

ID Number	A1-2009-0035-Eng
Title	Survey on Children and Youth Obesity

1. What do you think about your general state of health?

- 1) Very healthy
- 2) Healthy
- 3) Neither healthy nor unhealthy
- 4) Unhealthy
- 5) Very unhealthy

2. On average, how many hours do you sleep a day?

_____ hours

3. What were you fed as a baby?

- 1) Breast milk
- 2) Cow's milk
- 3) Breast milk + cow's milk

4. The following are questions on your usual nutritional intake and dietary behavior. Please read the following statements and circle the relevant answer.

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
	-----	-----	-----	-----
4a. I regularly eat three meals a day	1	2	3	4
4b. I eat slowly keeping pace with the people eating around me	1	2	3	4
4c. I eat an appropriate amount for each meal	1	2	3	4
4d. I eat breakfast everyday	1	2	3	4
4e. I regularly eat fruits everyday	1	2	3	4
4f. I eat plenty of vegetables everyday	1	2	3	4
4g. I don't eat snacks after dinner	1	2	3	4
4h. I don't eat or drink foods high in sugar such as candies, cookies, and soft drinks	1	2	3	4
4i. I make an effort to reduce my intake of salt	1	2	3	4
4j. I am not a picky eater	1	2	3	4
4k. I tend not to eat out very often	1	2	3	4
4l. Even if there is food I don't eat if I'm not hungry	1	2	3	4
4m. When I am angry I tend to resolve it by eating	1	2	3	4
4n. I tend to eat something when watching TV or reading	1	2	3	4
4o. I tend to stop eating for the sake of controlling my weight	1	2	3	4
4p. I make an attempt not to eat foods like hamburgers, pizza, and ice cream	1	2	3	4

5. The following are questions regarding your usual habits. Please read each statement and honestly mark the number that best represents you.

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
5a. I exercise regularly everyday	1	2	3	4
5b. I exercise at least three times a week for more than 20 minutes	1	2	3	4
5c. I actively participate during physical education	1	2	3	4
5d. I walk close distances	1	2	3	4
5e. I tend to watch TV or play video games for extended periods of time	1	2	3	4
5f. I check my weight regularly	1	2	3	4

6. The following are statements regarding your feelings and emotions. Please indicate how often you have felt the following by marking the relevant number.

	Never	Sometimes	Often
6a. I feel lonely	1	2	3
6b. I cry easily	1	2	3
6c. I have intentionally hurt myself or attempted suicide	1	2	3
6d. I am afraid that I will have bad thoughts or commit bad behavior	1	2	3
6e. I think that I need to be perfect	1	2	3
6f. I feel like no one loves me	1	2	3
6g. I think others are trying to harm me	1	2	3
6h. I think I am worthless and not as good as others	1	2	3
6i. I am highly sensitive and tense	1	2	3
6j. I am excessively fearful and anxious	1	2	3
6k. I feel excessively guilty	1	2	3
6l. I am overly self conscious and easily embarrassed	1	2	3
6m. I am very suspicious	1	2	3
6n. I think about suicide	1	2	3
6o. I feel unhappy or feel sad and depressed	1	2	3
6p. I worry a lot	1	2	3

7. The following questions ask what you think of yourself. Please read each statement and mark the answer which best represents your opinion.

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
7a. I think I am a valuable person like other people	1	2	3	4
7b. I think that I have a good personality	1	2	3	4
7c. I am capable of working as successfully as most other people	1	2	3	4
7d. I have a positive attitude towards myself	1	2	3	4
7e. I am mostly satisfied with myself	1	2	3	4
7f. I sometimes feel like I am a useless person	1	2	3	4
7g. I feel that I am mostly a failure	1	2	3	4
7h. I don't have much to be proud of	1	2	3	4
7i. From time to time I think that I am not a good person	1	2	3	4
7j. I would like to be able to respect myself more	1	2	3	4

8. The following are questions on your thoughts about your body. Please read each statement and mark the answer that best represents your opinion.

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
8a. I always check to see if I look ok before going in front of others	1	2	3	4
8b. My body is sexy and attractive	1	2	3	4
8c. I always worry about having gained weight or gaining weight	1	2	3	4
8d. I like myself the way I am	1	2	3	4
8e. I often check myself in the mirror	1	2	3	4
8f. It takes me a long time to get ready to go out	1	2	3	4
8g. The smallest change in my weight bothers me	1	2	3	4
8h. Most people will think that I am pretty	1	2	3	4
8i. It is important that I always look good	1	2	3	4
8j. I am not interested in what other people think of my looks	1	2	3	4
8k. I am not physically attractive	1	2	3	4
8l. I am not interested in my looks	1	2	3	4
8m. I always make an effort to improve my outer appearance	1	2	3	4

9. What do you think about the current shape of your body?

- 1) Very skinny
- 2) Somewhat skinny
- 3) Neither skinny nor overweight
- 4) Somewhat overweight
- 5) Very overweight

10. What is your current height and weight?

Height: (_____) Weight: (_____)

11. What is your desired height and weight?

Height: (_____) Weight: (_____)

