Appendix

Dear Sir/Madam,

I am a Research Scholar in the Department of Psychology, Bharathiar University conducting a survey on health. A set of questionnaires to assess various aspects of Health is enclosed. I request you to respond to all the questionnaires. I assure you complete confidentiality of the information and it will be used only for the research purpose. I thank you for your time and cooperation.

Malar Jayachander, Psychologist, Chennai

Name: __________________________ Age: ______________ Sex: __________

Residential Address: _____________________________________________

Phone Number: __________ Email id_______________________________

Height (Inches/Cms): ________________ Weight(kgs): ________________

Marital Status: ____________________ Education: __________________

Occupation: _____________________ Mode of Travel: __________________

Family Income from all sources per month: __________________________

Pocket Money from all sources per month: ___________________________

Habits: (Please tick) Vegetarian/ Non-Vegetarian

Number of times you eat out in a month: _____________________________

Do you like junk/ready to eat foods available in markets? Yes/No

Specify your favorite junk foods:____________________________________

Exercise: (Please tick) None/ Mild/ Moderate/ Vigorous

Type of Exercise: __________

Physical Activity: (Please tick) Sedentary/Active/Very Active

Any other ailments: ___________________
# EATING ATTITUDES TEST

Answer the questions honestly as you can by ticking your appropriate response

<table>
<thead>
<tr>
<th>No</th>
<th>Items</th>
<th>Always</th>
<th>Usually</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
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<tbody>
<tr>
<td>1</td>
<td>Am terrified about being overweight.</td>
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<td>2</td>
<td>Avoid eating when I am hungry.</td>
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<td>3</td>
<td>Find myself preoccupied with food.</td>
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<td>4</td>
<td>Having gone on eating binges where I feel I may not be able to stop.</td>
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<td>5</td>
<td>Cut my food into small pieces.</td>
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<td>6</td>
<td>Aware of the calorie content of foods that I eat.</td>
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<td>7</td>
<td>Particularly avoid food with a high carbohydrate content (rice, potatoes)</td>
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<td>8</td>
<td>Feel that others would prefer if I ate more.</td>
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<td>9</td>
<td>Vomit after I have eaten.</td>
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<td>10</td>
<td>Feel extremely guilty after eating.</td>
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<td>11</td>
<td>Am preoccupied with a desire to be thinner.</td>
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<td>12</td>
<td>Think about burning up calories when I exercise.</td>
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<td>13</td>
<td>Other people think that I am too thin.</td>
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<td>14</td>
<td>Am preoccupied with the thought of having fat on my body.</td>
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<td>15</td>
<td>Take longer than others to eat my meals.</td>
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<td>16</td>
<td>Avoid foods with sugar in them.</td>
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<td>17</td>
<td>Eat diet foods.</td>
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<td>18</td>
<td>Feel that food controls my life.</td>
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<td>19</td>
<td>Display self control around food.</td>
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<td>20</td>
<td>Feel that others pressure me to eat.</td>
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<tr>
<td>No</td>
<td>Items</td>
<td>Always</td>
<td>Usually</td>
<td>Often</td>
<td>Sometimes</td>
<td>Rarely</td>
<td>Never</td>
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<td>21</td>
<td>Give too much time and thought to food.</td>
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<td>22</td>
<td>Feel uncomfortable after eating sweets.</td>
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<td>23</td>
<td>Engage in dieting behaviour.</td>
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<td>24</td>
<td>Like my stomach to be empty.</td>
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<tr>
<td>25</td>
<td>Have the impulse to vomit after meals.</td>
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<td>26</td>
<td>Enjoy trying new rich foods.</td>
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**ROSENBERG SELF-ESTEEM SCALE**

Below is a list of statements dealing with your general feelings about yourself. If you strongly agree, circle **SA**. If you agree with the statement, circle **A**. If you disagree, circle **D**. If you strongly disagree, circle **SD**.

1. On the whole, I am satisfied with myself.                            SA  A  D  SD
2.* At times, I think I am no good at all.                               SA  A  D  SD
3. I feel that I have a number of good qualities.                       SA  A  D  SD
4. I am able to do things as well as most other people.                SA  A  D  SD
5.* I feel I do not have much to be proud of.                           SA  A  D  SD
6.* I certainly feel useless at times.                                  SA  A  D  SD
7. I feel that I’m a person of worth, at least on an equal plane with others. SA  A  D  SD
8.* I wish I could have more respect for myself.                        SA  A  D  SD
9.* All in all, I am inclined to feel that I am a failure.              SA  A  D  SD
10. I take a positive attitude toward myself.                            SA  A  D  SD
MULTIDIMENSIONAL SCALE OF PERCEIVED SOCIAL SUPPORT

