Entered:/_	_/20	Initials:	Verified:	//20	_ In	itials:	
Patient ID							
	For office use only.						
	Baseline Update Questionnaire - Version: 08/21/2006						
Form Completion Date / / 20 mm dd yy							
Directions: Plo	ease complete	the following questions by	y checking the appropri	ate response	e or filling in	the blank.	
1. Were you adv	_	red by your doctor or other	health care provider to	lose weight	t prior to you	r	
□ 0. No	□ 1. Yes						
Skip to question 2	in the mach weight were you way is card to require a to robe.						
question 2		lbs. (or) □ "no amount speci	fied"			
2. Were you adv	_	red by your doctor or other	health care provider to	start a spec	ial diet prior	to your	
□ 0. No □ 1. Yes							
Skip to question 3		s special diet "no" or "yes" for each)		No	Yes		
using o		low calorie (less than 800 c a commercial weight loss p trifast, or eating smaller po	product like Optifast				
	b. high protein/low carboh		i.e. Atkins)?				
	c. ground or pur						
		r special diet not mentioned ify:					
2.2 Did you follow the special diet? ☐ 1. No ☐ 2. Rarely			□ 4. U □ 5. A	•			
3. Have you los No Yes	t or gained an	y weight in the past 3 mor	aths (check yes or no to	each)?			
□ □ Lost weight →		a. How much? lbs.					
b. Were you purposefully trying to lose weight by eating less?			ss? 🗆 0. N	No □ 1. Yes			
☐ ☐ Gained weight →		a. How much?1	bs.				
□ No change in weight							
□ □ Don't l	□ □ Don't know						

ac	rections: The following questions ask you to provide what you consider your d ceptable weight and unhappy weight. Please provide a number (in pounds) that low.	
1.	The first weight is your <u>dream weight</u> , a weight that you would choose if you could weigh whatever you wanted. What is this weight?	Dream Weight:lbs.
2.	The second weight is not as ideal as the first one. It is a weight, however, that you would be <u>happy</u> to achieve. What is this weight?	Happy Weight:lbs.
3.	The third weight is one that you would be not particularly happy with, but one that you could <u>accept</u> , since it would be less than your current weight. What is this weight?	Acceptable Weight:lbs.
4.	The fourth weight is one that is less than your current weight, but one that you could not view as successful in any way. You would be <u>disappointed</u> if this was your final weight after surgery. What is this weight?	Disappointed Weight:lbs.

Patient ID ____ - ___ - ___

BASELINE UPDATE (BU)

PURPOSE:

To collect behavior information on patients aged 18 years or older enrolled in LABS-1, who have provided informed consent for LABS-2, prior to bariatric surgery.

PERSON(S) RESPONSIBLE: SOURCES OF INFORMATION: WHEN TO ADMINISTER FORM: Clinician/Coordinator Patient

Once patient provides informed consent for LABS-2, prior to surgery.

This questionnaire should be completed with 30 days prior to the surgery day. It can be completed at the clinical visit or sent home to the participant and then turn to coordinator prior to bariatric surgery. This form should only be completed if the LABS-2 baseline battery is completed more than 30 days prior to surgery.

NOTE: IF THE ORIGINAL BASELINE BATTERY IS COMPLETED MORE THAN 90 DAYS PRIOR TO SURGERY, THEN THE ENTIRE BASELINE BATTERY MUST BE COMPLETED AGAIN WITHIN 30 DAYS OF SURGERY.

If the BU is completed at home, the coordinator or other study staff must review the document at patient's clinic visit to ensure that all fields have been completed appropriately.

GENERAL INSTRUCTIONS (Patient)

This questionnaire is to be completed by the patient. If the patient is not able to complete the form without help, the coordinator or patient designee may read the questions and answers to the patient.

GENERAL INSTRUTIONS: (Clinician)

Before the form is given/sent to the patient:

(1) Write the patient id on the form. Because this form is administered at baseline only the visit number has been preprinted on the form.

After patient completes survey:

(1) Review the form for any missing items. Follow-up with patient if necessary to record missing items, or to clarify responses.

	 (2) Make sure that each item has a single response marked, unless directions state otherwise. (3) If the patient does not understand the question, a coordinator or patient designee may read the question to them. Do not answer the question. Indicate whether the response is unknown or if the patient refused to provide an answer.
SCORING ALGORITHM:	N/A

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DATA SECTION	COMPLETE INSTRUCTIONS		
PATIENT ID:	Record the patient's ID number. The ID number is assigned via the ID registration application of the MATRIX Web Data Management System (MATRIX). Instructions on using this application are included in the MATRIX Manual. The ID should be written on every page of the BID form prior to it being administered to the patient.		
	NOTE: The patient ID number is the same as that assigned to the patient as part of the LABS-1 study.		
VISIT:	Because this form is only administered at the baseline time point, the visit number (1) has been pre-printed on the form.		
FORM COMPLETION DATE:	Patient records the date of form completion (mm/dd/20yy)		
WEIGHT LOSS BEFORE SURGERY:	1. Patient records "No" or "Yes" if they were advised or required by their doctor or other health care provider to lose weight prior to surgery.		
	1.1 <u>If patient was <i>not</i> advised to lose weight:</u> Patient may skip to question 2, regarding special diets.		
	If patient was advised to lose weight prior to surgery: Patient must record how much weight (lbs.) they were required to lose. If no amount was specified, the patient should select the appropriate box.		
	2. Patient records "No" or "Yes" if they were advised or required by their doctor or other health care provider to start a special diet prior to surgery.		
	2.1 <u>If patient was <i>not</i> advised to start a special diet prior to surgery:</u> Patient may skip to question 3, regarding weight loss/gain.		
	If patient was advised to start a special diet prior to surgery: Patient must select "No" or "Yes" for each: a. Very low calorie – defined as less than 800 calories. b. High protein/low carbohydrate c. Ground or pureed foods d. Other, specify		

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	2.2	If patient was advised to start a special diet prior to surgery: Patient must specify if they followed the
		special diet as advised.
	3.	Patient records if they have lost or gained any weight in the <i>past 3 months</i> . <i>Check yes or no for each</i> . If patient has <i>lost</i> weight: They must indicate: a. Amount of weight lost (lbs.) b. If they lost weight on purpose by eating less
		If patient gained weight: They must indicate: a. Amount of weight gained (lbs.)
GOALS AND RELATIVE WEIGHTS QUESTIONS:	1.	Patient records their <i>Dream Weight</i> (lbs.). Dream Weight is defined as a weight that the patient would choose if they could weigh whatever they wanted.
	2.	Patient records their <i>Happy Weight</i> (lbs.). Happy Weight is not as ideal as patient's dream weight, however it is a weight that they would be happy to achieve.
	3.	Patient records their <i>Acceptable Weight</i> (lbs.). Acceptable Weight is a weight that the patient would not be especially happy with, but that the patient would accept, since it would be less than their current weight.
	4.	Patient records their <i>Disappointed Weight</i> (lbs.). Disappointed Weight is a weight that the patient would not view as successful in any way. The patient would be disappointed if it was their final weight after surgery.