Are you overweight (obese)?

☐ **Yes** ☐ **No**

	During the past week…	never	seldom	some-times	often	all the time
1.	... I felt fat and immobile	☐	☐	☐	☐	☐
2.	... I got out of breath quickly and I was puffed out quickly	☐	☐	☐	☐	☐
3.	... I was sad and depressed because of my weight	☐	☐	☐	☐	☐
4.	... I was annoyed by my many attempts at getting thinner	☐	☐	☐	☐	☐
5.	... I felt ashamed because of my weight	☐	☐	☐	☐	☐
6.	... I was dissatisfied with myself because of my weight	☐	☐	☐	☐	☐
7.	... my family grumbled at me because of my weight	☐	☐	☐	☐	☐
8.	... I had to keep an eye on my weight during meals at home	☐	☐	☐	☐	☐
9.	... I was teased by others because of my weight	☐	☐	☐	☐	☐
10.	... I was left out by others when they did things together, because of my weight	☐	☐	☐	☐	☐
11.	... I was distracted during lessons by the thought of food	☐	☐	☐	☐	☐
12.	... I was able to take part well in sport at school, in spite of my weight	☐	☐	☐	☐	☐

13. How often during the past week did you have complaints because of being overweight (obese)?

☐ never ☐ seldom ☐ sometimes ☐ often ☐ all the time

14. How severe were your complaints because of being overweight during the past week?

☐ none at all ☐ somewhat severe ☐ moderately severe ☐ fairly severe ☐ very severe

15. How much did it bother you being overweight during the past week?

☐ not at all ☐ somewhat ☐ moderately ☐ fairly much ☐ very much