

# **THE ALSPAC STUDY**

## **XB FILE**

### **DATA COLLECTED FROM THE QUESTIONNAIRE**

#### ***About Eating***

**Prepared by  
The ALSPAC Study Team**

**Documentation giving frequencies, background and instructions for use.**

**Last updated for version 2a of the BUILT file.**

**May 2019**

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## Introduction and methodology

### Contents

Two methods were used to collect this data: *online* questionnaire (see Appendix A) and *paper* questionnaire (see Appendix B). The data were kept separate at the clean file stage and brought together to create a single built file. The variable 'XB008' distinguishes between the two sets of data.

The paper questionnaire comprised two pages, the online questionnaire comprised six webpages (three of which were administrative and contained no questions – see Appendix B, pages 1, 2 and 6). Q1a – Q1d ask respondents about their feelings with regard to their weight and shape. Q2 – Q2a ask respondents about eating a large amount of food/experiencing a loss of control when eating. Q3 – Q6 ask respondents about measures taken to reduce their weight. Q7 and Q8 ask respondents height and weight, respectively.

### Questionnaire versions

There are, as indicated above, two versions of the questionnaire: online and paper. There is only one version of each of these. Because there are separate versions screenshots of both are included in appendices at the end of this documentation.

### Administration

A letter was sent out to mothers with a password to access the questionnaire on the website 'Bristol Online Surveys' (BOS: <http://www.survey.bris.ac.uk/>). A paper version of the questionnaire was also included – respondents could complete either the paper or online version. The letters/questionnaires were sent on the following dates in the corresponding quantities:

Date	Quantity
06/07/2009	400
26/08/2009	2000
09/09/2009	2000
18/09/2009	2000
28/09/2009	2000
30/09/2009	1016

A reminder was sent to 4738 mothers on 30/11/2009.

### Sample & response rates

There are a total of 14,766 cases on this built file. This number is made up of the 14,541 mothers in the core ALSPAC sample (regardless of whether or not they were sent the About Eating questionnaire or whether they returned it) plus 225 eligible mothers not in the core sample for whom questionnaires were sent out.

The About Eating questionnaire was sent out to 9,011 mothers in the core sample (62% of the total mothers in the core sample). As of 20<sup>th</sup> January 2011 completed questionnaires had been returned in paper form/completed online for 5,436 (60%) of the 9,011 core sample mothers who were sent the questionnaire. Overall the questionnaire was sent to 9,236 mothers and the total response rate to date is therefore 61% (5,661 total responses).

Of the 5,661 responses 1,141 (20%) were completed online and 4,520 (80%) through the paper questionnaire.

For further information on the ALSPAC sample please see section 5 of the “Guide to ALSPAC data” which can be found in the “Collaborator Pack” on the ALSPAC documentation CD.

### Built file version history

Version 1 – January 2011

Version 2a – Inclusion of the month (*xb990*) and the year (*xb991*) of completion, Mother’s age at completion in years (*xb995*) and Study person’s age at completion in months (*xb996*).

**Administrative variables****XB001 Questionnaire sent**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	9236	62.5	62.5	62.5
2 No	5530	37.5	37.5	100.0
Total	14766	100.0	100.0	

**XB002 Reminder 1 sent**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	4560	30.9	49.4	49.4
2 No	4676	31.7	50.6	100.0
Total	9236	62.5	100.0	
Missing -2 Questionnaire not sent	5530	37.5		
Total	14766	100.0		

**XB003 Reminder 2 sent**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 2 No	9236	62.5	100.0	100.0
Missing -2 Questionnaire not sent	5530	37.5		
Total	14766	100.0		

**XB004 Eligible for visit**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 2 No	9236	62.5	100.0	100.0
Missing -2 Questionnaire not sent	5530	37.5		
Total	14766	100.0		

**XB005 Questionnaire return status (as of 12/01/2011)**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Returned, completed	5661	38.3	61.3	61.3
2 Returned, blank	10	.1	.1	61.4
3 Not returned	3565	24.1	38.6	100.0
Total	9236	62.5	100.0	
Missing -2 Questionnaire not sent	5530	37.5		
Total	14766	100.0		

**XB006 Questionnaire returned (as of 12/01/2011)**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 Yes	5671	38.4	61.4	61.4
2 No	3565	24.1	38.6	100.0
Total	9236	62.5	100.0	
Missing -2 Questionnaire not sent	5530	37.5		
Total	14766	100.0		

**XB007 Questionnaire completed (as of 12/01/2011)**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	5661	38.3	61.3	61.3
	2 No	3575	24.2	38.7	100.0
	Total	9236	62.5	100.0	
Missing	-2 Questionnaire not sent	5530	37.5		
Total		14766	100.0		

**XB008 Version of questionnaire (paper or online)**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Online	1141	7.7	20.2	20.2
	2 Paper	4520	30.6	79.8	100.0
	Total	5661	38.3	100.0	
Missing	-10 Not completed	9105	61.7		
Total		14766	100.0		

n.b. version can only be specified for questionnaires that were completed as respondents had a choice of completing one version or the other.

## About Eating

**Coding:** Coding instructions are not applicable for data collected online because multiple ticks, etc. cannot occur. All coding instructions therefore refer to data collected through paper questionnaires. Editing applies to both.

