

# BODY PROJECT: PrePost SURVEY

**PLEASE ANSWER THESE QUESTIONS ABOUT YOUR THOUGHTS AND BEHAVIORS OVER THE LAST MONTH UNLESS INDICATED OTHERWISE.**

**PLEASE ANSWER ALL QUESTIONS AND CIRCLE ONLY ONE ANSWER PER QUESTION**

**Please circle the response that reflects your agreement with these statements over the past month:**

	strongly disagree	disagree	neutral	agree	strongly agree
1. Slim women are more attractive . . . . .	1	2	3	4	5
2. Tall women are more attractive. . . . .	1	2	3	4	5
3. Women with toned bodies are more attractive . . . . .	1	2	3	4	5
4. Women who are in shape are more attractive . . . . .	1	2	3	4	5
5. Slender women are more attractive. . . . .	1	2	3	4	5
6. Women with long legs are more attractive . . . . .	1	2	3	4	5
7. Curvy women are more attractive.. . . .	1	2	3	4	5
8. Shapely women are more attractive. . . . .	1	2	3	4	5

**Circle the best response to describe your behavior over the last month:**

	never	seldom	some- times	often	always
1. If you put on weight, did you eat less than you normally would? . . . . .	1	2	3	4	5
2. Did you try to eat less at mealtimes than you would like to eat?. . . . .	1	2	3	4	5
3. How often did you refuse food or drink because you were concerned about your weight. . . . .	1	2	3	4	5
4. Did you watch exactly what you ate?. . . . .	1	2	3	4	5
5. Did you deliberately eat foods that were slimming?. . . . .	1	2	3	4	5
6. When you ate too much, did you eat less than usual the next day? . . . . .	1	2	3	4	5
7. Did you deliberately eat less in order not to become heavier?. . . . .	1	2	3	4	5
8. How often did you try not to eat between meals because you were watching your weight?. . . . .	1	2	3	4	5
9. How often in the evenings did you try not to eat because you were watching your weight? . . . . .	1	2	3	4	5
10. Did you take into account your weight in deciding what to eat? . . . . .	1	2	3	4	5

**Over the past month, how satisfied were you with your:**

	extremely dissatisfied	moderately dissatisfied	neutral	moderately satisfied	extremely satisfied
1. Weight . . . . .	1	2	3	4	5
2. Figure. . . . .	1	2	3	4	5
3. Appearance of stomach. . . . .	1	2	3	4	5
4. Body build. . . . .	1	2	3	4	5
5. Waist . . . . .	1	2	3	4	5
6. Thighs . . . . .	1	2	3	4	5
7. Buttocks. . . . .	1	2	3	4	5
8. Hips. . . . .	1	2	3	4	5
9. Legs. . . . .	1	2	3	4	5

**Please circle the response that indicates how you have felt during the past week.**

	not at all	a little	moderately	a lot	extremely
1. Disgusted with self . . . .	1	2	3	4	5
2. Sad. . . . .	1	2	3	4	5
3. Afraid . . . . .	1	2	3	4	5
4. Shaky. . . . .	1	2	3	4	5
5. Alone. . . . .	1	2	3	4	5
6. Blue. . . . .	1	2	3	4	5
7. Guilty . . . . .	1	2	3	4	5
8. Nervous. . . . .	1	2	3	4	5
9. Lonely. . . . .	1	2	3	4	5
10. Jittery. . . . .	1	2	3	4	5
11. Ashamed . . . . .	1	2	3	4	5
12. Scared . . . . .	1	2	3	4	5
13. Angry at self . . . . .	1	2	3	4	5
14. Downhearted. . . . .	1	2	3	4	5
15. Blameworthy. . . . .	1	2	3	4	5
16. Frightened . . . . .	1	2	3	4	5
17. Dissatisfied with self. .	1	2	3	4	5
18. Anxious. . . . .	1	2	3	4	5
19. Depressed . . . . .	1	2	3	4	5
20. Worried . . . . .	1	2	3	4	5

