EATING DISORDERS (EA) – NZ SECTION 18

INTERVIEWER CHECKPOINT: (R’S GENDER)

R IS MALE ............................................1  GO TO *EA1
R IS FEMALE........................................2  GO TO PR2

*PR2. Before we begin the next set of questions, tell me how old were you when you had your first menstrual period?

________ YEARS OLD

NEVER HAD A MENSTRUAL PERIOD..................997
DON’T KNOW ...........................................................998
REFUSED .................................................................999

*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

*NZREA2. What was the lowest body weight you ever purposefully had after the age of twelve?

IN WHAT UNITS DID RESPONDENT ANSWER?
RECORD:
______ KILOGRAMS
______ OR POUNDS
______ OR STONES
______ OR STONES AND POUNDS
DON’T KNOW .............................................998
REFUSED ....................................................999

*NZREA3. How tall were you at that time?

IN WHAT UNITS DID THE RESPONDENT ANSWER?
RECORD:
______ METRES
______ OR FEET
______ OR CENTIMETRES
______ FEET AND INCHES
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**

<table>
<thead>
<tr>
<th>Height (feet)</th>
<th>Weight (lbs)</th>
<th>Height (meters)</th>
<th>Weight (kg)</th>
<th>Height (meters)</th>
<th>Weight (kg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5'0&quot; or less</td>
<td>102</td>
<td>1.40 or less</td>
<td>39</td>
<td>1.73</td>
<td>60</td>
</tr>
<tr>
<td>5'1&quot;</td>
<td>106</td>
<td>1.41-1.42</td>
<td>40</td>
<td>1.74-1.75</td>
<td>61</td>
</tr>
<tr>
<td>5'2&quot;</td>
<td>109</td>
<td>1.43-1.44</td>
<td>41</td>
<td>1.76</td>
<td>62</td>
</tr>
<tr>
<td>5'3&quot;</td>
<td>113</td>
<td>1.45</td>
<td>42</td>
<td>1.77-1.78</td>
<td>63</td>
</tr>
<tr>
<td>5'4&quot;</td>
<td>116</td>
<td>1.46-1.47</td>
<td>43</td>
<td>1.79</td>
<td>64</td>
</tr>
<tr>
<td>5'5&quot;</td>
<td>120</td>
<td>1.48-1.49</td>
<td>44</td>
<td>1.80</td>
<td>65</td>
</tr>
<tr>
<td>5'6&quot;</td>
<td>124</td>
<td>1.50</td>
<td>45</td>
<td>1.81-1.82</td>
<td>66</td>
</tr>
<tr>
<td>5'7&quot;</td>
<td>128</td>
<td>1.51-1.52</td>
<td>46</td>
<td>1.83</td>
<td>67</td>
</tr>
<tr>
<td>5'8&quot;</td>
<td>132</td>
<td>1.53-1.54</td>
<td>47</td>
<td>1.84-1.85</td>
<td>68</td>
</tr>
<tr>
<td>5'9&quot;</td>
<td>135</td>
<td>1.55</td>
<td>48</td>
<td>1.86</td>
<td>69</td>
</tr>
<tr>
<td>5'10&quot;</td>
<td>139</td>
<td>1.56-1.57</td>
<td>49</td>
<td>1.87</td>
<td>70</td>
</tr>
<tr>
<td>5'11&quot;</td>
<td>143</td>
<td>1.58</td>
<td>50</td>
<td>1.88-1.89</td>
<td>71</td>
</tr>
<tr>
<td>6'0&quot;</td>
<td>147</td>
<td>1.59-1.60</td>
<td>51</td>
<td>1.90</td>
<td>72</td>
</tr>
<tr>
<td>6'1&quot;</td>
<td>152</td>
<td>1.61-1.62</td>
<td>52</td>
<td>1.91</td>
<td>73</td>
</tr>
<tr>
<td>6'2&quot;</td>
<td>156</td>
<td>1.63</td>
<td>53</td>
<td>1.92-1.93</td>
<td>74</td>
</tr>
<tr>
<td>6'3&quot;</td>
<td>160</td>
<td>1.64-1.65</td>
<td>54</td>
<td>1.94</td>
<td>75</td>
</tr>
<tr>
<td>6'4&quot;</td>
<td>164</td>
<td>1.66</td>
<td>55</td>
<td>1.95</td>
<td>76</td>
</tr>
<tr>
<td>6'5&quot;</td>
<td>168</td>
<td>1.67-1.68</td>
<td>56</td>
<td>1.96</td>
<td>77</td>
</tr>
<tr>
<td>6'6&quot; or more</td>
<td>175</td>
<td>1.70-1.71</td>
<td>58</td>
<td>1.97-1.98</td>
<td>78</td>
</tr>
<tr>
<td>6'6&quot; or more</td>
<td>175</td>
<td>1.72</td>
<td>59</td>
<td>1.99</td>
<td>79</td>
</tr>
</tbody>
</table>

**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**) **

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

R IS MALE ............................................ 1  
R IS FEMALE ....................................... 2  

**NZEA9.** Around the time you weighed (WEIGHT REPORTED IN *NZEA2) did you ever have three months or more in a row when you stopped having your menstrual periods or had you not started menstruating then?