**Editing:** The following editing instructions apply to all of the below: Values for cases that did not complete the questionnaire were set to -10 ('Not completed'). Values for cases that did complete the questionnaire but not this particular question were set to -1 ('NS/NA'). XB070 and XB080 have additional editing instructions.

**XB010 Q1a: Respondent ever felt fat**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Not at all	444	3.0	7.9	7.9
	1 1-Slightly	429	2.9	7.6	15.5
	2 2-Slightly	1211	8.2	21.4	36.9
	3 1-Moderately	543	3.7	9.6	46.5
	4 2-Moderately	1402	9.5	24.8	71.3
	5 1-Extremely	730	4.9	12.9	84.2
	6 2-Extremely	891	6.0	15.8	100.0
	Total	5650	38.3	100.0	
Missing	-10 Not completed	9105	61.7		
	-1 NS/NA	11	.1		
	Total	9116	61.7		
Total		14766	100.0		

***Coding:*** If more than one box was marked (on the paper questionnaire) the highest value was taken.

**XB011 Q1b: Respondent ever had definite fear might gain weight or become fat**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Not at all	1222	8.3	21.8	21.8
	1 1-Slightly	674	4.6	12.0	33.8
	2 2-Slightly	1118	7.6	19.9	53.7
	3 1-Moderately	537	3.6	9.6	63.3
	4 2-Moderately	917	6.2	16.3	79.6
	5 1-Extremely	518	3.5	9.2	88.9
	6 2-Extremely	625	4.2	11.1	100.0
	Total	5611	38.0	100.0	
Missing	-10 Not completed	9105	61.7		
	-1 NS/NA	50	.3		
	Total	9155	62.0		
Total		14766	100.0		

***Coding:*** If more than one box was marked (on the paper questionnaire) the highest value was taken.

**XB012 Q1c: Weight ever influenced how respondent thought about (judged) self as a person**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Not at all	1295	8.8	23.0	23.0
	1 1-Slightly	638	4.3	11.4	34.4
	2 2-Slightly	1051	7.1	18.7	53.1
	3 1-Moderately	486	3.3	8.6	61.8
	4 2-Moderately	878	5.9	15.6	77.4
	5 1-Extremely	587	4.0	10.4	87.8
	6 2-Extremely	684	4.6	12.2	100.0
	Total	5619	38.1	100.0	
Missing	-10 Not completed	9105	61.7		
	-1 NS/NA	42	.3		
	Total	9147	61.9		
Total		14766	100.0		

*Coding:* If more than one box was marked (on the paper questionnaire) the highest value was taken.

**XB013 Q1d: Shape ever influenced how respondent thought about (judged) self as a person**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 Not at all	1193	8.1	21.3	21.3
	1 1-Slightly	702	4.8	12.5	33.8
	2 2-Slightly	1063	7.2	18.9	52.7
	3 1-Moderately	536	3.6	9.6	62.3
	4 2-Moderately	880	6.0	15.7	78.0
	5 1-Extremely	570	3.9	10.2	88.1
	6 2-Extremely	667	4.5	11.9	100.0
	Total	5611	38.0	100.0	
Missing	-10 Not completed	9105	61.7		
	-1 NS/NA	50	.3		
	Total	9155	62.0		
Total		14766	100.0		

*Coding:* If more than one box was marked (on the paper questionnaire) the highest value was taken.

**XB020 Q2: Ever been times when respondent felt had eaten what other people would regard as unusually large amount of food given circumstances**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	1531	10.4	27.1	27.1
	2 No	4113	27.9	72.9	100.0
	Total	5644	38.2	100.0	
Missing	-10 Not completed	9105	61.7		
	-1 NS/NA	17	.1		
	Total	9122	61.8		
Total		14766	100.0		

*Coding:* If more than one box was marked (on the paper questionnaire) the question was changed to -1 (NS/NA).

**XB021 Q2a: When respondent ate unusually large amount of food respondent experienced loss of control, could not stop eating or control amount eaten**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	762	5.2	51.7	51.7
	2 No	713	4.8	48.3	100.0
	Total	1475	10.0	100.0	
Missing	-10 Not completed	9105	61.7		
	-1 NS/NA	4186	28.3		
	Total	13291	90.0		
Total		14766	100.0		

*Coding:* If more than one box was marked (on the paper questionnaire) the question was changed to -1 (NS/NA). If Q2 was '2' (No) and Q2a was completed then Q2a was changed to '-1' (NS/NA) (because no response was required).

**XB022 Q2a1: At its worst number of days per week on average respondent ate unusually large amount of food and experienced loss of control**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	244	1.7	31.7	31.7
	2	149	1.0	19.4	51.0
	3	148	1.0	19.2	70.3
	4	82	.6	10.6	80.9
	5	63	.4	8.2	89.1
	6	6	.0	.8	89.9
	7	78	.5	10.1	100.0
	Total	770	5.2	100.0	
Missing	-10 Not completed	9105	61.7		
	-1 NS/NA	4891	33.1		
	Total	13996	94.8		
Total		14766	100.0		

*Coding:* If more than one box was marked (on the paper questionnaire) the highest value was taken. If either Q2 or Q2a were '2' (No) and Q2a1 was completed then Q2a1 was changed to '-1' (NS/NA) (because no response was required).

