

7. Have you made any attempts to stop drinking in the past year?

   1 ☐ Yes

   2 ☐ No

8. During the past 30 days, on how many days did you have five or more drinks on the same occasion? By "occasion," we mean at the same time or within a couple of hours of each other.

   ☐☐ days

Thinking about your usual or normal week . . .

C. Eating Patterns

1. How many days out of the 7-day week do you eat breakfast? ☐ days/wk

2. How many days out of the 7-day week do you eat lunch/brunch? ☐ days/wk

3. How many days out of the 7-day week do you eat dinner? ☐ days/wk

4. Counting all meals and any snacks you may have, how many times a day do you usually eat? ☐☐ times

5. How many days a week do you eat out at...

	Breakfast	Brunch/Lunch	Dinner
a. Fast food restaurants for:	☐ days/wk	☐ days/wk	☐ days/wk
b. Other types of restaurants for:	☐ days/wk	☐ days/wk	☐ days/wk

6. In the past 6 months, have you experienced any food cravings (i.e., intense desires to eat a specific food)?

1 ☐ Yes

2 ☐ No

D. Weight Control Practices

1. How often do you weigh yourself? **(check one answer only)**

1 ☐ Never	5 ☐ Every week
2 ☐ About once a year or less	6 ☐ Every day
3 ☐ Every couple months	7 ☐ More than once per day
4 ☐ Every month	

2. For each item on the list:

- **If you did any of these activities during the last year in order to control your weight, check "Yes" and follow the arrow to complete the next column for how many weeks you did the activity.**
- **If you did not do this, check "No" and go to the next item.**

	Did you do this in the last year?		For how many weeks did you do this?
a. Count fat grams?	2 ☐ No	1 ☐ Yes ➔	
b. Cut out between meal snacking?	2 ☐ No	1 ☐ Yes ➔	
c. Eat less high carbohydrate foods like bread or potatoes?	2 ☐ No	1 ☐ Yes ➔	
d. Keep a graph of your weight?	2 ☐ No	1 ☐ Yes ➔	
e. Use a very low calorie diet?	2 ☐ No	1 ☐ Yes ➔	
f. Reduce the number of calories you eat?	2 ☐ No	1 ☐ Yes ➔	
g. Smoke cigarettes?	2 ☐ No	1 ☐ Yes ➔	

D. Weight Control Practices

2. (Continued)

For each item on the list:

- **If you did any of these activities <u>during the last year</u> in order to control your weight, check "Yes" and follow the arrow to complete the <u>next column</u> for how many weeks you did the activity.**
- **If you did not do this, check "No" and go to the <u>next item</u>.**

	Did you do this in the last year?		For how many weeks did you do this?
h. Record what you eat daily?	2 ☐ No	1 ☐ Yes ➔	
i. Decrease fat intake?	2 ☐ No	1 ☐ Yes ➔	
j. Go to a weight loss group?	2 ☐ No	1 ☐ Yes ➔	
k. Eat meal replacements?	2 ☐ No	1 ☐ Yes ➔	
l. Keep a graph of your exercise?	2 ☐ No	1 ☐ Yes ➔	
m. Cut out sweets and junk food from your diet?	2 ☐ No	1 ☐ Yes ➔	
n. Increase fruits and vegetables?	2 ☐ No	1 ☐ Yes ➔	
o. Fast or go without food entirely (at least 24 hrs.)?	2 ☐ No	1 ☐ Yes ➔	
p. Count calories?	2 ☐ No	1 ☐ Yes ➔	
q. Take diet pills?	2 ☐ No	1 ☐ Yes ➔	
r. Increase your exercise levels?	2 ☐ No	1 ☐ Yes ➔	
s. Eat special low calorie diet foods?	2 ☐ No	1 ☐ Yes ➔	
t. Use home exercise equipment?	2 ☐ No	1 ☐ Yes ➔	
u. Drink fewer alcoholic beverages?	2 ☐ No	1 ☐ Yes ➔	
v. Record your exercise daily?	2 ☐ No	1 ☐ Yes ➔	
w. Eat less meat?	2 ☐ No	1 ☐ Yes ➔	
x. Other (please specify)	2 ☐ No	1 ☐ Yes ➔	
y. Alli/orlistat over the counter	2 ☐ No	1 ☐ Yes ➔	

E. Eating Habits

1. During the past 6 months, did you ever eat what most people, like your friends, would think was a *really big* amount of food?

