

QUESTIONNAIRE MEASURING BODY IMAGE AND BODY DISSATISFACTION IN ADULT WOMEN (Mciza et al. 2005)

Office use

1. ID Nr of participant

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2. Name of participant

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3. Home Address:

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4. Home telephone number

| | | | | | | | | | | | | | | | | | | | | |
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5. Age on your last birthday

| | | |
|--|--|-----|
| | | yrs |
|--|--|-----|

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6. Date of birth:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | 1 | 9 | | |

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7. Date of interview:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | 2 | 0 | 0 | |

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| | | | | | | | | | | | | | | | | | | | | |

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SOCIOECONOMIC STATUS

8. How many people live in your household, including you?

| | |
|--|--|
| | |
|--|--|

| | |
|--|--|
| | |
|--|--|

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9. How many rooms do you have in your house (including kitchen, lounge, dining room and bedrooms?)

| | |
|--|--|
| | |
|--|--|

| | |
|--|--|
| | |
|--|--|

10. How many rooms are there just for sleeping?

| | |
|--|--|
| | |
|--|--|

| | |
|--|--|
| | |
|--|--|

11. How would you describe your home?

| | |
|-------------|---|
| Flat | 1 |
| Hostel | 2 |
| Shack | 3 |
| Brick House | 4 |
| Other: | 5 |

| |
|--|
| |
|--|

12. What type of household water do you have access to?

| | |
|-------------------|---|
| Indoor water | 1 |
| Outside tap water | 2 |
| Other: | 3 |

| |
|--|
| |
|--|

13. What type of toilet do you have?

| | |
|---------------|---|
| Flush outside | 1 |
| Flush inside | 2 |
| Other: | 3 |

| |
|--|
| |
|--|

70

14. Which of the following do you have in your household at the present time?

| | |
|---------------|---|
| Electricity | 1 |
| Television | 2 |
| Radio | 3 |
| Motor vehicle | 4 |
| Fridge | 5 |
| Stove | 6 |
| Microwave | 7 |
| Computer | 8 |
| Telephone | 9 |

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15. What is your marital status:

| | |
|----------|---|
| Single | 1 |
| Married | 2 |
| Divorced | 3 |
| Widowed | 4 |
| Other | 5 |

16. How many children do you have:

| | | |
|-------|--|--|
| Boys | | |
| Girls | | |

| | |
|--|--|
| | |
| | |

17. Do your in-laws stay with you?

| | |
|-----|---|
| Yes | 1 |
| No | 2 |

18. Your position in your family:

| | |
|-------|---|
| Head | 1 |
| Wife | 3 |
| Other | 2 |

19. Are you:

| | |
|-----------------------|---|
| Employed | 1 |
| Unemployed | 2 |
| A pensioner | 3 |
| On a disability grant | 4 |
| Others: | 5 |

20. Is your husband / partner:

| | |
|-----------------------|---|
| Employed | 1 |
| Unemployed | 2 |
| A pensioner | 3 |
| On a disability grant | 4 |
| Others: | 5 |

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21. What is the highest level of education did you pass?

| | |
|----------------------|---|
| Never went to school | 1 |
| Std < 5 | 2 |
| Std 5-7 | 3 |
| Std 8-10 | 4 |
| Other: | 5 |

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CULTURAL IDENTITY

22. To which ethnic group do you belong?

| | |
|---------|---|
| Black | 1 |
| Colored | 2 |
| White | 3 |
| Indian | 4 |
| Other: | 5 |

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23. To which ethnic group do most of your neighbors belong? (people on your street)

| | |
|-----------|---|
| Xhosa | 1 |
| Afrikaans | 2 |
| English | 3 |
| | |
| Other: | 4 |

24. Which language do you speak at home?

| | |
|---------|---|
| Black | 1 |
| Colored | 2 |
| White | 3 |
| Indian | 4 |
| Other: | 5 |