**XB023 Q2a2: At its worst number of times per week on average respondent ate unusually large amount of food and experienced loss of control**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	209	1.4	27.5	27.5
	2	127	.9	16.7	44.2
	3	100	.7	13.1	57.3
	4	92	.6	12.1	69.4
	5	60	.4	7.9	77.3
	6	32	.2	4.2	81.5
	7	47	.3	6.2	87.6
	8	10	.1	1.3	89.0
	9	13	.1	1.7	90.7
	10	23	.2	3.0	93.7
	11	1	.0	.1	93.8
	12	6	.0	.8	94.6
	13	1	.0	.1	94.7
	14	40	.3	5.3	100.0
	Total	761	5.2	100.0	
Missing	-10 Not completed	9105	61.7		
	-1 NS/NA	4900	33.2		
	Total	14005	94.8		
Total		14766	100.0		

*Coding:* If more than one box was marked (on the paper questionnaire) the highest value was taken. If either Q2 or Q2a were '2' (No) and Q2a2 was completed then Q2a2 was changed to '-1' (NS/NA) (because no response was required).

**XB024 Q2a3: Respondent ate much more rapidly than usual**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	515	3.5	66.1	66.1
	2 No	264	1.8	33.9	100.0
	Total	779	5.3	100.0	
Missing	-10 Not completed	9105	61.7		
	-1 NS/NA	4882	33.1		
	Total	13987	94.7		
Total		14766	100.0		

*Coding:* If more than one box was marked (on the paper questionnaire) the question was changed to -1 (NS/NA). If either Q2 or Q2a were '2' (No) and Q2a3 was completed then Q2a3 was changed to '-1' (NS/NA) (because no response was required).



**XB025 Q2a4: Respondent ate until felt uncomfortably full**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	683	4.6	87.5	87.5
	2 No	98	.7	12.5	100.0
	Total	781	5.3	100.0	
Missing	-10 Not completed	9105	61.7		
	-1 NS/NA	4880	33.0		
	Total	13985	94.7		
Total		14766	100.0		

*Coding:* If more than one box was marked (on the paper questionnaire) the question was changed to -1 (NS/NA). If either Q2 or Q2a were '2' (No) and Q2a4 was completed then Q2a4 was changed to '-1' (NS/NA) (because no response was required).

**XB026 Q2a5: Respondent ate large amounts of food when did not feel physically hungry**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	660	4.5	84.9	84.9
	2 No	117	.8	15.1	100.0
	Total	777	5.3	100.0	
Missing	-10 Not completed	9105	61.7		
	-1 NS/NA	4884	33.1		
	Total	13989	94.7		
Total		14766	100.0		

*Coding:* If more than one box was marked (on the paper questionnaire) the question was changed to -1 (NS/NA). If either Q2 or Q2a were '2' (No) and Q2a5 was completed then Q2a5 was changed to '-1' (NS/NA) (because no response was required).

**XB027 Q2a6: Respondent ate alone because embarrassed by amount of food consumed**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	524	3.5	67.4	67.4
	2 No	254	1.7	32.6	100.0
	Total	778	5.3	100.0	
Missing	-10 Not completed	9105	61.7		
	-1 NS/NA	4883	33.1		
	Total	13988	94.7		
Total		14766	100.0		

*Coding:* If more than one box was marked (on the paper questionnaire) the question was changed to -1 (NS/NA). If either Q2 or Q2a were '2' (No) and Q2a6 was completed then Q2a6 was changed to '-1' (NS/NA) (because no response was required).

**XB028 Q2a7: Respondent felt disgusted with self, depressed or very guilty after overeating**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	707	4.8	90.5	90.5
	2 No	74	.5	9.5	100.0
	Total	781	5.3	100.0	
Missing	-10 Not completed	9105	61.7		
	-1 NS/NA	4880	33.0		
	Total	13985	94.7		
Total		14766	100.0		

*Coding:* If more than one box was marked (on the paper questionnaire) the question was changed to -1 (NS/NA). If either Q2 or Q2a were '2' (No) and Q2a7 was completed then Q2a7 was changed to '-1' (NS/NA) (because no response was required).

**XB029 Q2a8: Respondent felt very upset about uncontrollable overeating or resulting weight gain**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	637	4.3	81.6	81.6
	2 No	144	1.0	18.4	100.0
	Total	781	5.3	100.0	
Missing	-10 Not completed	9105	61.7		
	-1 NS/NA	4880	33.0		
	Total	13985	94.7		
Total		14766	100.0		

*Coding:* If more than one box was marked (on the paper questionnaire) the question was changed to -1 (NS/NA). If either Q2 or Q2a were '2' (No) and Q2a8 was completed then Q2a8 was changed to '-1' (NS/NA) (because no response was required).

