

Is your child overweight (obese)?

Yes

No

<i>During the past week...</i>	never	seldom	some- times	often	all the time
1. ... my child felt fat and immobile	<input type="checkbox"/>				
2. ... my child got out of breath quickly and was puffed out quickly	<input type="checkbox"/>				
3. ... my child was sad and depressed because of his/her weight	<input type="checkbox"/>				
4. ... my child was annoyed by his/her many attempts at getting thinner	<input type="checkbox"/>				
5. ... my child felt ashamed because of his/her weight	<input type="checkbox"/>				
6. ... my child was dissatisfied with him/herself because of his/her weight	<input type="checkbox"/>				
7. ... I grumbled with my child because of his/her weight	<input type="checkbox"/>				
8. ... my child had to keep an eye on his/her weight during meals at home	<input type="checkbox"/>				
9. ... my child was teased by others because of his/her weight	<input type="checkbox"/>				
10. ... my child was left out by others when they did things together, because of his/her weight	<input type="checkbox"/>				
11. ... my child was distracted during lessons by the thought of food	<input type="checkbox"/>				
12. ... my child was able to take part in PE lessons well, in spite of his/her weight	<input type="checkbox"/>				

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

never seldom sometimes often all the time

14. How severe were his/her complaints because of being overweight during the past week?

none at all somewhat severe moderately severe fairly severe very severe

15. How much did being overweight bother your child during the past week?

not at all somewhat moderately fairly much very much