Entered: _ _ / _ _ / 20_ _ Initials: _____ Verified: _ _ / _ _ / 20_ _ Initials: _____

Patient ID __ __ __ - __ __ __ __ - __ __ **Visit:** 1

For office use only.

Behavior Baseline (BB) - Version: 06/15/2006

Form Completion Date __ __ / __ __ / 20_ __
mm dd yy

Directions: Please complete the following questions by checking the appropriate response or filling in the blank.

1. Were you advised or required by your doctor or other health care provider to lose weight prior to your obesity surgery?

☐ 0. No ☐ 1. Yes

Skip to question 2

1.1 How much weight were you advised or required to lose?

_____ lbs. (or) ☐ "*no amount specified*"

2. Were you advised or required by your doctor or other health care provider to start a special diet prior to your obesity surgery?

☐ 0. No ☐ 1. Yes

Skip to question 3

2.1 Was this special diet (*check "no" or "yes" for each*)…	No	Yes
a. very low calorie (less than 800 cal/day), *for example using a commercial weight loss product like Optifast or Nutrifast, or eating smaller portions?*	☐	☐
b. high protein/low carbohydrate (i.e. Atkins)?	☐	☐
c. ground or pureed foods?	☐	☐
d. Other special diet not mentioned above? (specify: _____)	☐	☐

2.2 Did you follow the special diet?
☐ 1. No ☐ 4. Usually
☐ 2. Rarely ☐ 5. Always
☐ 3. Occasionally

3. Have you lost or gained any weight in the **past 3 months** (*check yes or no to each*)?

No	Yes		
☐	☐	Lost weight →	a. How much? _____ lbs. b. Were you purposefully trying to lose weight by eating less? ☐ 0. No ☐ 1. Yes
☐	☐	Gained weight →	a. How much? _____ lbs.
☐	☐	No change in weight	
☐	☐	Don't know	

Directions: The following questions[1] ask you to provide what you consider your dream weight, happy weight, acceptable weight and unhappy weight. Please provide a number (in pounds) that corresponds to the four descriptions below.

1. The first weight is your dream weight, 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 happy 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 accept, 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 disappointed if this was your final weight after surgery. What is this weight? — Disappointed Weight: _____lbs.

The next set of questions asks about weight control practices.

1. Do you have access to a scale to weigh yourself?

□ 0. No □ 1. Yes

↓ ↓

Skip to next question on next page

1.1 How often do you weigh yourself (*check one answer only*)?

□ 1. Never
□ 2. About once a year or less
□ 3. Every couple months
□ 4. Every month
□ 5. Every week
□ 6. Every day
□ 7. More than once per day

Directions: The following questions[2] ask about your weight control practices. Please indicate whether you **ever** did any of the activities listed below **in order to control your weight**.

- If you ever did an activity in order to control your weight, check "yes" and follow the arrow to complete the next column indicating whether you did the activity in the **past 6 months** to control your weight and if so, **how many weeks** you did the activity in the **past 6 months**. Please note that there are approximately 26 weeks in 6 months.
- If you **never** did an activity in order to control your weight, check "no" and go to the next item.