**XB030 Q3: Respondent ever made self vomit to prevent weight gain or counteract effects of overeating**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	335	2.3	6.0	6.0
	2 No	5248	35.5	94.0	100.0
	Total	5583	37.8	100.0	
Missing	-10 Not completed	9105	61.7		
	-1 NS/NA	78	.5		
	Total	9183	62.2		
Total		14766	100.0		

*Coding:* If more than one box was marked (on the paper questionnaire) the question was changed to -1 (NS/NA).

**XB031 Q3a: At its worst how many times per week on average respondent made self vomit to prevent weight gain or counteract effects of eating**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	77	.5	23.8	23.8
	2	51	.3	15.8	39.6
	3	36	.2	11.1	50.8
	4	39	.3	12.1	62.8
	5	25	.2	7.7	70.6
	6	8	.1	2.5	73.1
	7	43	.3	13.3	86.4
	8	1	.0	.3	86.7
	9	1	.0	.3	87.0
	10	12	.1	3.7	90.7
	11	1	.0	.3	91.0
	12	2	.0	.6	91.6
	13	1	.0	.3	92.0
	14	26	.2	8.0	100.0
	Total	323	2.2	100.0	
Missing	-10 Not completed	9105	61.7		
	-1 NS/NA	5338	36.2		
	Total	14443	97.8		
Total		14766	100.0		

*Coding:* If more than one box was marked (on the paper questionnaire) the highest value was taken. If Q3 was '2' (No) and Q3a was completed then Q3a was set to '-1' (NS/NA) (because no response was required).

**XB040 Q4: Respondent ever used laxatives or diuretics to prevent weight gain or counteract effects of eating**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	392	2.7	7.0	7.0
	2 No	5203	35.2	93.0	100.0
	Total	5595	37.9	100.0	
Missing	-10 Not completed	9105	61.7		
	-1 NS/NA	66	.4		
	Total	9171	62.1		
Total		14766	100.0		

*Coding:* If more than one box was marked (on the paper questionnaire) the question was changed to -1 (NS/NA).

**XB041 Q4a: At its worst how many times per week on average respondent used laxatives or diuretics to prevent weight gain or counteract effects of eating**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	75	.5	19.0	19.0
	2	72	.5	18.2	37.2
	3	55	.4	13.9	51.1
	4	38	.3	9.6	60.8
	5	33	.2	8.4	69.1
	6	5	.0	1.3	70.4
	7	82	.6	20.8	91.1
	8	2	.0	.5	91.6
	10	5	.0	1.3	92.9
	12	2	.0	.5	93.4
	14	26	.2	6.6	100.0
	Total	395	2.7	100.0	
Missing	-10 Not completed	9105	61.7		
	-1 NS/NA	5266	35.7		
	Total	14371	97.3		
	Total	14766	100.0		

*Coding:* If more than one box was marked (on the paper questionnaire) the highest value was taken. If Q4 was '2' (No) and Q4a was completed then Q4a was set to '-1' (NS/NA) (because no response was required).

**XB050 Q5: Respondent ever fasted (skipped at least 2 meals in a row) to prevent weight gain or counteract effects of eating**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	1058	7.2	18.9	18.9
	2 No	4551	30.8	81.1	100.0
	Total	5609	38.0	100.0	
Missing	-10 Not completed	9105	61.7		
	-1 NS/NA	52	.4		
	Total	9157	62.0		
Total		14766	100.0		

*Coding:* If more than one box was marked (on the paper questionnaire) the question was changed to -1 (NS/NA).

**XB051 Q5a: At its worst how many times per week on average respondent fasted (skipped at least 2 meals in a row) to prevent weight gain or counteract effects of eating**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	194	1.3	19.1	19.1
	2	245	1.7	24.2	43.3
	3	159	1.1	15.7	59.0
	4	103	.7	10.2	69.1
	5	80	.5	7.9	77.0
	6	29	.2	2.9	79.9
	7	128	.9	12.6	92.5
	8	4	.0	.4	92.9
	9	2	.0	.2	93.1
	10	10	.1	1.0	94.1
	12	7	.0	.7	94.8
	14	53	.4	5.2	100.0
	Total	1014	6.9	100.0	
Missing	-10 Not completed	9105	61.7		
	-1 NS/NA	4647	31.5		
	Total	13752	93.1		
Total		14766	100.0		

*Coding:* If more than one box was marked (on the paper questionnaire) the highest value was taken. If Q5 was '2' (No) and Q5a was completed then Q5a was set to '-1' (NS/NA) (because no response was required).