25. Do you understand Xhosa when someone speaks it?

| | |
|-----|---|
| Yes | 1 |
| No | 2 |

26. Do you understand English when someone speaks it?

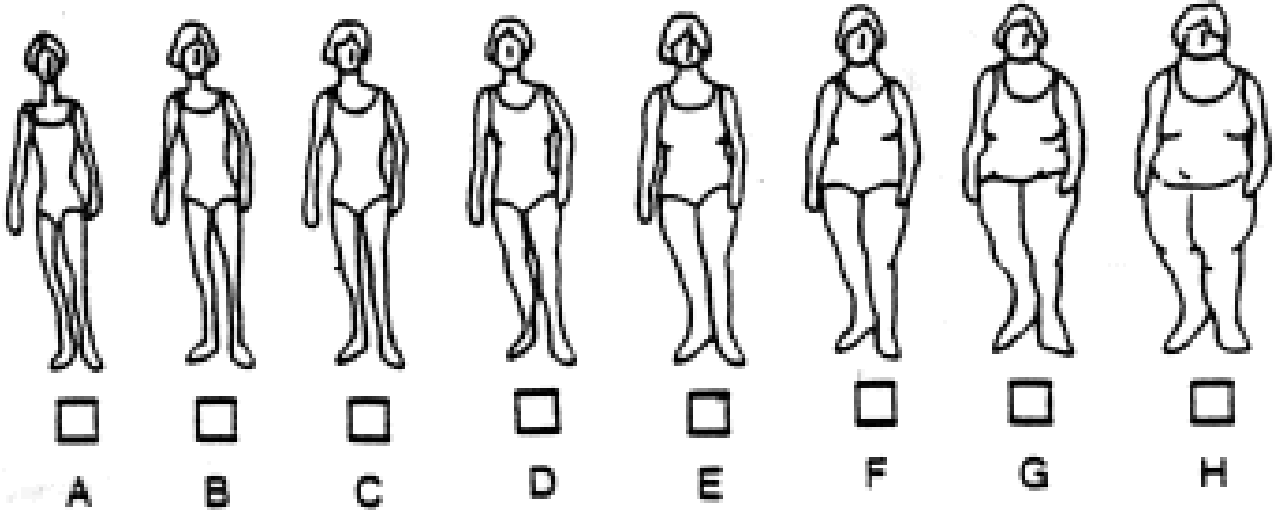
| | |
|-----|---|
| Yes | 1 |
| No | 2 |

27. Do you understand Afrikaans when someone speaks it?

| | |
|-----|---|
| Yes | 1 |
| No | 2 |

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MEASURES OF BODY IMAGE SELF-ASSESSMENT



1. Choose the picture of a woman that you think is:

| | |
|---------------|--------------------------|
| Thin | <input type="checkbox"/> |
| Normal weight | <input type="checkbox"/> |
| Fat | <input type="checkbox"/> |

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2. Choose the picture of a woman that you think will:

| | |
|-----------------------------------|--------------------------|
| Look best | <input type="checkbox"/> |
| Be clumsy | <input type="checkbox"/> |
| Have more respect than the others | <input type="checkbox"/> |
| Have less respect than the others | <input type="checkbox"/> |
| Be the strongest | <input type="checkbox"/> |
| Be the weakest | <input type="checkbox"/> |
| Be the happiest | <input type="checkbox"/> |
| Be the most unhappy | <input type="checkbox"/> |

3. Choose the woman that:

| | |
|---|--------------------------|
| You would want to look like | <input type="checkbox"/> |
| Your husband / partner will want you to look like | <input type="checkbox"/> |
| Your friend will want you to look like | <input type="checkbox"/> |
| Your children will want you to look like | <input type="checkbox"/> |

4. Which of the pictures do you think you look the most like:

111

5. How happy are you with your present weight?

| | |
|-----------------|---|
| Happy | 1 |
| Some what happy | 2 |
| Unhappy | 3 |

112

6. Do you think you are:

| | |
|---------------|---|
| Underweight | 1 |
| Normal weight | 2 |
| Overweight | 3 |

7. Have you ever thought that you are thin:

| | |
|-----|---|
| Yes | 1 |
| No | 2 |

8. Have you ever thought that you are fat:

| | |
|-----|---|
| Yes | 1 |
| No | 2 |

9. Have your husband or partner ever told you that you are thin:

| | |
|-----|---|
| Yes | 1 |
| No | 2 |

10. Have your friends ever told you that you are thin:

| | |
|-----|---|
| Yes | 1 |
| No | 2 |

11. Have your children ever told you that you are thin:

| | |
|-----|---|
| Yes | 1 |
| No | 2 |

12. Have your husband or partner ever told you that you are fat:

| | |
|-----|---|
| Yes | 1 |
| No | 2 |

13. Have your friends ever told you that you are fat:

| | |
|-----|---|
| Yes | 1 |
| No | 2 |

14. Have your children ever told you that you are fat:

| | |
|-----|---|
| Yes | 1 |
| No | 2 |

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15. Do you worry about being thin

| | |
|-----|---|
| Yes | 1 |
| No | 2 |

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16. Do you worry about being fat

| | |
|-----|---|
| Yes | 1 |
| No | 2 |

17. Have you recently lost weight in the last 3-6 months without trying?

| | |
|-----|---|
| Yes | 1 |
| No | 2 |

18. Have you recently gained weight in the last 3-6 months without trying?

| | |
|-----|---|
| Yes | 1 |
| No | 2 |

19. Have you ever tried to lose / are now trying to lose weight

| | |
|-----|---|
| Yes | 1 |
| No | 2 |

20. Have you ever tried to gain / are now trying to gain weight

| | |
|-----|---|
| Yes | 1 |
| No | 2 |

21. Choose the method that you used / are using to lose weight

| | |
|----------------------------------|---|
| Reduced the amount of food I eat | 1 |
| Exercise more | 2 |
| Skip some meals | 3 |
| Starve myself | 4 |
| Use weight reducing medications | 5 |

