



QUESTIONS

RESPONSES

53

Research Report Survey on Obesity in the CNMI

Form description

Please select your gender:

- Male
- Female

Select your age range:

- 16-24
- 25-32
- 32-40
- 40 or older

Please describe or define obesity in your own words:

Body Mass Index Chart

		120	130	140	150	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300	310	320	330
С	4'5"	30	33	35	38	40	43	45	48	50	53	55	58	60	63	65	68	70	73	75	78	80	83
	4'6°	29	31	34	36	39	41	43	46	48	51	53	56	58	60	63	65	68	70	72	75	77	80
L	4'7"	28	30	33	35	37	40	42	44	47	49	51	54	56	58	61	63	65	68	70	72	75	77
L	4'8"	27	29	31	34	36	38	40	43	45	47	49	52	54	56	58	61	63	65	67	70	72	74
L	4'9"	26	28	30	33	35	37	39	41	43	46	48	50	52	54	56	59	61	63	65	67	69	72
	4'10"	25	27	29	31	34	36	38	40	42	44	46	48	50	52	54	57	59	61	63	65	67	69
L	4'11"	24	26	28	30	32	33	36	38	40	43	45	47	49	51	53	55	57	59	61	63	65	67
L	5'0"	23	25	27	29	31	32	35	37	39	41	43	45	47	49	51	53	55	57	59	61	63	65
L	5'1"	23	25	26	28	30	32	34	36	38	40	42	44	45	47	49	51	53	55	57	59	61	62
L	5'2"	22	24	25	27	29	31	33	35	37	38	40	42	44	46	48	49	51	53	55	57	59	60
t	5'3"	21	23	25	27	28	30	32	34	36	37	39	41	43	44	46	48	50	51	53	55	57	59
t	5'4"	21	22	24	26	28	29	31	33	34	36	38	40	41	43	45	46	48	50	52	53	55	57
	5'5"	20	22	23	25	27	28	30	32	33	35	37	38	40	42	43	45	47	48	50	52	53	55
t	5'6"	19	21	23	24	26	27	29	31	32	34	36	37	39	40	42	44	45	47	49	50	52	53
	5'7"	19	20	22	24	25	27	28	30	31	33	35	36	38	39	41	42	44	46	47	49	50	52
1	5'8"	18	20	21	23	24	26	27	29	30	32	34	35	37	38	40	41	43	44	46	47	49	50
1	5'9"	18	19	21	22	24	25	27	28	30	31	33	34	36	37	38	40	41	43	44	46	47	49
	5'10"	17	19	20	22	23	24	26	27	29	30	32	33	35	36	37	39	40	42	43	45	46	47
4 -	5'11"	17	18	20	21	22	24	25	27	28	29	31	32	34	35	36	38	39	41	42	43	45	45
	6.0.	16	18	19	20	22	23	24	26	27	29	30	31	33	34	35	37	38	39	41	43	43	45
Н	6'1"	16	17	19	20	21	22	24	25	26	28	29	30	32	33	34	36	37	38	40	41	42	44
Н	6'2"	15	17	18	19	21	22	23	24	26	27	28	30	31	32	33	35	36	37	39	40	41	42
_	6'3"	15	16	18	19	20	21	23	24	25	26	28	29	30	31	33	34	35	36	38	39	40	41
	6'4"	15	16	17	18	20	21	22	23	24	26	27	28	29	30	32	33	34	35	37	38	39	40
-	6'5" 6'6"	14	15	17	18	19	20	21	23	24	25	26	27	29	30	31	32	33	34	36	37	38	39
-	6'7"	14	15	16	17	19	20	21	22	23	24	25	27	28	29	30	31	32	34	35	36	37	38
	6'8"	14	15	16	17	18	19	20	21	23	24	25	26	27	28	29	30	32	33	34	35	36	37
-	6,8,	13	14	15	17	18		20 19	21	22	23	24	25	26 26	28	29	30 29	31	32	33	34	35	36
-	6'10"	13	14	15	16	17	18	19	20	21	23		25	25	26	28	29	30 29	31	32	33	34	35 35
L	0 10	13	14	15	16	17	18	19	20	21	22	23	24	25	20	21	20	20	30	31	32	34	35
Severly Underweight: < 17.5 Optimal: 18.5 - 25 Overweight: 25.1 - 30 Obese: 30.1 - 40																							

Take a look at the BMI Chart above and indicate which category you fall into: (First find your height, then your weight in range according to the color code category)

Severly Underweight < 17.5

Underweight: 17.5 - 18.4

Optimal/Normal Average Weight: 18.5 - 25

Overweight: 25.1 - 30

Obese 30.1 - 40

Severely Obese: > 40.1
Do you think obesity is a serious issue in the CNMI?
O Yes
O No
Please explain why you think obesity is a serious issue in the CNMI, or
Long answer text
Do you have family members or friends who are obese?
O Yes
O No
How often do you eat fast-food or eat out at restaurants? (This question is optional and does not need to be answered.)
O times a week
1-2 times a week
3-4 times a week
4-6 times a week
O 6 or more times a week

Yes
) No
Please check any of the following items of junk food or fast-foods that you consume. Check all that apply:
Cookies
Chips
Icecream
Cake
Soda
Cheeseburgers/Hamburgers
Deep Fried Foods
Pizza
Other
How often do you exercise?
0 times a week
1-2 times a week
3 times a week

4 or more times a week

bo you eat any type of junk rood of unnealtry snacks/rood?

Place a check being obese or		•				uence in						
Poor Eating Habits (Overeating/Skipping Breakfast/Inconsistency in Meal Schedules/Late Night Sna												
Lack of Awarenes	SS											
Cultural Beliefs & Influences												
Lack of Parental Guidance & Encouragement												
Lack of Exercise or Inactivity												
Disease (Diabetes, Cardiovascular Disease such as Heart Attacks and Stroke, Cancersetc)												
Other												
Rate your daily schedule or prioritization of work/family and other outside influences on a scale of 1 to 5 on how it affects your lifestyle (in the way you eat, sleep, exercise) from 1 being not at all to 5 being extremely:												
	1	2	3	4	5							
Not at All	0	0	0	0	0	Extremely						
What are some struggling with	•	at you kr	now that	may help	people w	ho are						

Please list down types of recreations that can be created or built that you

think will help or prevent obesity in the CNMI:

Long answer text

Тт