**XB060 Q6: Respondent ever engaged in excessive exercise specifically to counteract effects of overeating episodes**

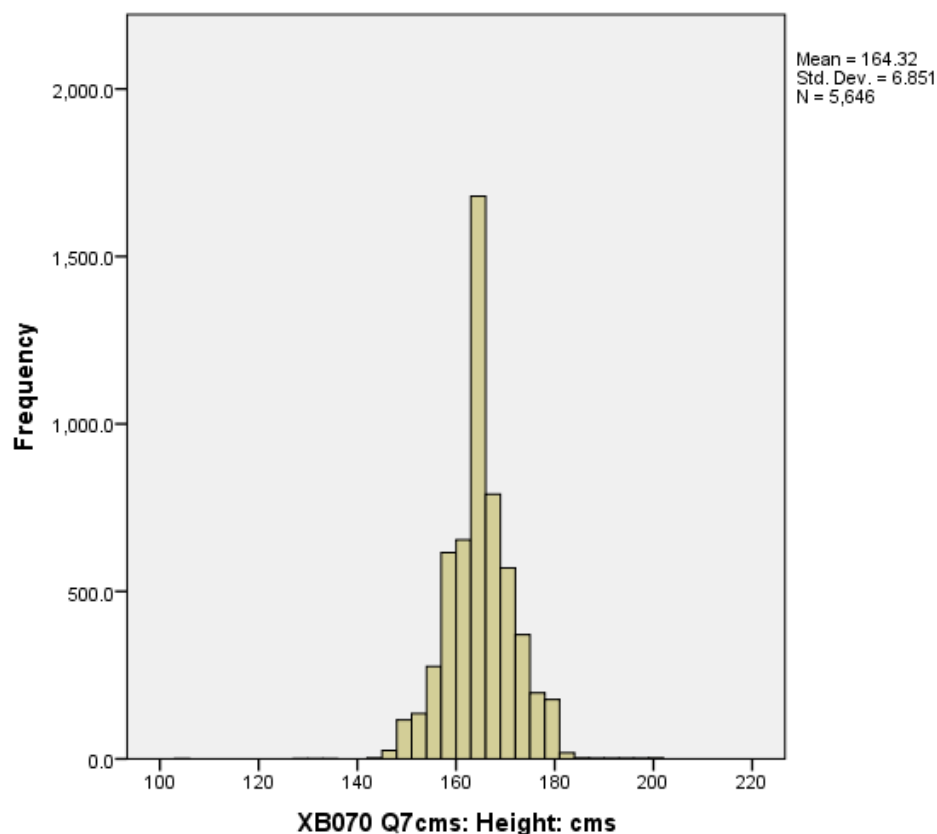
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Yes	386	2.6	6.9	6.9
	2 No	5222	35.4	93.1	100.0
	Total	5608	38.0	100.0	
Missing	-10 Not completed	9105	61.7		
	-1 NS/NA	53	.4		
	Total	9158	62.0		
Total		14766	100.0		

*Coding:* If more than one box was marked (on the paper questionnaire) the question was changed to -1 (NS/NA). If Q6 was '2' (No) and Q6a was completed then Q6a was set to '-1' (NS/NA) (because no response was required).

**XB061 Q6a: At its worst how many times per week on average respondent engaged in excessive exercise specifically to counteract effects of overeating episodes**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	28	.2	7.4	7.4
	2	42	.3	11.1	18.5
	3	67	.5	17.7	36.1
	4	51	.3	13.5	49.6
	5	45	.3	11.9	61.5
	6	14	.1	3.7	65.2
	7	89	.6	23.5	88.7
	8	3	.0	.8	89.4
	10	5	.0	1.3	90.8
	11	2	.0	.5	91.3
	12	1	.0	.3	91.6
	14	32	.2	8.4	100.0
	Total	379	2.6	100.0	
Missing	-10 Not completed	9105	61.7		
	-1 NS/NA	5282	35.8		
	Total	14387	97.4		
Total		14766	100.0		

*Coding:* If more than one box was marked (on the paper questionnaire) the highest value was taken. If Q6 was '2' (No) and Q6a was completed then Q6a was set to '-1' (NS/NA) (because no response was required).



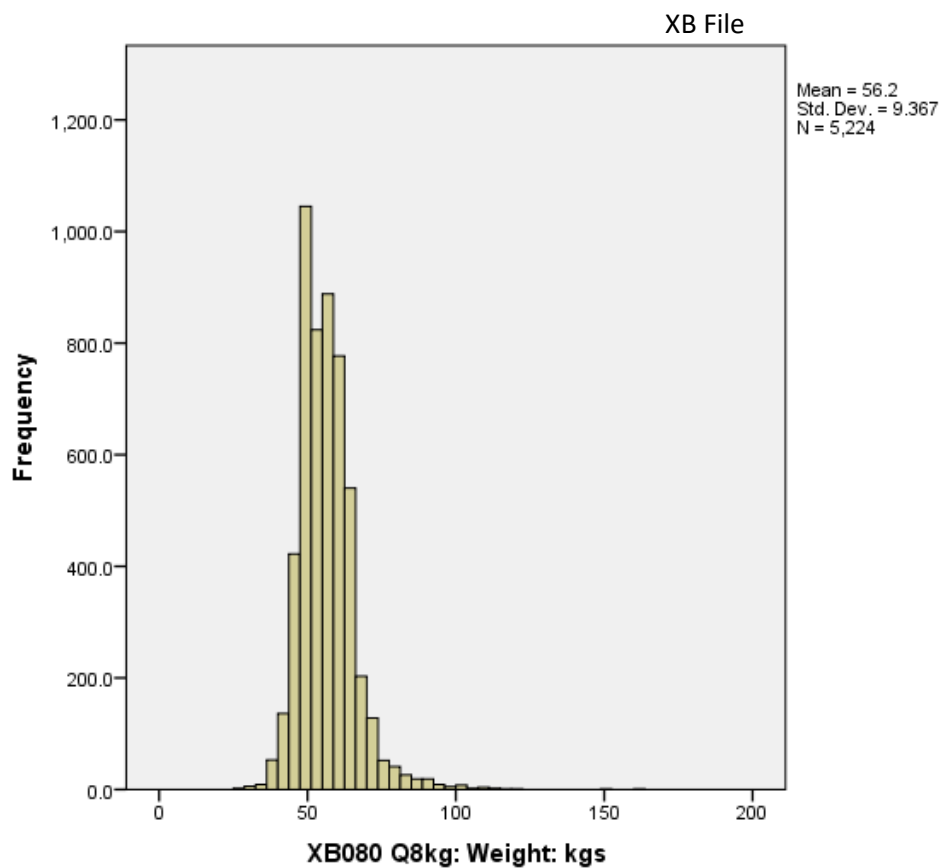
*Coding:* n/a

*Editing:* Respondents gave their height in either metric (cms) or imperial (ft/in) form. All imperial data were converted to metric form using the ratios:

1 foot: 30.48 cm

1 inch: 2.54 cm

All heights were rounded to the nearest whole number.



*Coding:* n/a

*Editing:* Respondents gave their weight in either metric (kgs) or imperial (st/lb) form. All imperial data were converted to metric form using the ratios:

1 stone: 6.35029318 kg

1 pound: 0.45359237 kg

All weights were rounded to the nearest whole number.

**xb990 Month of completion of 'About eating' questionnaire: XB file**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	199	1.3	3.5	3.5
	2	63	.4	1.1	4.6
	3	40	.3	.7	5.3
	4	7	.0	.1	5.5
	5	11	.1	.2	5.7
	6	9	.1	.2	5.8
	7	166	1.1	2.9	8.7
	8	18	.1	.3	9.1
	9	1936	13.1	34.2	43.3
	10	2235	15.1	39.5	82.8
	11	258	1.7	4.6	87.3
	12	717	4.9	12.7	100.0
Total		5659	38.3	100.0	
Missing	-11 Triplets/Quadruplets	2	.0		
	-10 Questionnaire not completed	9105	61.7		
	Total	9107	61.7		
Total		14766	100.0		

**xb991 Year of completion of 'About eating' questionnaire: XB file**

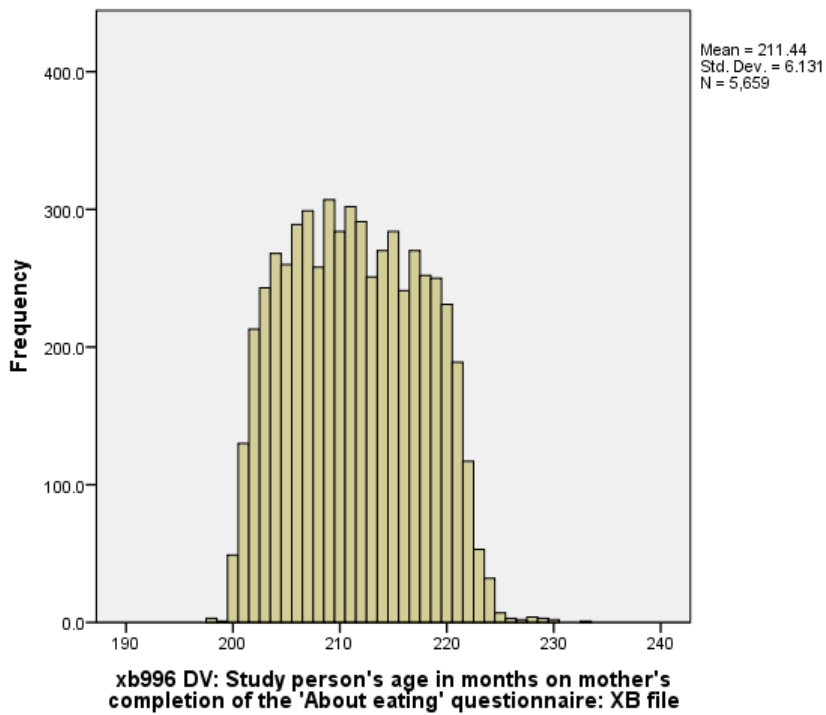
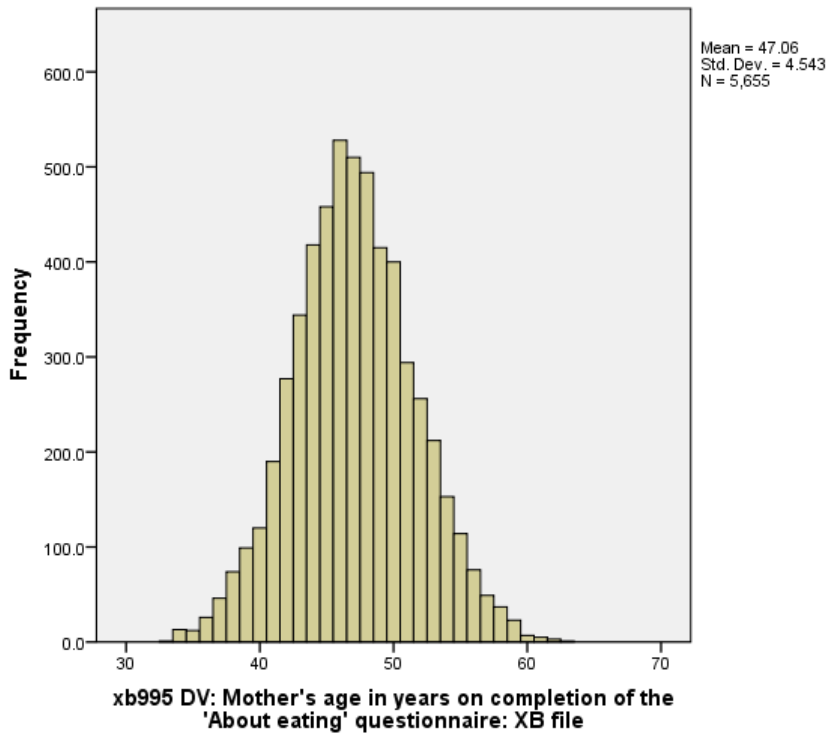
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2009	5315	36.0	93.9	93.9
	2010	344	2.3	6.1	100.0
	Total	5659	38.3	100.0	
Missing	-11 Triplets/Quadruplets	2	.0		
	-10 Questionnaire not completed	9105	61.7		
	Total	9107	61.7		
Total		14766	100.0		