For weight control, have you ever…			**Did you do this in the past 6 months?**		
			No	Yes	How many weeks?
1.	counted fat grams?	☐ No ☐ Yes →	☐	☐ →	___ ___
2.	decreased fat intake?	☐ No ☐ Yes →	☐	☐ →	___ ___
3.	reduced the number of calories you eat?	☐ No ☐ Yes →	☐	☐ →	___ ___
4.	used a very low calorie diet?	☐ No ☐ Yes →	☐	☐ →	___ ___
5.	cut out between-meal-snacking?	☐ No ☐ Yes →	☐	☐ →	___ ___
6.	eaten fewer high carbohydrate foods like bread or potatoes?	☐ No ☐ Yes →	☐	☐ →	___ ___
7.	eaten special low calorie diet foods?	☐ No ☐ Yes →	☐	☐ →	___ ___
8.	eaten or drank meal replacements?	☐ No ☐ Yes →	☐	☐ →	___ ___
9.	increased fruits and vegetables?	☐ No ☐ Yes →	☐	☐ →	___ ___
10.	cut out non-diet soda pop or other sugar-sweetened beverages?	☐ No ☐ Yes →	☐	☐ →	___ ___
11.	chewed and spit out food?	☐ No ☐ Yes →	☐	☐ →	___ ___
12.	drank fewer alcoholic beverages for weight control?	☐ No ☐ Yes →	☐	☐ →	___ ___
13.	smoked cigarettes for weight control?	☐ No ☐ Yes →	☐	☐ →	___ ___
14.	induced vomiting for weight control?	☐ No ☐ Yes →	☐	☐ →	___ ___
15.	recorded what you eat daily?	☐ No ☐ Yes →	☐	☐ →	___ ___
16.	kept a graph of your weight?	☐ No ☐ Yes →	☐	☐ →	___ ___
17.	increased your exercise level?	☐ No ☐ Yes →	☐	☐ →	___ ___
18.	used home exercise equipment?	☐ No ☐ Yes →	☐	☐ →	___ ___
19.	recorded your exercise daily?	☐ No ☐ Yes →	☐	☐ →	___ ___
20.	participated in group exercise classes?	☐ No ☐ Yes →	☐	☐ →	___ ___
21.	participated in a support/self help group? *(e g. Weight Watchers, TOPS)*	☐ No ☐ Yes →	☐	☐ →	___ ___
22.	accessed a discussion group, bulletin board or chat room on the internet?	☐ No ☐ Yes →	☐	☐ →	___ ___
23.	used hypnosis for weight control?	☐ No ☐ Yes →	☐	☐ →	___ ___
24.	used laxatives for weight control?	☐ No ☐ Yes →	☐	☐ →	___ ___

Continued from previous page

For weight control, have you ever…		**Did you do this in the past 6 months?**		
		No	Yes	How many weeks?
25. used any prescription medication? *(e.g. Wellbutrin, Xenical, Medridia, Trexan, Ionamin, Adipex, Phentermine plus Fenfluramine, Topamax, Pondimin, Redux, Dexedrine)*	☐ No ☐ Yes →	☐	☐ →	___ ___
26. used any dietary supplement or nonprescription medication?	☐ No ☐ Yes →	☐	☐ →	___ ___

Directions: The following questions ask about whether you have **ever** seen any of the professionals listed below **in order to control your weight**.

- If you ever saw one of the professionals listed below in order to control your weight, check "yes" and follow the arrow to complete the next column indicating **how many times** you saw the professional in the **past 6 months**.
- If you **never** saw the professional in order to control your weight, check "no" and go to the next item.

For weight control, have you ever…		**How many times in the past 6 months?**				
		0 times	1 to 5 times	6 to 10 times	11 to 20 times	more than 20 times
1. seen a counselor/mental health professional?	☐ No ☐ Yes →	☐	☐	☐	☐	☐
2. seen a nutritionist/dietitian?	☐ No ☐ Yes →	☐	☐	☐	☐	☐
3. seen a personal trainer or exercise specialist?	☐ No ☐ Yes →	☐	☐	☐	☐	☐

The next set of questions asks about your eating habits during a usual or normal week.

1. Thinking about your **usual or normal week**…
   a. How many days out of the **7-day week** do you eat breakfast? _____ days/wk
   b. How many days out of the **7-day week** do you eat lunch/brunch? _____ days/wk
   c. How many days out of the **7-day week** do you eat dinner? _____ days/wk
   d. Counting all meals and any snacks you may have, **how many times a day** do you eat? *(check box if more than 10 times/day)* _____ times/day ☐ more than 10 times a day

2. How many days a week do you **eat out** at…	Breakfast	Brunch/lunch	Dinner
a. Fast food restaurants:	_____ days/wk	_____ days/wk	_____ days/wk
b. Other types of restaurants:	_____ days/wk	_____ days/wk	_____ days/wk

The next question asks about your lifelong eating habits.

1. Have you **ever** had times when you eat continuously during the day or parts of the day without planning what and how much you would eat?

□ 0. No □ 1. Yes →

1.1	Did you experience a loss of control, that is you felt like you could not control your eating? □0. No □ 1. Yes

The next questions ask about your eating habits over the past 6 months.

2. During the **past 6 months**, have you had times when you eat continuously during the day or parts of the day without planning what and how much you would eat?