**Circle the best response to describe your behavior over the last 6 months:**

	never	seldom	some- times	often	always
1. How often have you seen friends or spoken to friends on the telephone? . . . . .	1	2	3	4	5
2. How often have you gone out socially with other people, such as to a movie?.	1	2	3	4	5
3. How often have you had arguments with friends? . . . . .	1	2	3	4	5
4. How often have you had your feelings hurt by a friend? . . . . .	1	2	3	4	5
5. How often have you felt shy or uncomfortable with people? . . . . .	1	2	3	4	5
6. How often have you felt lonely and wished for more friends? . . . . .	1	2	3	4	5
7. How often have you dated someone? . . . . .	1	2	3	4	5
8. Have you had arguments with your family? . . . . .	1	2	3	4	5
9. How often have you had your feelings hurt by a family member? . . . . .	1	2	3	4	5
10. How often have you missed school? . . . . .	1	2	3	4	5
11. How often have you felt upset at school? . . . . .	1	2	3	4	5
12. How often have you felt ashamed of how you do your school work? . . . . .	1	2	3	4	5
13. How often have you had arguments with people at school? . . . . .	1	2	3	4	5
14. How often have you missed work? . . . . .	1	2	3	4	5
15. How often have you felt upset at work? . . . . .	1	2	3	4	5
16. How often have you felt ashamed of how you do your work? . . . . .	1	2	3	4	5
17. How often have you had arguments with people at work? . . . . .	1	2	3	4	5

<b>Over the past 3 months...</b>	Extremely		Moderately		slightly		Not at all
1. Have you felt fat? . . . . .	0	1	2	3	4	5	6
2. Have you had a definite fear that you might gain weight or become fat? . . . . .	0	1	2	3	4	5	6
3. Has your weight influenced how you think about (judge) yourself as a person? . . . . .	0	1	2	3	4	5	6
4. Has your shape influenced how you think about (judge) yourself as a person? . . . . .	0	1	2	3	4	5	6

5. During the past **6 months** have there been times when you felt you have eaten what other people would regard as an unusually large amount of food (e.g., a quart of ice cream) given the circumstances? . . . . . YES NO

6. During the times when you ate an unusually large amount of food, did you experience a loss of control (feel you couldn't stop eating or control what or how much you were eating)? . . . . . YES NO

7. How many **DAYS per week** on average over the **past 6 MONTHS** have you eaten an unusually large amount of food and experienced a loss of control? 0 1 2 3 4 5 6 7

8. How many **TIMES per week** on average over the **past 3 MONTHS** have you eaten an unusually large amount of food and experienced a loss of control? 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14

**During these episodes of overeating and loss of control did you...**

9. Eat much more rapidly than normal? . . . . . YES NO

10. Eat until you felt uncomfortably full? . . . . . YES NO

11. Eat large amounts of food when you didn't feel physically hungry? . . . . . YES NO

12. Eat alone because you were embarrassed by how much you were eating? . . . . . YES NO

13. Feel disgusted with yourself, depressed, or very guilty after overeating? . . . . . YES NO

14. Feel very upset about your uncontrollable overeating or resulting weight gain? . . . YES NO

15. How many **times per week** on average over the past **3 months** have you made yourself vomit to prevent weight gain or counteract the effects of eating? 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14

16. How many **times per week** on average over the past **3 months** have you used laxatives or diuretics to prevent weight gain or counteract the effects of eating? 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14

17. How many **times per week** on average over the past **3 months** have you fasted (skipped at least 2 meals in a row) to prevent weight gain or counteract the effects of eating? 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14

18. How many **times per week** on average over the past **3 months** have you engaged in excessive exercise specifically to counteract the effects of overeating episodes? 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14

19. How much do you weigh? If uncertain, please give your best estimate. \_\_\_\_\_ lbs.

20. How tall are you? \_Please specify in inches (5 ft.= 60 in.)\_\_\_\_\_ in.

21. Over the past **3 months**, how many menstrual periods have you missed? 0 1 2 3 n/a

22. Have you been taking birth control pills during the past **3 months**? . . . . . YES NO