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# HCHS/SOL Weight History Questionnaire

ID NUMBER:

FORM CODE: WHE  
VERSION: A 7/03/07

Contact Occasion

SEQ #

Acrostic: \_\_\_\_\_

### ADMINISTRATIVE INFORMATION

0a. Completion Date: / /   
Month Day Year

0b. Staff ID:

**Instructions:** Mark the appropriate box for the response. Unless instructed, mark ONLY one response.

Interviewer: Ask participant his/her age. Check Question 1 below if participant is under 21 years old.

Note questions may be skipped due to participant's age.

1. Under 21 years old  → **END QUESTIONNAIRE**

*These set of questions asks about your height and weight at different ages since age 21. If you don't remember exactly, give your best guess.*

2. How tall were you (without shoes on) at about age 21 (your tallest adult height)? (Provide in either centimeters OR feet and inches)

Centimeters **OR**  Feet  Inches

3. What was your weight at about age 21? (Women, when you were not pregnant) (Provide in either kilograms OR pounds, rounding to the nearest kilogram or pound)

Kilograms **OR**  Pounds

4. What was your weight at about age 45? (Women, when you were not pregnant) (Provide in either kilograms OR pounds, rounding to the nearest kilogram or pound)

Kilograms **OR**  Pounds

5. What was your weight at about age 65? (Provide in either kilograms OR pounds, rounding to the nearest kilogram or pound)

Kilograms **OR**  Pounds

6. How much has your weight changed in the last 12 months? (Provide in either kilograms OR pounds, rounding to the nearest kilogram or pound)

No change 0  → **END QUESTIONNAIRE**

Kilograms **OR**  Pounds

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7. Was this change a loss or a gain?

Loss 1   
Gain 2

8. Did you lose/gain weight because you were trying to lose/gain weight?

No 0   
Yes 1