

Weight Control Practices Questionnaire

For each item on the list:

- **If you did any of these activities during the last month in order to control your weight, check “Yes” and follow the arrow to complete the next column for how many days you did the activity.**
- **If you did not do this, check “no” and go to the next item.**

	Did you do this in the last month?		For how many days did you do this?
1. Weight yourself?	No	Yes→	
2. Count fat grams using paper and pencil or an electronic method (such as a smartphone application)?	No	Yes→	
3. Cut out between meal snacking?	No	Yes→	
4. Eat less high carbohydrate foods like bread or potatoes?	No	Yes→	
5. Keep a graph of your weight using paper and pencil or an electronic method (such as a smartphone application)?	No	Yes→	
6. Use a very low calorie diet?	No	Yes→	
7. Reduce the number of calories you eat?	No	Yes→	
8. Smoke cigarettes?	No	Yes→	
9. Record what you eat daily using paper and pencil or an electronic method (such as a smartphone application)?	No	Yes→	
10. Decrease fat intake?	No	Yes→	
11. Go to a weight loss group (such as Weight Watchers or Campus Wellness)?	No	Yes→	
12. Eat meal replacements?	No	Yes→	
13. Keep a graph of your exercise using paper and pencil or an electronic method (such as a smartphone application)?	No	Yes→	
14. Cut out sweets and junk food from your diet?	No	Yes→	
15. Increase fruits and vegetables?	No	Yes→	
16. Fast or go without food entirely (at least 24 hrs.)?	No	Yes→	
17. Count calories using paper and pencil or an electronic method (such as a smartphone application)?	No	Yes→	
18. Take diet pills?	No	Yes→	
19. Increase your exercise levels?	No	Yes→	
20. Eat special low calorie diet foods?	No	Yes→	
21. Use home exercise equipment or go to a gym/recreational facility to exercise?	No	Yes→	
22. Drink fewer alcoholic beverages?	No	Yes→	
23. Monitor your exercise daily using paper and pencil or an electronic method (such as an activity device and/or smartphone application)?	No	Yes→	
24. Eat less meat?	No	Yes→	
25. Drink regular soda (not including diet soda) or sweetened fruit drinks?	No	Yes→	

26. Drink sports drinks or energy drinks (such as Gatorade or Red Bull)?	No	Yes→	
27. Drink sweetened tea or specialty coffee drinks (such as cappuccino, latte, or Frappuccino)	No	Yes→	
28. Make yourself vomit or throw up?	No	Yes→	
29. Other (please specify)	No	Yes→	