These Questions Ask About Weight

1a. I think I ... (Mark all that apply)
   - am about the right weight
   - should gain weight
   - should lose weight

   - is about the right weight
   - should gain weight
   - should lose weight

   Not at all  A little  Somewhat  Very

2a. How important is it to you that you be thin?
   - No
   - A little
   - Somewhat
   - Very

3. Have any of the following members of your family ever had an eating disorder, such as anorexia nervosa or bulimia nervosa? (Mark all that apply)
   - No one in the family
   - I had/have an eating disorder
   - Someone else in the family

4. Has anyone in your family ever been treated for an eating disorder by a doctor, nurse, or other health care provider? (Mark all that apply)
   - No one in the family treated for an eating disorder
   - I have been treated
   - Someone else in the family has been treated

   - No
   - Yes

(Mark all that apply)
   - Lack of transportation
   - Lack of interest in sports or activity
   - Lack of available facilities
   - Homework
   - Other: ___________________________
   - After-school classes
   - Lack of parks or play field nearby
   - Part-time or full-time job
   - Other: ___________________________
   - Limited portion size
   - Lack of available facilities
   - No limiting factors
   - Did not eat between meals
   - Limited portion size
   - No limiting factors
   - Made myself throw-up
   - Exercised
   - Used laxatives
   - Made myself throw-up
   - Changed diet
   - Skipped meals
   - Used laxatives
   - Made myself throw-up
   - Used diet pills
   - Skipped meals
   - Made myself throw-up
   - Used diet pills
   - Skipped meals
   - Made myself throw-up

7. During the past 10 years, have you ever attended a weight loss clinic, camp, or other weight loss treatment program? (Mark all that apply)
   - No
   - Yes, I have attended Weight Watchers®, Jenny Craig®, or other commercial weight loss program
   - Yes, I have been on a medically supervised weight loss program

8. During the past year did you try to lose weight?
   - No
   - Yes

   Have you used any of the following to control your weight? (Mark all that apply)
   - Changed diet
   - Limited portion size
   - Did not eat between meals
   - Smoked
   - Skipped meals
   - Exercised
   - Made myself throw-up
   - Used diet pills
   - Used laxatives
   - Made myself throw-up
   - Monthly
   - Weekly

9. During the past year, how often have you eaten, in a relatively short period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time?
   - Never
   - A couple of times
   - Less than once a month
   - Monthly
   - Weekly

   Did you feel out of control, like you couldn’t stop eating even if you wanted to stop?
   - No
   - Yes
### 13. Have you smoked 100 or more cigarettes (5 packs) in your life?

- **No**
- **Yes**

How many times did you try to quit smoking before you were successful?

- **1**
- **2**
- **3**
- **4**
- **5**
- **> 5**

At what age did you quit smoking (for good)?

- **Knee**
- **Ankle**
- **Wrist**
- **Elbow**
- **Other:**

Time off from playing sports in range of:

- **< 1 month**
- **1–2 months**
- **3 or more months**

**Site**

### 14. How much do you agree with the following statements:

IF YOU HAVE MORE THAN ONE CHILD IN GUTS, YOU ONLY NEED TO ANSWER THE QUESTIONS IN THIS BLUE BOX ONCE.

- **Strongly agree**
- **Agree**
- **Mixed/Not sure**
- **Disagree**
- **Strongly disagree**

**I feel uneasy around people who are very open in public about being gay, lesbian, or bisexual.**

**It is important to me that my child(ren) be heterosexual (attracted only to persons of the opposite sex).**

**We will not release this address to anyone and it will only be used for correspondence related to the study.**

- **None**
- **A**
- **M**
- **D**

### 15. We know that many GUTS participants prefer to receive information about the study via e-mail (including links to the online questionnaire). Would you be willing to give us your child’s most recent or most used e-mail address?

- **None**