22. Choose the method that you used / are using to gain weight

| | |
|--|---|
| Increased the amount of food I eat | 1 |
| Exercise more | 2 |
| Eat more meals than I usually eat each day | 3 |
| Take supplements to increase energy intake | 4 |

23. If a woman of your age is thin, she would:

| | | |
|---------------------------|-------|------|
| Have more friends | Yes=1 | No=0 |
| Feel better about herself | Yes=1 | No=0 |
| Be beautiful | Yes=1 | No=0 |
| Feel more like a woman | Yes=1 | No=0 |
| Be healthier | Yes=1 | No=0 |

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24. If a woman of your age is fat, she would:

| | | |
|---------------------------|-------|------|
| Have more friends | Yes=1 | No=0 |
| Feel better about herself | Yes=1 | No=0 |
| Be beautiful | Yes=1 | No=0 |
| Feel more like a woman | Yes=1 | No=0 |
| Be healthier | Yes=1 | No=0 |

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BODY SHAPE QUESTIONS

1. Has feeling bored made you to brood about your shape?

| | |
|------------|---|
| Always | 1 |
| Very often | 2 |
| Often | 3 |
| Sometimes | 4 |
| Rarely | 5 |
| Never | 6 |

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2. Have you been so worried about your shape that you wanted to go on diet?

| | |
|------------|---|
| Always | 1 |
| Very often | 2 |
| Often | 3 |
| Sometimes | 4 |
| Rarely | 5 |
| Never | 6 |

3. Have you thought that your thighs, hips or bottom are too large for the rest of your body?

| | |
|------------|---|
| Always | 1 |
| Very often | 2 |
| Often | 3 |
| Sometimes | 4 |
| Rarely | 5 |
| Never | 6 |

4. Have you been afraid that you might become fat or fatter?

| | |
|------------|---|
| Always | 1 |
| Very often | 2 |
| Often | 3 |
| Sometimes | 4 |
| Rarely | 5 |
| Never | 6 |

5. Have you worried about your flesh not being firm enough?

| | |
|------------|---|
| Always | 1 |
| Very often | 2 |
| Often | 3 |
| Sometimes | 4 |
| Rarely | 5 |
| Never | 6 |

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6. Has feeling full (e.g. after eating a large meal) made you feel fat?

| | |
|------------|---|
| Always | 1 |
| Very often | 2 |
| Often | 3 |
| Sometimes | 4 |
| Rarely | 5 |
| Never | 6 |

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7. Have you felt so bad about your shape that you have cried

| | |
|------------|---|
| Always | 1 |
| Very often | 2 |
| Often | 3 |
| Sometimes | 4 |
| Rarely | 5 |
| Never | 6 |

8. Have you avoided running because you flesh might wobble?

| | |
|------------|---|
| Always | 1 |
| Very often | 2 |
| Often | 3 |
| Sometimes | 4 |
| Rarely | 5 |
| Never | 6 |

9. Has being with thin women made you feel self-conscious about your shape?

| | |
|------------|---|
| Always | 1 |
| Very often | 2 |
| Often | 3 |
| Sometimes | 4 |
| Rarely | 5 |
| Never | 6 |

10. Have you worried about your thighs spreading out when sitting down?

| | |
|------------|---|
| Always | 1 |
| Very often | 2 |
| Often | 3 |
| Sometimes | 4 |
| Rarely | 5 |
| Never | 6 |

11. Has eating even small amount of food made you feel fat?

| | |
|------------|---|
| Always | 1 |
| Very often | 2 |
| Often | 3 |
| Sometimes | 4 |
| Rarely | 5 |
| Never | 6 |

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12. Have you noticed the shape of other women and felt that your own shape compared unfavourably?

| | |
|------------|---|
| Always | 1 |
| Very often | 2 |
| Often | 3 |
| Sometimes | 4 |
| Rarely | 5 |
| Never | 6 |

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13. Has thinking about your shape interfered with your ability to concentrate (e.g. while watching television, reading, and listening to conversations)?

| | |
|------------|---|
| Always | 1 |
| Often | 3 |
| Very often | 2 |
| Sometimes | 4 |
| Rarely | 5 |
| Never | 6 |

14. Has being naked, such as when taking bath, made you feel fat?

| | |
|------------|---|
| Always | 1 |
| Very often | 2 |
| Often | 3 |
| Sometimes | 4 |
| Rarely | 5 |
| Never | 6 |