*Coding:* n/a

*Editing:* Date of completion includes the date of submission generated from the online version of the questionnaire and the date of receipt stamped when the paper copies were received.




# XB File



## Appendix A – Online Questionnaire

### Page 1


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<b>ALSPAC About Eating Survey</b>	
<p>We would be very grateful if you could find time to complete this short questionnaire about eating patterns.</p> <p>We know that eating disorders are common problems and they can affect people at any stage of their lives. This research is looking at the development and patterns of eating disorders in mothers and whether this has any impact on the rest of the family.</p> <p>We understand that some of the questions may not be directly relevant to you, but we are keen to collect information from women who have not had any issues with eating, as well as those who have. This will enable us to see the picture more fully.</p> <p>Thank you very much for your help, as always we are reliant on our families for giving us their time so generously. If you have any queries or comments about the questionnaire, please contact us.</p> <p>If answering these questions makes you upset or worried, you can find advice and support from:</p> <p>Beating Eating Disorders Website: <a href="http://www.b-eat.co.uk">www.b-eat.co.uk</a> Helpline: 0845 634 1414</p> <p>Or</p> <p>NHS Direct Website: <a href="http://www.nhsdirect.nhs.uk">www.nhsdirect.nhs.uk</a> Helpline: 0845 4647</p> <p><a href="#">Continue &gt;</a></p> <p><a href="#">Top</a>   <a href="#">Log out</a> <span style="float: right;"><a href="#">Copyright</a>   <a href="#">Contact Us</a></span></p>	

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<b>Data Protection</b>	
<p>All data collected in this survey will be held anonymously and securely. No personal data is asked for or retained.</p> <p>Cookies, personal data stored by your Web browser, are not used in this survey.</p> <p><a href="#">Continue &gt;</a></p> <p><a href="#">Top</a>   <a href="#">Log out</a> <span style="float: right;"><a href="#">Copyright</a>   <a href="#">Contact Us</a></span></p>	

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**About Eating**

This section asks you about your attitude to your body and eating

1. Please enter your response to each question against a scale of 1 to 7 where 1 is "not at all" and 7 is "extremely"

	Not at all 1	..... 2	Slightly 3	..... 4	Moderately 5	..... 6	Extremely 7
a. Have you ever felt fat?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Have you ever had a definite fear that you might gain weight or become fat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Has your weight ever influenced how you think about (judge) yourself as a person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Has your shape ever influenced how you think about (judge) yourself as a person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Have there ever been times when you felt you have eaten what other people would regard as an unusually large amount of food (e.g., a whole tub of ice cream) given the circumstances?

☐ Yes

☐ No ...if No, scroll to bottom and click continue, then answer question 3 on the next page.

During the times when you ate an unusually large amount of food, did you experience a loss of control (feel you couldn't stop eating or control what or how much you were eating)?

☐ Yes

☐ No ...if No, scroll to bottom and click continue, then answer question 3 on the next page.

At its worst how many DAYS per week on average did you eat an unusually large amount of food and experience a loss of control?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

At its worst how many TIMES per week on average did you eat an unusually large amount of food and experience a loss of control?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14

Did you eat much more rapidly than normal?

☐ Yes ☐ No

Did you eat until you felt uncomfortably full?

☐ Yes ☐ No

Did you eat large amounts of food when you didn't feel physically hungry?

☐ Yes ☐ No

Did you feel disgusted with yourself, depressed, or very guilty after overeating?

☐ Yes ☐ No

Did you feel very upset about your uncontrollable overeating or resulting weight gain?