   1 ☐ Yes

   2 ☐ No ➔ **Go to question 5, next page**

   Did you ever eat a *really big* amount of food within a short time (2 hours or less)?

   1 ☐ Yes

   2 ☐ No ➔ **Go to question 5, next page**

2. When you ate a *really big* amount of food, did you ever feel that you could not stop eating? Did you feel that you could not control what or how much you were eating?

   1 ☐ Yes

   2 ☐ No ➔ **Go to question 5, next page**

3. During the past 6 months, how often did you eat a *really big* amount of food with the feeling that your eating was out of control?

   There may have been some weeks when you did not eat this way at all. And some weeks you may have eaten like this a lot. But, *in general*, how often did this happen?

   1 ☐ Less than 1 day a week

   2 ☐ One day a week

   3 ☐ Two or three days a week

   4 ☐ Four or five days a week

   5 ☐ Almost every day

4. When you ate a *really big* amount of food and you could not control your eating, did you:

a)	Eat *very fast*?	1 ☐ Yes	2 ☐ No
b)	Eat until your stomach hurt or you felt sick in your stomach?	1 ☐ Yes	2 ☐ No
c)	Eat really *big amounts* of food even when you were not hungry?	1 ☐ Yes	2 ☐ No
d)	Eat really *big amounts* of food during the day without regular meals like breakfast, lunch, dinner?	1 ☐ Yes	2 ☐ No
e)	Eat by yourself because you did not want anyone to see how much you ate?	1 ☐ Yes	2 ☐ No
f)	Feel *really bad* about yourself after eating a lot of food?	1 ☐ Yes	2 ☐ No

E. Eating Habits

5. During the past 6 months, how bad did you feel when you ate too much or more food than you think is best for you?

   1 ☐ Not bad at all

   2 ☐ Just a little bad

   3 ☐ Pretty bad

   4 ☐ Very bad

   5 ☐ Very, very bad

   6 ☐ I did not eat too much

6. How bad did you feel that you could not stop eating or could not control what or how much you were eating?

   1 ☐ Not bad at all

   2 ☐ Just a little bad

   3 ☐ Pretty bad

   4 ☐ Very bad

   5 ☐ Very, very bad

   6 ☐ I did not lose control over my eating

7. During the past 6 months, has your weight or the shape of your body mattered to how you feel about yourself? Compare this feeling to how you feel about other parts of your life – like how you get along with family and friends, and how you do at your job.

   1 ☐ Weight and shape were *not important at all* to how I felt about myself.

   2 ☐ Weight and shape were *somewhat important* to how I felt about myself.

   3 ☐ Weight and shape were *pretty important* to how I felt about myself.

   4 ☐ Weight and shape were *very important* to how I felt about myself.

8. During the past 3 months, did you ever *make* yourself vomit, throw up, or get sick to keep from gaining weight after eating a *really big* amount of food?

   1 ☐ Yes

   2 ☐ No ➔ **Go to question 9, next page**

   How often – on the average – did you do that?

   1 ☐ Less than once a week

   2 ☐ Once a week

   3 ☐ Two or three times a week

   4 ☐ Four or five times a week

   5 ☐ More than five times a week

E. Eating Habits

9. During the past 3 months, did you ever take medicine (pills, liquid, gum, powder) that would *make you go to the bathroom* in order to *not gain weight* after eating a *really big* amount of food?

1 ☐ Yes

2 ☐ No ➔ **Go to question 10, below**

Were these laxatives (makes you have a bowel movement or B.M.) or *diuretics* (makes you urinate or pee)? Check which one(s):

1 ☐ Laxatives

2 ☐ Diuretics

9 ☐ Don't know

During the past 3 months, did you ever take *more than twice* the amount you were told to take on the box or bottle?