15. Have you avoided wearing clothes, which make you particularly aware of the shape of your body?

| | |
|------------|---|
| Always | 1 |
| Very often | 2 |
| Often | 3 |
| Sometimes | 4 |
| Rarely | 5 |
| Never | 6 |

16. Have you imagined cutting off fleshy areas of you body?

| | |
|------------|---|
| Always | 1 |
| Very often | 2 |
| Often | 3 |
| Sometimes | 4 |
| Rarely | 5 |
| Never | 6 |

17. Has eating sweets, cakes or other high calorie foods made you feel fat?

| | |
|------------|---|
| Always | 1 |
| Very often | 2 |
| Often | 3 |
| Sometimes | 4 |
| Rarely | 5 |
| Never | 6 |

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18. Have you not gone out to social occasions (e.g. parties) because you have felt bad about your shape?

| | |
|------------|---|
| Always | 1 |
| Very often | 2 |
| Often | 3 |
| Sometimes | 4 |
| Rarely | 5 |
| Never | 6 |

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19. Have you felt excessively large and rounded?

| | |
|------------|---|
| Always | 1 |
| Very often | 2 |
| Often | 3 |
| Sometimes | 4 |
| Rarely | 5 |
| Never | 6 |

20. Have you felt ashamed of your body?

| | |
|------------|---|
| Always | 1 |
| Very often | 2 |
| Often | 3 |
| Sometimes | 4 |
| Rarely | 5 |
| Never | 6 |

21. Has worrying about your body made you diet?

| | |
|------------|---|
| Always | 1 |
| Very often | 2 |
| Often | 3 |
| Sometimes | 4 |
| Rarely | 5 |
| Never | 6 |

22. Have you felt happiest about your shape when your stomach has been empty (e.g. in the morning)?

| | |
|------------|---|
| Always | 1 |
| Very often | 2 |
| Often | 3 |
| Sometimes | 4 |
| Rarely | 5 |
| Never | 6 |

23. Have you felt that you are in the shape you are because of lack of self-control?

| | |
|------------|---|
| Always | 1 |
| Very often | 2 |
| Often | 3 |
| Sometimes | 4 |
| Rarely | 5 |
| Never | 6 |

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24. Have you worried about other people seeing rolls of fat around your waist and stomach?

| | |
|------------|---|
| Always | 1 |
| Very often | 2 |
| Often | 3 |
| Sometimes | 4 |
| Rarely | 5 |
| Never | 6 |

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25. Have you felt that it is not fair that other women are thinner than you?

| | |
|------------|---|
| Always | 1 |
| Very often | 2 |
| Often | 3 |
| Sometimes | 4 |
| Never | 6 |
| Rarely | 5 |

26. Have you vomited in order to feel thinner?

| | |
|------------|---|
| Always | 1 |
| Very often | 2 |
| Often | 3 |
| Sometimes | 4 |
| Rarely | 5 |
| Never | 6 |

27. When in company, have you worried about too much of room (e.g. sitting on a sofa or bus seat)?

| | |
|------------|---|
| Always | 1 |
| Very often | 2 |
| Often | 3 |
| Sometimes | 4 |
| Rarely | 5 |
| Never | 6 |

28. Have you worried about your flesh being dimply?

| | |
|------------|---|
| Always | 1 |
| Very often | 2 |
| Often | 3 |
| Sometimes | 4 |
| Rarely | 5 |
| Never | 6 |

29. Has seeing your reflection (e.g. in a mirror or shop window) made you feel bad about your shape?

| | |
|------------|---|
| Always | 1 |
| Very often | 2 |
| Often | 3 |
| Sometimes | 4 |
| Rarely | 5 |
| Never | 6 |

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30. Have you pinched areas of your body to see how much fat is there?

| | |
|------------|---|
| Always | 1 |
| Very often | 2 |
| Often | 3 |
| Sometimes | 4 |
| Rarely | 5 |
| Never | 6 |

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31. Have you avoided situations where people could see your body (e.g. communal changing rooms or swimming baths)?

| | |
|------------|---|
| Always | 1 |
| Often | 3 |
| Very often | 2 |
| Sometimes | 4 |
| Rarely | 5 |
| Never | 6 |

32. Have you taken laxatives in order to feel thinner?

| | |
|------------|---|
| Always | 1 |
| Very often | 2 |
| Often | 3 |
| Sometimes | 4 |
| Rarely | 5 |
| Never | 6 |

33. Have you been particularly self-conscious about your shape when in the company of other people?

| | |
|------------|---|
| Always | 1 |
| Very often | 2 |
| Often | 3 |
| Sometimes | 4 |
| Rarely | 5 |
| Never | 6 |

34. Has worry about your shape made you feel you ought to exercise?

| | |
|------------|---|
| Always | 1 |
| Very often | 2 |
| Often | 3 |
| Sometimes | 4 |
| Rarely | 5 |
| Never | 6 |

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