We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

Circle the “1” if you Very Strongly Disagree
Circle the “2” if you Strongly Disagree
Circle the “3” if you Mildly Disagree
Circle the “4” if you are Neutral
Circle the “5” if you Mildly Agree
Circle the “6” if you Strongly Agree
Circle the “7” if you Very Strongly Agree

1. There is a special person who is around when I am in need. 1 2 3 4 5 6 7
2. There is a special person with whom I can share my joys and sorrows. 1 2 3 4 5 6 7
3. My family really tries to help me. 1 2 3 4 5 6 7
4. I get the emotional help and support I need from my family. 1 2 3 4 5 6 7
5. I have a special person who is a real source of comfort to me. 1 2 3 4 5 6 7
6. My friends really try to help me. 1 2 3 4 5 6 7
7. I can count on my friends when things go wrong. 1 2 3 4 5 6 7
8. I can talk about my problems with my family. 1 2 3 4 5 6 7
9. I have friends with whom I can share my joys and sorrows. 1 2 3 4 5 6 7
10. There is a special person in my life who cares about my feelings. 1 2 3 4 5 6 7
11. My family is willing to help me make decisions. 1 2 3 4 5 6 7
12. I can talk about my problems with my friends. 1 2 3 4 5 6 7
BODY AWARENESS QUESTIONNAIRE

Listed below are a number of statements regarding your sensitivity to normal, non emotive body processes. For each statement, select a number from 1 to 7 that best describes how the statement describes you and place the number in the box to the right of the statement.

<table>
<thead>
<tr>
<th>Not at all true of me</th>
<th>Very true of me</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6 7</td>
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</table>

1. I notice differences in the way my body reacts to various foods. [ ]
2. I can always tell when I bump myself whether or not it will become a bruise. [ ]
3. I always know when I’ve exerted myself to the point where I’ll be sore the next day. [ ]
4. I am always aware of changes in my energy level when I eat certain foods. [ ]
5. I know in advance when I’m getting the flu. [ ]
6. I know I’m running a fever without taking my temperature. [ ]
7. I can distinguish between tiredness because of hunger and tiredness because of lack of sleep. [ ]
8. I can accurately predict what time of day lack of sleep will catch up with me. [ ]
9. I am aware of a cycle in my activity level throughout the day. [ ]
10.* I don’t notice seasonal rhythms and cycles in the way my body functions. [ ]
11. As soon as I wake up in the morning, I know how much energy I’ll have during the day. [ ]
12. I can tell when I go to bed how well I will sleep that night. [ ]
13. I notice distinct body reactions when I am fatigued. [ ]
14. I notice specific body responses to changes in the weather. [ ]
15. I can predict how much sleep I will need at night in order to wake up refreshed. [ ]
16. When my exercise habits change, I can predict very accurately how that will affect my energy level. [ ]
17. There seems to be a “best” time for me to go to sleep at night. [ ]
18. I notice specific bodily reactions to being overhungry. [ ]
### DIETING BELIEFS SCALE

Please respond to the following statements by indicating how well each statement describes your beliefs. Place a number from 1 (*not at all descriptive of my beliefs*) to 6 (*very descriptive of my beliefs*) in the box to the right of each statement.

<table>
<thead>
<tr>
<th>Not at all descriptive of my beliefs</th>
<th>Very descriptive of my beliefs</th>
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<tbody>
<tr>
<td>1 2 3 4 5 6</td>
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</table>

1. By restricting what one eats, one can lose weight. □
2. When people gain weight, it is because of something they have done or not done. □
3. A thin body is largely a result of genetics. □
4. No matter how much effort one puts into dieting, one’s weight tends to stay about the same. □
5. One’s weight is, to a great extent, controlled by fate. □
6. There is so much fattening food around that losing weight is almost impossible. □
7. Most people can only diet successfully when other people push them to do it. □
8. Having a slim and fit body has very little to do with luck. □
9. People who are overweight lack the willpower necessary to control their weight. □
10. Each of us directly is responsible for our weight. □
11. Losing weight is simply a matter of wanting to do it and applying yourself. □
12. People who are more than a couple of pounds overweight need professional help to lose weight. □
13. By increasing the amount one exercises, one can lose weight. □
14. Most people are at their present weight because that is the weight level that is natural for them. □
15. Unsuccessful dieting is due to lack of effort. □
16. In order to lose weight, people must get a lot of encouragement from others. □
SURVEY OF RECENT LIFE EXPERIENCES

Following is a list of experiences which many people have some time or other. Please indicate for each experience how much it has been a part of your life over the past month.

