## **Questionnaire**

Study Title: The Association between BMI self-selection, self-reported BMI and objectively measured BMI

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1.	Gender				
	Male		Female	Other	
2.	Age				
3.	Do you t	hink you	ı are		
	Underwe	eight	Norma	l Weight	
	Overwei	ght	Obese		
4.	Estimate	d Heigh	t without shoe	es. Please fill in one	e below.
	fe	et	inches		
	me	eters	cm		
Es	stimated V	Veight w	vithout shoes.	Please fill in one b	elow.
	stone	lb	S		
	lbs	kg	JS		

5. Educational Level	
Primary School education only	
Secondary School	
Post-leaving Cert Course Some third level	
Complete Third Level	
6. Do you have a medical card Yes	s No
7. In general, would you say your heal	th is
Excellent Very good Good	Fair Poor
8. How would you rate your quality of	life
Very good Good Neithe	er poor nor good
Poor Very poor	
9. How many days, if any, in an average exercise for 30 minutes or more days	ge week do you walk or
10. Do you currently smoke daily,	occasionally or not at all?
Daily Occasionally Not at	all

11. alco	Thinking about your alcohol intake, do you usually take bhol on a weekly basis
Yes [	No
If yes,	how many drinks in a typical week would you take
If you l	know, can you equate that to units of alcohol
12.	Do you think you have a healthy diet?
Yes [	
res [	No Don't know
165	No Don't know
Tes [	
	FOR RESEARCH TEAM:
Obje	FOR RESEARCH TEAM:
Obje	FOR RESEARCH TEAM:
Obje	FOR RESEARCH TEAM:
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