☐ Yes ☐ No

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**About Eating**

**Section 2**

3. Have you ever made yourself vomit to prevent weight gain or counteract the effects of eating?

☐ Yes ☐ No ...if No, go to question 4

At its worst how many times per week on average did you make yourself vomit to prevent weight gain or counteract the effects of eating?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14

4. Have you ever used laxatives or diuretics to prevent weight gain or counteract the effects of eating?

☐ Yes ☐ No ...if No, go to question 5

At its worst how many times per week on average have you used laxatives or diuretics to prevent weight gain or counteract the effects of eating?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14

5. Have you ever fasted (skipped at least 2 meals in a row) to prevent weight gain or counteract the effects of eating?

☐ Yes ☐ No ...if No, go to question 6

At its worst how many times per week on average did you fast (skip at least 2 meals in a row) to prevent weight gain or counteract the effects of eating?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14

6. Have you ever engaged in excessive exercise specifically to counteract the effects of overeating episodes?

☐ Yes ☐ No ...if No, click continue and answer question 7 on the next page

At its worst how many times per week on average have you engaged in excessive exercise specifically to counteract the effects of overeating episodes?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14

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**Appendix B – Paper questionnaire**

# About Eating

Please put a **cross** through one box for each question, in black pen, like so:



	Not at all	Slightly	Moderately	Extremely			
Q1a Have you ever felt fat?	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 <input type="checkbox"/>
Q1b Have you ever had a definite fear that you might gain weight or become fat?	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 <input type="checkbox"/>
Q1c Has your weight ever influenced how you think about (judge) yourself as a person?	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 <input type="checkbox"/>
Q1d Has your shape ever influenced how you think about (judge) yourself as a person?	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 <input type="checkbox"/>
Q2 Have there ever been times when you felt you have eaten what other people would regard as an unusually large amount of food (e.g., a whole tub of ice cream) given the circumstances?					Yes <input type="checkbox"/>		No <input type="checkbox"/>
<b>If yes, continue. If no, go to Q3 over the page.</b>							
Q2a During the times when you ate an unusually large amount of food, did you experience a loss of control (feel you couldn't stop eating or control what or how much you were eating)?					Yes <input type="checkbox"/>		No <input type="checkbox"/>
<b>If yes, continue. If no, go to Q3 over the page.</b>							
Q2a(i) <b>At its worst</b> , how many <b>DAYS per week</b> on average did you eat an unusually large amount of food and experience a loss of control?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Q2a(ii) <b>At its worst</b> , how many <b>TIMES per week</b> on average did you eat an unusually large amount of food and experience a loss of control?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	13 <input type="checkbox"/>	14 <input type="checkbox"/>
Q2a(iii) Did you eat much more rapidly than normal?					Yes <input type="checkbox"/>		No <input type="checkbox"/>
Q2a(iv) Did you eat until you felt uncomfortably full?					Yes <input type="checkbox"/>		No <input type="checkbox"/>
Q2a(v) Did you eat large amounts of food when you didn't feel physically hungry?					Yes <input type="checkbox"/>		No <input type="checkbox"/>
Q2a(vi) Did you eat alone because you were embarrassed by how much you were eating?					Yes <input type="checkbox"/>		No <input type="checkbox"/>
Q2a(vii) Feel disgusted with yourself, depressed, or very guilty after overeating?					Yes <input type="checkbox"/>		No <input type="checkbox"/>
Q2a(viii) Feel very upset about your uncontrollable overeating or resulting weight gain?					Yes <input type="checkbox"/>		No <input type="checkbox"/>

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please turn over...



Q3 Have you ever made yourself vomit to prevent weight gain or counteract the effects of eating? Yes ☐ No ☐

**If yes, continue. If no go to Q4 below.**

Q3a **At its worst**, how many **times per week** on average did you make yourself vomit to prevent weight gain or counteract the effects of eating?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	13 <input type="checkbox"/>	14 <input type="checkbox"/>

Q4 Have you ever used laxatives or diuretics to prevent weight gain or counteract the effects of eating? Yes ☐ No ☐

**If yes, continue. If no go to Q5 below.**

Q4a **At its worst**, how many **times per week** on average have you used laxatives or diuretics to prevent weight gain or counteract the effects of eating?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	13 <input type="checkbox"/>	14 <input type="checkbox"/>

Q5 Have you ever fasted (skipped at least 2 meals in a row) to prevent weight gain or counteract the effects of eating? Yes ☐ No ☐

**If yes, continue. If no go to Q6 below.**

Q5a **At its worst**, how many **times per week** on average did you fast (skip at least 2 meals in a row) to prevent weight gain or counteract the effects of eating?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	13 <input type="checkbox"/>	14 <input type="checkbox"/>

Q6 Have you ever engaged in excessive exercise specifically to counteract the effects of overeating episodes? Yes ☐ No ☐

**If yes, continue. If no go to Q7 below.**

Q6a **At its worst**, how many **times per week** on average have you engaged in excessive exercise specifically to counteract the effects of overeating episodes?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	13 <input type="checkbox"/>	14 <input type="checkbox"/>

Q7 How tall are you?  feet  inches  
OR  cm

Q8 What was your **lowest** weight at this height?  stones  lbs  
OR  kg  
OR Dont know (cross box) ☐

**Thank you for taking the time to complete this questionnaire**

When completed, please send this back in the freepost envelope provided to:

Children of the Nineties - ALSPAC,  
Oakfield House, 15-23 Oakfield Grove, Bristol, BS82BN

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