

Section 8: Knowledge of Body Weight

Questionnaire

8.1	Have you ever been told by a doctor, nurse or other health professional that your weight is a problem, that you are obese, overweight or weigh more than you should?	1. Yea	<input type="checkbox"/>	3. Don't recall/not sure	<input type="checkbox"/>														
		2. No	<input type="checkbox"/>																
8.2	Are you currently trying to lose weight?	1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>														
8.3	Are you currently on some kind of program or being treated to control your weight or is there something that you are doing to keep from gaining weight?	1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>														
8.4	When was the last time you weighed yourself?	1. 1 year ago or less	<input type="checkbox"/>																
		2. 1-2 years ago	<input type="checkbox"/>																
		3. More than 2 years ago	<input type="checkbox"/>																
		4. Don't recall/not sure	<input type="checkbox"/>																
		5. I've never weighed myself	<input type="checkbox"/>																
8.5	How much do you think you weigh?	1. Weight in kg																	
		2. I don't know/not sure	<input type="checkbox"/>																
8.6	How much do you think you should weigh?	1. Weight in kg																	
		2. I don't know/not sure	<input type="checkbox"/>																
8.7	How much would you like to weigh?	1. Weight in kg																	
		2. I don't know/not sure	<input type="checkbox"/>																
8.8	If you, a family member or friend decided or wanted—or you were recommended—to lose weight, do you know a place where you could go to get counseling/help with how to go about losing weight?	1. Yes	<input type="checkbox"/>	I don't know/not sure	<input type="checkbox"/>														
		2. No	<input type="checkbox"/>																

