

Obesity-Related Problem Assessment

Below is a list of situations during which you might be bothered by your body weight or body shape.

Does your body weight or body shape bother you in the following situations?

Please mark an X in the one box that best describes your answer at this time.

| | Definitely bothered | Mostly bothered | Not so bothered | Definitely not bothered |
|--|----------------------------|----------------------------|----------------------------|--------------------------------|
| Private gatherings in my own home | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Private gatherings in a friend's or relative's home | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Going to a restaurant | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Going to community activities, courses, etc. | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Vacations away from home | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Trying on and buying clothes | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Bathing in public places (beach, public pool, etc.) | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

Obesity and Weight-Loss Quality of Life Assessment

Below is a list of statements about your quality of life in relation to being overweight and trying to lose weight. For each of the following statements, please mark an X in the one box that best describes your answer at this time.

| | Not at all | Hardly | Somewhat | Moderately | A good deal | A great deal | A very great deal |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Because of my weight, I try to wear clothes that hide my shape | <input type="checkbox"/> 6 | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| I feel frustrated that I have less energy because of my weight | <input type="checkbox"/> 6 | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| I feel guilty when I eat because of my weight | <input type="checkbox"/> 6 | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| I am bothered about what other people say about my weight | <input type="checkbox"/> 6 | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| Because of my weight, I try to avoid having my photograph taken | <input type="checkbox"/> 6 | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| Because of my weight, I have to pay close attention to personal hygiene | <input type="checkbox"/> 6 | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| My weight prevents me from doing what I want to do | <input type="checkbox"/> 6 | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| I worry about the physical stress that my weight puts on my body | <input type="checkbox"/> 6 | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| I feel frustrated that I am not able to eat what others do because of my weight | <input type="checkbox"/> 6 | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| I feel depressed because of my weight | <input type="checkbox"/> 6 | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| I feel ugly because of my weight | <input type="checkbox"/> 6 | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| I worry about the future because of my weight | <input type="checkbox"/> 6 | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| I envy people who are thin | <input type="checkbox"/> 6 | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| I feel that people stare at me because of my weight | <input type="checkbox"/> 6 | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| I have difficulty accepting my body because of my weight | <input type="checkbox"/> 6 | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| I am afraid that I will gain back any weight that I lose | <input type="checkbox"/> 6 | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| I get discouraged when I try to lose weight | <input type="checkbox"/> 6 | <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |