

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?

- YES .....1
NO .....5 GO TO \*EA16
DON'T KNOW .....8 GO TO \*EA16
REFUSED .....9 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?

- YES .....1
NO .....5 GO TO \*EA16
DON'T KNOW .....8 GO TO \*EA16
REFUSED .....9 GO TO \*EA16

\*EA2.1 INTERVIEWER CHECKPOINT: UNIT OF MEASUREMENT FOR WEIGHT

- IMPERIAL/US..... 1
METRIC..... 2

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

\_\_\_\_\_ BODY WEIGHT (POUNDS or KILOGRAMS)

- DON'T KNOW .....998
REFUSED .....999

\*EA3.1. INTERVIEWER CHECKPOINT: UNIT OF MEASUREMENT FOR HEIGHT

- IMPERIAL/US..... 1
METRIC.....2 GO TO \*EM3c.

\*EA3a. How tall were you at that time?

\_\_\_\_\_ BODY HEIGHT (FEET/ INCHES)

- DON'T KNOW .....998
REFUSED .....999

\*EA3c. How tall were you at that time?

\_\_\_\_\_ BODY HEIGHT (CENTIMETERS)

- DON'T KNOW .....998
REFUSED .....999

\*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			
<u>Height (feet)</u>	<u>Weight (lbs)</u>	<u>Height (meters)</u>	<u>Weight (kg)</u>
4'10" or less	111	1.47 or less	50
4'11"	114	1.50	52
5'0"	116	1.52	53
5'1"	119	1.55	54
5'2"	122	1.57	55
5'3"	125	1.60	57
5'4"	128	1.62	58
5'5"	132	1.65	60
5'6"	135	1.68	61
5'7"	139	1.70	63
5'8"	142	1.73	64
5'9"	145	1.75	66
5'10"	147	1.78	67
5'11"	150	1.8	68
6'0" or more	152	1.83 or more	69

MINIMUM WEIGHTS FOR MEN			
<u>Height (feet)</u>	<u>Weight (lbs)</u>	<u>Height (meters)</u>	<u>Weight (kg)</u>
5'2" or less	128	1.57 or less	58
5'3"	130	1.60	59
5'4"	133	1.62	60
5'5"	136	1.65	62
5'6"	139	1.68	63
5'7"	143	1.70	65
5'8"	146	1.73	66
5'9"	150	1.75	68
5'10"	153	1.78	69
5'11"	156	1.80	71
6'0"	160	1.83	73
6'1"	163	1.85	74
6'2"	167	1.88	76
6'3"	172	1.90	78
6'4" or more	176	1.93 or more	80

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

YES .....1  
 NO .....5 GO TO \*EA16  
 DON'T KNOW .....8 GO TO \*EA16  
 REFUSED .....9 GO TO \*EA16

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

- YES .....1  
 NO .....5 (GO TO \*EA16) \*\* (17b)  
 DON'T KNOW .....8 (GO TO \*EA16) \*\*  
 REFUSED .....9 (GO TO \*EA16) \*\*

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

- R IS MALE .....1 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?

- YES .....1  
 NO .....5 (GO TO \*EA16) \*\* (17c)  
 DON'T KNOW .....8 (GO TO \*EA16) \*\*  
 REFUSED .....9 (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 SERIES~~ (\*EA10, \*EA10b, \*EA10c, \*EA10d) \*\*) (17e)

- AT LEAST ONE "YES" RESPONSE IN ~~\*EA10 SERIES~~ (\*EA10, \*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

DON'T KNOW ..... 998  
REFUSED ..... 999

\*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” where 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 \*EA 23~~ (GO TO \*EA30) \*  
 DON'T KNOW ..... 8 ~~GO TO \*EA 23~~ (GO TO \*EA30) \*  
 REFUSED ..... 9 ~~GO TO \*EA 23~~ (GO TO \*EA30) \*

(17f)

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

DON'T KNOW ..... 998  
REFUSED ..... 999

\*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**

	<b>YES (1)</b>	<b>NO (5)</b>	<b>DK (8)</b>	<b>RF (9)</b>
<p><b>*EA23.</b> 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 <b>GO TO *EA23b</b>	5 <b>GO TO *EA23b</b>	8 <b>GO TO *EA23b</b>	9 <b>GO TO *EA23b</b>
<p><b>*EA23a.</b> 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><b>*EA23b.</b> 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><b>*EA23c.</b> Did you make yourself vomit?</p> <p>(KEY PHRASE: vomited)</p>	1	5	8	9
<p><b>*EA23d.</b> Did you take laxatives or enemas?</p> <p>(KEY PHRASE: took laxatives or enemas)</p>	1	5	8	9
<p><b>*EA23e.</b> Did you exercise <u>excessively</u>?</p> <p>(KEY PHRASE: exercised excessively)</p>	1	5	8	9
<p><b>*EA23f.</b> 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**

- DON'T KNOW ..... 998
- REFUSED ..... 999

**\*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

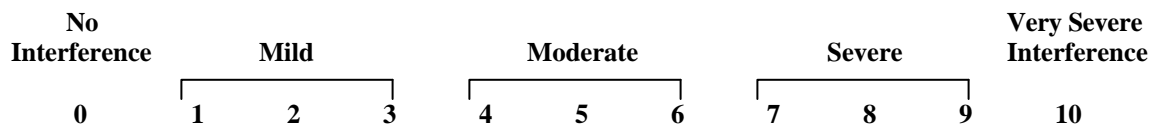
**\*EA30. INTERVIEWER CHECKPOINT: (SEE \*EA11, \*EA18, \*EA24)**

RESPONSE CODED "1," IN AT LEAST ONE OF THE  
FOLLOWING: \*EA11, \*EA18 OR \*EA24 .....1  
ALL OTHERS .....2      **GO TO \*PR1, 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 \*EA29 .....1  
ALL OTHERS .....2      **GO TO \*EA35**



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

(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 APPLY .....97  
DON'T KNOW .....98  
REFUSED .....99

\*EA32b. Your ability to work? \_\_\_\_\_

DOES NOT APPLY .....97  
DON'T KNOW .....98  
REFUSED .....99

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

DOES NOT APPLY .....97  
DON'T KNOW .....98  
REFUSED .....99

\*EA32d. Your social life? \_\_\_\_\_

DOES NOT APPLY .....97  
DON'T KNOW .....98  
REFUSED .....99

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

ALL FOUR RESPONSES TO \*EA32 SERIES EQUAL '0' OR '97' .....1   **GO TO \*EA35**  
ALL OTHERS .....2

**\*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 \*PR1, NEXT SECTION**  
DON'T KNOW ..... 8 **GO TO \*PR1, NEXT SECTION**  
REFUSED ..... 9 **GO TO \*PR1, 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

---

**END OF SECTION**