YES ........................................................1  
NOT STARTED MENSTRUATING ......2  
NO ..........................................................5  
DON’T KNOW ...........................................8  
REFUSED ..............................................9  

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<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

**EA10.** Did you feel as if you were heavier than you should have been or heavier than you wanted to be?

(KEY PHRASE: feeling you were too heavy)

**EA10b.** Did you think that some parts of your body were too fat?

(KEY PHRASE: thinking that parts of your body were too fat)

**EA10c.** Did you feel as if your self-esteem or confidence depended on your ability to stay thin or to lose even more weight?

(KEY PHRASE: feeling as if your self-esteem depended on being thin)

**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)

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

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  
DON’T KNOW .........................8  
REFUSED .........................9  

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

__________ YEARS OLD  
GO TO *EA13

DON’T KNOW ............998  
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?

Was it:
during the past month?
more than a month to six months ago?
more than six to twelve months ago?
or more than twelve months ago?

PAST MONTH................................................................. 1 GO TO **EA16**
MORE THAN A MONTH TO SIX MONTHS AGO ............. 2 GO TO **EA16**
MORE THAN SIX MONTHS TO TWELVE 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 sweets 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 | GO TO *EA 23 (GO TO *EA30) * |
| NO .................................... 5 | .......................................... (17f) |
| DON’T KNOW ................ 8 | GO TO *EA 23 (GO TO *EA30) * |
| REFUSED ........................ 9 | GO TO *EA 23 (GO TO *EA30) * |

| *EA17. | During the binges did you usually eat much more quickly than usual? |
|        | YES (1) | NO (5) | DK (8) | RF (9) |
|        | 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 as if 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 bingeing on your health, on your weight, or on your body shape? |
|         | 1       | 5      | 8      | 9      |

| *EA17h. | Did you often get upset both 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  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 binged 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?

Was it:
during the past month?
more than a month to six months ago?
more than six to twelve months ago?
or more than twelve months ago?

PAST MONTH ........................................ 1  GO TO *EA23a
MORE THAN A MONTH TO SIX MONTHS AGO ............ 2  GO TO *EA23a
MORE THAN SIX MONTHS TO TWELVE 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
**EA23.** Did you ever do any of the following things regularly in order to control your weight:

- Did you fast by not eating at all or only taking liquids for 8 hours or longer?

  (KEY PHRASE: fasted or took only a liquid diet)

**EA23a.** Did you ever do any of the following things regularly after binging in order to control your weight:

- Did you fast by not eating at all or only taking liquids for 8 hours or longer?

  (KEY PHRASE: fasted or took only a liquid diet)

**EA23b.** Did you take water pills, diuretics, or weight control medicines?

  (KEY PHRASE: took weight loss medicine or pills)

**EA23c.** Did you make yourself vomit?

  (KEY PHRASE: vomited)

**EA23d.** Did you take laxatives or enemas?

  (KEY PHRASE: took laxatives or enemas)

**EA23e.** Did you exercise excessively?

  (KEY PHRASE: exercised excessively)

**EA23f.** Did you chew and then spit out your food?

  (KEY PHRASE: spit out your food)

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

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

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**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?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

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  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 two times 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?

Was it:

during the past month?
more than a month to six months ago?
more than six to twelve months ago?
or more than twelve months ago?

PAST MONTH.................................1  GO TO *EA30
MORE THAN A MONTH TO SIX MONTHS AGO...........2  GO TO *EA30
MORE THAN SIX MONTHS TO TWELVE MONTHS AGO....3  GO TO *EA30
MORE THAN TWELVE 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 *EA39

*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

<table>
<thead>
<tr>
<th>No Interference</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Very Severe Interference</th>
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<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

*EA32. (Showcard 40) 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 your showcard 40, 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 activities during that time? Please tell me if any of these things do not apply to you.

(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 responsibilities, like cleaning, shopping, and taking care of the (house/flat/apartment)?

__________________________

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

*EA32b. Your ability to work or study?

__________________________

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. During the past 12 months, about how many days out of those 365 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, counsellors, spiritual advisors, herbalists, naturopaths, homeopaths, acupuncturists, and other healing professionals.)

YES .........................1
NO ............................5 GO TO *EA39
DON’T KNOW .................8 GO TO *EA39
REFUSED .....................9 GO TO *EA39

*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

*EA39. INTERVIEWER CHECKPOINT (SEE RESPONDENT’S GENDER)

FEMALE ................................................. 1  GO TO *O1
MALE ...................................................... 2  GO TO *O1

END OF SECTION