1 = not at all part of my life
2 = only slightly part of my life
3 = distinctly part of my life
4 = very much part of my life

1. Disliking your daily activities
2. Disliking your work
3. Ethnic or racial conflict
4. Conflicts with in-laws or boyfriend’s/girlfriend’s family
5. Being let down or disappointed by friends
6. Conflicts with supervisor(s) at work
7. Social rejection
8. Too many things to do at once
9. Being taken for granted
10. Financial conflicts with family members
11. Having your trust betrayed by a friend
12. Having your contributions overlooked
13. Struggling to meet your own standards of performance and accomplishment
14. Being taken advantage of
15. Not enough leisure time
16. Cash flow difficulties
17. A lot of responsibilities
18. Dissatisfaction with work
19. Decisions about intimate relationship(s)
20. Not enough time to meet your obligations
21. Financial burdens
22. Lower evaluation of your work than you think you deserve
23. Experiencing high levels of noise
24. Lower evaluation of your work than you hoped for
25. Conflicts with family member(s)
26. Finding your work too demanding
27. Conflicts with friend(s)
28. Trying to secure loans
29. Getting “ripped off” or cheated in the purchase of goods
30. Unwanted interruptions of your work
31. Social isolation
32. Being ignored
33. Dissatisfaction with your physical appearance
34. Unsatisfactory housing conditions
35. Finding work uninteresting
36. Failing to get money you expected
37. Gossip about someone you care about
38. Dissatisfaction with your physical fitness
39. Gossip about yourself
40. Difficulty dealing with modern technology (e.g. computers)
41. Hard work to look after and maintain home
BECK DEPRESSION INVENTORY

Please read each group of statements carefully, and then tick out the one statement in each group that best describes the way you have been during the past two weeks, including today.

1. Sadness
   0. I do not feel sad.
   1. I feel sad much of the time.
   2. I am sad all the time.
   3. I am so sad or unhappy that I can’t stand it.

2. Pessimism
   0. I am not discouraged about my future.
   1. I feel more discouraged about my future than used to be.
   2. I do not expect things to work out for me.
   3. I feel my future is hopeless and will only get worse.

3. Past failure
   0. I do not feel like a failure.
   1. I have failed more than I should have.
   2. As I look back, I see a lot of failures.
   3. I feel I am a total failure as a person.

4. Loss of Pleasure
   0. I get as much pleasure as I ever did from the things that I enjoy.
   1. I don’t enjoy things as much as I used to.
   2. I get very little pleasure from the things I used to enjoy.
   3. I can’t get any pleasure from the things I used to enjoy.

5. Guilty Feelings
   0. I don’t feel particularly guilty.
   1. I feel guilty over many things I have done or should have done.
   2. I feel guilty most of the time.
   3. I feel guilty all the time.

6. Punishment Feelings
   0. I don’t feel I am being punished.
   1. I feel I may be punished.
   2. I expect to be punished.
   3. I feel I am being punished.

7. Self-Dislike
   0. I feel the same about myself as ever.
   1. I have lost confidence in life.
   2. I am disappointed in myself.
   3. I dislike myself.

8. Self-Criticalness
   0. I don’t criticize or blame myself more than usual.
   1. I am more critical of myself than I used to be.
   2. I criticize myself for all the faults.
   3. I blame myself for everything bad that happens.
9. Suicidal Thoughts or Wishes
   0. I don’t have any thoughts of killing myself.
   1. I have thoughts of killing myself, but I would not carry them out.
   2. I would like to kill myself.
   3. I would kill myself if I had the chance.

10. Crying
   0. I don’t cry anymore than I used to.
   1. I cry more than I used to.
   2. I cry over every little thing.
   3. I feel like crying, but I can’t.

11. Agitation
   0. I am no more restless or wound up than usual.
   1. I feel more restless or wound up than usual.
   2. I am so restless or agitated that it is hard to stay still.
   3. I am so restless or agitated that I have to keep moving or doing something.

12. Loss of Interest
   0. I have not lost interest in other people or activities.
   1. I am less interested in other people or things than before.
   2. I have lost more of my interest in other people or things.
   3. It’s hard to get interested in anything.

13. Indecisiveness
   0. I make decisions about as well as ever.
   1. I find it more difficult to make decisions than usual.
   2. I have much greater difficulty in making decisions than I used to.
   3. I have trouble making any decisions.

14. Worthlessness
   0. I do not feel I am worthless.
   1. I don’t consider myself as worthwhile and useful as I used to.
   2. I feel more worthless as compared to other people.
   3. I feel utterly worthless.

15. Loss of Energy
   0. I have as much energy as ever.
   1. I have less energy than I used to have.
   2. I don’t have enough energy to do very much.
   3. I don’t have enough energy to do anything.

