START TIME ___ : ___

1. How much do you weigh? (Best guess.)
   Current weight ___ ___ ___ POUNDS

2. What is the most you've ever weighed as an adult (not counting when you were pregnant)?
   Highest adult weight ___ ___ ___ POUNDS

3. How tall are you?
   Current height ___ FT. ___ INCHES

4a. What has been your lowest weight since you reached your current height, not counting times when you were ill?
   Lowest adult weight when not physically ill ___ ___ ___ POUNDS

4b. ___________________________>
   Lowest weight was 15% below that expected for adult height
   - weight coded in Q.4a is at or below weight indicated for adult height in chart below = "3"
   1 NO
   3 YES - SKIP TO Q.4d

INTERVIEWER INSTRUCTIONS: THESE WEIGHTS REPRESENT "15% BELOW THAT EXPECTED" IN Q.4b

<table>
<thead>
<tr>
<th>HEIGHT</th>
<th>FEMALES</th>
<th>MALES</th>
</tr>
</thead>
<tbody>
<tr>
<td>4'9&quot;</td>
<td>88.5</td>
<td>--</td>
</tr>
<tr>
<td>4'1&quot;</td>
<td>91</td>
<td>112</td>
</tr>
<tr>
<td>5'0&quot;</td>
<td>96</td>
<td>102</td>
</tr>
<tr>
<td>5'1&quot;</td>
<td>98.6</td>
<td>112</td>
</tr>
<tr>
<td>5'2&quot;</td>
<td>102</td>
<td>129</td>
</tr>
<tr>
<td>5'3&quot;</td>
<td>104.5</td>
<td>125</td>
</tr>
<tr>
<td>5'4&quot;</td>
<td>108</td>
<td>130</td>
</tr>
<tr>
<td>5'5&quot;</td>
<td>112</td>
<td>134</td>
</tr>
</tbody>
</table>

4c. Before you reached your current height, did you ever weigh a lot less than the doctor said you should?
   IF YES:
   How old were you?
   What was your height and weight?
   What did the doctor say?

4d. How many separate times in your life have you weighed less than [15% BELOW EXPECTED WEIGHT]?
   Number of potential anorexia episodes in lifetime 1 - 1 PERIOD
   2 - 2+ PERIODS

4e. How old were you when your weight was the lowest (at your current height)?
   Age/time of worst potential episode of anorexia ____ MONTHS AGO ____ AGE (IF MORE THAN 12 MONTHS AGO)

Prior to reaching adult height, failure to make expected weight gain during a period of growth leading to body weight 15% below that expected.
   - must have been told by doctor that weight was 15% or more below that expected
   1  
   2  
   3  

?  

1  

SKIP TO SECTION 17, PAGE 221
5. When your weight was [LOWEST WEIGHT], did you refuse to gain any weight, even though other people thought you should? (Why?)

Refusal to maintain minimally normal body weight for age and height, e.g., body weight 15% below that expected

1 2 3

SKIP TO SECTION 17, PAGE 221

6. During the time your weight was [LOWEST WEIGHT], were you very afraid of gaining weight or getting fat?

Intense fear of gaining weight or becoming fat, even though underweight

- fear is not alleviated by the weight loss = “3”

1 2 3

SKIP TO SECTION 17, PAGE 221

7. When your weight was [LOWEST WEIGHT]:

...did you think you looked fat?

Disturbance in the way one’s body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of low body weight

- feeling “fat” even when seriously underweight = “3”
- self-esteem highly dependent on weight and shape = “3”
- acknowledges being thin but denies medical consequences = “3”

1 2 3

CHECK ALL THAT APPLY:

FEELS FAT
UNDUE INFLUENCE OF WEIGHT
DENIAL OF CONSEQUENCES

CHECK ITEM

16.1 DID SUBJECT HAVE POTENTIAL ANOREXIA? NO - SKIP TO SECTION 17, PAGE 221

(IS Q.7 CODED “3”?)

YES

8. During the time your weight was [LOWEST WEIGHT], did you ever make yourself vomit, or use laxatives, diuretics or enemas as often as twice a week?

Regularly engaged in compensatory behaviors (purging) when weight was 15% below that expected

- occurs twice a week for 3 months = “3”
- behaviors engaged in to prevent weight gain = “3”

1 2 3

FOR MALES:

SKIP TO CHECK ITEM 16.2

9. Before you reached [LOWEST WEIGHT], were you having your periods?

Did they stop when you lost weight? (For how long?)

Absence of at least 3 consecutive menstrual cycles in females who have begun regular menstrual cycles

- never established regular periods prior to period of low body weight = “3”
- periods occur only following hormone administration = “3”

1 2 3

CHECK ITEM

16.2 DID SUBJECT EVER MEET CRITERIA FOR ANOREXIA? NO - SKIP TO SECTION 17, PAGE 221

(IS Q.9 CODED “3”?)

YES
10. Did your low weight ever:

...interfere with your normal daily activities? (How?)

...make it harder for you to take care of your everyday responsibilities? (How?)

...cause any problems for you at work or school? (What kinds of problems?)

...cause any problems in your relationships or social life? (What kinds of problems?)

IF YES:
Was the problem mild, moderate, or severe?

11. How old were you when you first weighed [15% BELOW EXPECTED WEIGHT] and felt afraid of being fat at the same time?

IF APPLICABLE: How old were you when you lost your periods?

ASK IF NOT KNOWN:

12. Was there ever a time lasting at least 2 months when you weighed more than [15% BELOW EXPECTED WEIGHT]? (When was that?)

ASK IF NOT KNOWN:

13. Was there ever another time when you weighed less than [15% BELOW EXPECTED WEIGHT]?

14. When is the most recent time when you weighed [15% BELOW EXPECTED WEIGHT]?

15. Do you currently weigh [15% BELOW EXPECTED WEIGHT]?

IF NO: When was the last time you weighed [15% BELOW EXPECTED WEIGHT]

16. What was the longest period of time in your life that you weighed [15% BELOW EXPECTED WEIGHT]?

END TIME ___ : ___