12. Have you made an effort to manage your weight?

- 1) I have made an effort to lose weight
- 2) I have made an effort to maintain my weight
- 3) I have made an effort to gain weight (Go to question 15)
- 4) I have never made an effort to manage my weight (Go to question 15)

13. Please choose all methods you have utilized to lose or maintain your weight.

- 1) Regular exercise
- 2) Fasting (24 hours or more)
- 3) Reduction of food intake
- 4) Taking weight loss medication prescribed by a physician
- 5) Taking weight loss medication without a prescription
- 6) Taking laxatives or diuretics
- 7) Throwing up after meals
- 8) One food diet (Ex. grapes, eggs, milk diet, etc.)
- 9) Oriental medicine
- 10) Diet foods
- 11) Other (Please specify: _____)

14. How much did you invest in managing your weight through the method mentioned above?

_____ won

15. Do you know about the obesity prevention programs conducted by public health centers, youth facilities, and schools?

- 1) I have attended
- 2) I have not attended but am aware of them
- 3) I do not know

16. Do you think it is necessary for public health centers, youth facilities, and schools to conduct obesity prevention programs?
- 1) Necessary
 - 2) Unnecessary
17. Do you intend on participating in an obesity prevention program conducted by a public health center, youth facility, or school? Please mark all relevant answers.
- 17a. I intend on participating in a program on a weekday during the school year
- 17b. I intend on participating in a program on the weekend during the school year
- 17c. I intend on participating in a program on a weekday during break
- 17d. I intend on participating in a program on the weekend during break
- 17e. I do not intend on participating
18. How interested are your parents in your weight management?
- 1) Very interested
 - 2) Somewhat interested
 - 3) Neither interested nor uninterested
 - 4) Not very interested
 - 5) Not at all interested
19. What is your father's body type?
- 1) Very skinny
 - 2) Somewhat skinny
 - 3) Neither skinny nor overweight
 - 4) Somewhat overweight
 - 5) Very overweight
20. What is your mother's body type?
- 1) Very skinny
 - 2) Somewhat skinny
 - 3) Neither skinny nor overweight
 - 4) Somewhat overweight
 - 5) Very overweight
21. How satisfied are you with your looks in general?
- 1) Very unsatisfied
 - 2) Somewhat unsatisfied
 - 3) Neither unsatisfied nor satisfied
 - 4) Somewhat satisfied
 - 5) Very satisfied

22. How satisfied are you with your life in general?

- 1) Very unsatisfied
- 2) Somewhat unsatisfied
- 3) Neither unsatisfied nor satisfied
- 4) Somewhat satisfied
- 5) Very satisfied

23. Please state your gender?

- 1) Male
- 2) Female

24. What type of school are you currently attending?

- 1) Elementary school
- 2) Middle school
- 3) Specialized middle school
- 4) Arts or athletic middle schools
- 5) General high school
- 6) Technical high school (including specialized high school)
- 7) Special purpose high school (Foreign language high school, Science high school)
- 8) Autonomous private high school
- 9) Arts and athletic high school
- 10) Other

25. Among the following, where does your school belong?

- 1) Coed
- 2) Boys' school
- 3) Girls' school

26. What is the type of establishment of your current school?

- 1) Private
- 2) National
- 3) Public

27. What grade are you in your current school?

- 1) First grade
- 2) Second grade
- 3) Third grade
- 4) Fourth grade
- 5) Fifth grade
- 6) Sixth grade

28. Please mark all members currently living with you.

* Please include family members who are not living together due to attending school or working in a different region (except for brothers and sisters living independently after marriage).

- 28a. Grandfather (either father or mother's side)
- 28b. Grandmother (either father or mother's side)
- 28c. Father
- 28d. Mother
- 28e. Brother or sister
- 28f. Other relative
- 28g. Other (Specify: _____)
- 28h. None

29. Where is your current residence?

(_____) si/do (_____) si/gun/gu (_____) gu (_____) dong/eup/myeon

- * If you live in Seocho-gu in Seoul
(Seoul) si/do (Seocho)si/gun/gu (Woomyeon)dong/eup/myeon
- * If you live in Asan si in Chungcheongnam do
(Chungcheongnam)si/do (Asan)si/gun/gu (Baebang)dong/eup/myeon
- * Public data includes only up to si/do

30. Among the following, where does your family's standard of living (economic status) belong?

Very poor <----- Neither poor nor wealthy -----> Very wealthy						
1	2	3	4	5	6	7

31. What is your date of birth?

Year: _____ Month: _____ Date: _____

* Public data includes only the year and month

32. What is the highest level of education your parents have obtained? Please answer separately for each parent. (Dropping out is counted as completion)

	Completion of middle school or less -----	Completion of high school -----	Completion of college -----	Completion of graduate school (master's degree and doctoral degree) -----
32a. Father	1	2	3	4
32b. Mother	1	2	4	4

33. Are your parents currently employed? Please answer separately for each parent.

	Whether or not currently employed	
	No -----	Yes -----
33a. Father	1	2
33b. Mother	1	2