16. Changes in Sleeping Pattern
   0. I have not experienced any change in my sleeping pattern.

                       1a. I sleep somewhat more than usual.
                       1b. I sleep somewhat less than usual.

                       2a. I sleep a lot more than usual.
2b. I sleep a lot less than usual.

3a. I sleep most of the day.
3b. I wake up 1-2 hours early and can’t get back to sleep.

17. Irritability
0. I am no more irritable than usual.
1. I am more irritable than usual.
2. I am much more irritable than usual.
3. I am irritable all the time.

18. Changes in Appetite
0. I have not experienced any change in my appetite.

1a. My appetite is somewhat less than usual.
1b. My appetite is somewhat greater than usual.

2a. My appetite is much less than before.
2b. My appetite is much greater than usual.

3a. I have no appetite at all.
3b. I crave food all the time.

19. Concentration Difficulty
0. I can concentrate as well as ever.
1. I can’t concentrate as well as usual.
2. It’s hard to keep my mind on anything for very long.
3. I find I can’t concentrate on anything.

20. Tiredness or Fatigue
0. I am no more tired or fatigued than usual.
1. I get more tired or fatigued more easily than usual.
2. I am too tired or fatigued to do a lot of the things that I used to do.
3. I am too tired or fatigued to do most of the things that I used to do.

21. Loss of Interest in Sex
0. I have not noticed any recent change in my interest in sex.
1. I am less interested in sex than I used to be.
2. I am much less interested in sex now.
3. I have lost interest in sex completely.
THREE FACTOR EATING QUESTIONNAIRE

Please read each group of statements carefully, and then tick out the answer which describes the way you have been. There are no right or wrong answers.

1. When I smell a sizzling steak or juicy piece of meat, I find it very difficult to keep from eating, even if I have just finished a meal.
   *Definitely true (4)/ mostly true (3)/ mostly false (2)/ definitely false (1)*

2. I deliberately take small helpings as a means of controlling my weight.
   *Definitely true (4)/ mostly true (3)/ mostly false (2)/ definitely false (1)*

3. When I feel anxious, I find myself eating.
   *Definitely true (4)/ mostly true (3)/ mostly false (2)/ definitely false (1)*

4. Sometimes when I start eating, I just can’t seem to stop.
   *Definitely true (4)/ mostly true (3)/ mostly false (2)/ definitely false (1)*

5. Being with someone who is eating often makes me hungry enough to eat also.
   *Definitely true (4)/ mostly true (3)/ mostly false (2)/ definitely false (1)*

6. When I feel blue, I often overeat.
   *Definitely true (4)/ mostly true (3)/ mostly false (2)/ definitely false (1)*

7. When I see a real delicacy, I often get so hungry that I have to eat right away.
   *Definitely true (4)/ mostly true (3)/ mostly false (2)/ definitely false (1)*

8. I get so hungry that my stomach often seems like a bottomless pit.
   *Definitely true (4)/ mostly true (3)/ mostly false (2)/ definitely false (1)*

9. I am always hungry so it is hard for me to stop eating before I finish the food on my plate.
   *Definitely true (4)/ mostly true (3)/ mostly false (2)/ definitely false (1)*

10. When I feel lonely, I console myself by eating.
    *Definitely true (4)/ mostly true (3)/ mostly false (2)/ definitely false (1)*

11. I consciously hold back at meals in order not to weight gain.
    *Definitely true (4)/ mostly true (3)/ mostly false (2)/ definitely false (1)*

12. I do not eat some foods because they make me fat.
    *Definitely true (4)/ mostly true (3)/ mostly false (2)/ definitely false (1)*

13. I am always hungry enough to eat at any time.
    *Definitely true (4)/ mostly true (3)/ mostly false (2)/ definitely false (1)*

14. How often do you feel hungry?
    *Only at meal times (1)/ sometimes between meals (2)/ often between meals (3)/ almost always (4)*

15. How frequently do you avoid "stocking up" on tempting foods?
    *Almost never (1)/ seldom (2)/ usually (3)/ almost always (4)*

16. How likely are you to consciously eat less than you want?
    *Unlikely (1)/ slightly likely (2)/ moderately likely (3)/ very likely (4)*

17. Do you go on eating binges though you are not hungry?
    *Never (1)/ rarely (2)/ sometimes (3)/ at least once a week (4)*

18. On a scale of 1 to 8, where 1 means no restraint in eating (eating whatever you want, whenever you want it) and 8 means total restraint (constantly limiting food intake and never "giving in"), what number would you give yourself?
PSYCHO EDUCATION PROGRAMME