1 ☐ Yes

2 ☐ No

How often – on the average – did you take medicine that would make you go to the bathroom in order to not gain weight after eating a really big amount of food?

1 ☐ Less than once a week

2 ☐ Once a week

3 ☐ Two or three times a week

4 ☐ Four or five times a week

5 ☐ More than five times a week

10. During the past 3 months, did you ever *not eat anything at all* for at least 24 hours (a full day) to keep from gaining weight after eating a *really big* amount of food?

1 ☐ Yes

2 ☐ No ➔ **Go to question 11, next page**

How often – on the average – did you do that?

1 ☐ Less than once a week

2 ☐ Once a week

3 ☐ Two or three times a week

4 ☐ Four or five times a week

5 ☐ More than five times a week

E. Eating Habits

11. During the past 3 months, did you ever exercise *for more than one hour* at a time *only* to keep from gaining weight after eating a *really big* amount of food?

1 ☐ Yes

2 ☐ No ➔ **Go to question 12, below**

How often – on the average – did you do that?

1 ☐ Less than once a week

2 ☐ Once a week

3 ☐ Two or three times a week

4 ☐ Four or five times a week

5 ☐ More than five times a week

12. During the past 3 months, did you ever take diet pills to keep from gaining weight after eating a *really big* amount of food?

1 ☐ Yes

2 ☐ No ➔ **Go to Section F, "Resource Use," next page**

Did you ever take more than twice the amount you were told to take on the box or bottle?

1 ☐ Yes

2 ☐ No

How often – on the average – did you take diet pills to keep from gaining weight after eating a really big amount of food?

1 ☐ Less than once a week

2 ☐ Once a week

3 ☐ Two or three times a week

4 ☐ Four or five times a week

5 ☐ More than five times a week

F. Resource Use

1. In the past year, what services have you purchased for your own use to promote your fitness, health, and well being? Please check all that apply.

   1 ☐ Exercise, aerobic, or dance classes
   2 ☐ Health club or gym membership
   3 ☐ Weight loss spa or camp
   4 ☐ Other, specify
   5 ☐ Personal trainer
   6 ☐ None

2. In the past year, how many pairs of exercise shoes (walking, running, or sport-specific shoes) have you purchased for your own use?

   ☐☐ Number of pairs

3. In the past year, about how much money have you spent on special clothing for exercise (such as socks, underwear, special shoes, etc.)?

   1 ☐ None
   2 ☐ $1 - $100
   3 ☐ $101 - $250
   4 ☐ $251 - $500
   5 ☐ $501 and over

4. In the past year, have you paid to join a weight loss program such as Weight Watchers, Jenny Craig, Optifast, Nutra System, or Overeaters Anonymous?

   1 ☐ Yes
   2 ☐ No

G. Myself and My Family

1. In the past twelve months, how much did you and others currently living in your household earn from all sources?

1 ☐ Under $10,000	4 ☐ $30,000 - $39,999	7 ☐ $60,000 - $69,999
2 ☐ $10,000 - $19,999	5 ☐ $40,000 - $49,999	8 ☐ $70,000 - $79,999
3 ☐ $20,000 - $29,999	6 ☐ $50,000 - $59,999	9 ☐ $80,000 or more

2. How much money would you and others currently living in your household have if you cashed in all your checking and savings accounts, stocks and bonds, real estate, sold your home, your vehicles, and all your valuable possessions?

1 ☐ 0 - $500	5 ☐ $10,001 – 25,000	9 ☐ $250,001 - $500,000
2 ☐ $501 - $1,000	6 ☐ $25,001 - $50,000	10 ☐ $500,001 - $1,000,000
3 ☐ $1,001 - $5,000	7 ☐ $50,001 - $100,000	11 ☐ $1,000,001 or more
4 ☐ $5,001 - $10,000	8 ☐ $100,001 - $250,000	