

## Your Feelings About Your Weight

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  in the one box that best describes your answer at this time.

	NOT AT ALL	HARDLY	SOME- WHAT	MODER- ATELY	A GOOD DEAL	A GREAT DEAL	A VERY GREAT DEAL
1. Because of my weight, I try to wear clothes that hide my shape <i>(Please check one)</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
2. I feel frustrated that I have less energy because of my weight <i>(Please check one)</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
3. I feel guilty when I eat because of my weight <i>(Please check one)</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
4. I am bothered about what other people say about my weight <i>(Please check one)</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
5. Because of my weight, I try to avoid having my photograph taken <i>(Please check one)</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
6. Because of my weight, I have to pay close attention to personal hygiene <i>(Please check one)</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
7. My weight prevents me from doing what I want to do <i>(Please check one)</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
8. I worry about the physical stress that my weight puts on my body <i>(Please check one)</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

*(Please turn the page)*