□ 0. No □1 . Yes →

2.1	Did you experience a loss of control, that is you felt like you could not control your eating? □0. No □ 1. Yes

3. During the **past 6 months**, did you ever eat within any two-hour period what most people would regard as an unusually large amount of food?

□ 0. No □ 1. Yes

Skip to question 5

3.1 During the **past 6 months**, how often, on average, did you have times when you ate this way – that is, large amounts of food **plus** the feeling that your eating was out of control? *(There may have been some weeks when it was not present – just average those in).*

- □ 1. Less than one day a week
- □ 2. One day a week
- □ 3. Two or three days a week
- □ 4. Four or five days a week
- □ 5. Nearly every day

3.2 Did you **usually** have any of the following experiences during these occasions?

a. Eating much more rapidly than usual.	□ 0. No	□ 1. Yes
b. Eating until you felt uncomfortably full.	□ 0. No	□ 1. Yes
c. Eating large amounts of food when you didn't feel physically hungry.	□ 0. No	□ 1. Yes
d. Eating alone because you were embarrassed by how much you were eating.	□ 0. No	□ 1. Yes
e. Feeling disgusted with yourself, depressed, or feeling very guilty after overeating.	□ 0. No	□ 1. Yes

4. During the **past 6 months**, when you overate how upset were you from overeating (eating more than you think is best for you)?

□ 1. Not at all □ 2. Slightly □ 3. Moderately □ 4. Greatly □ 5. Extremely

5. In general, during the **past 6 months**, when you felt like your eating was out of control how upset were you by the feeling that you couldn't stop eating or control what or how much you were eating?

□ 1. Not at all □ 2. Slightly □ 3. Moderately □ 4. Greatly □ 5. Extremely

6. During the **past 6 months**, how important has your weight or shape been in how you feel about or evaluate yourself as a person – as compared to other aspects of your life, such as how you do at work, as a parent, or how you get along with other people?

   □ 1. Weight and shape were **not very important.**
   □ 2. Weight and shape **played a part** in how I felt about myself.
   □ 3. Weight and shape **were among the main things** that affected how I felt about myself.
   □ 4. Weight and shape **were the most important things** that affected how I felt about myself.

This next set of questions asks about activities related to binge eating over the past 3 months.

1. In the **past 3 months**, have you had any episodes of binge eating (consuming large amounts of food in a short period of time)?

   □ 0. No ↓ *Skip to question 8*
   □ 1. Yes

2. During the **past 3 months**, did you ever make yourself vomit to avoid gaining weight after binge eating?

   □ 0. No ↓ *Skip to question 3*
   □ 1. Yes ↓

   2.1 How often, **on average**, was that?

   □ 1. Less than once a week
   □ 2. Once a week
   □ 3. Two or three times a week
   □ 4. Four or five times a week
   □ 5. More than five times a week

3. During the **past 3 months**, did you ever take more than twice the recommended dose of laxatives in order to avoid gaining weight after binge eating?

   □ 0. No ↓ *Skip to question 4*
   □ 1. Yes ↓

   3.1 How often, **on average**, was that?

   □ 1. Less than once a week
   □ 2. Once a week
   □ 3. Two or three times a week
   □ 4. Four or five times a week
   □ 5. More than five times a week

4. During the **past 3 months**, did you ever take more than twice the recommended dose of diuretics (water pills) in order to avoid gaining weight after binge eating?

☐ 0. No → *Skip to question 5*

☐ 1. Yes

4.1 How often, **on average**, was that?

- ☐ 1. Less than once a week
- ☐ 2. Once a week
- ☐ 3. Two or three times a week
- ☐ 4. Four or five times a week
- ☐ 5. More than five times a week

5. During the **past 3 months**, did you ever fast (not eat anything at all for at least 24 hours) in order to avoid gaining weight after binge eating?

☐ 0. No → *Skip to question 6*

☐ 1. Yes

5.1 How often, **on average**, was that?

- ☐ 1. Less than once a week
- ☐ 2. Once a week
- ☐ 3. Two or three times a week
- ☐ 4. Four or five times a week
- ☐ 5. More than five times a week

6. During the **past 3 months**, did you ever exercise for more than an hour **specifically** in order to avoid gaining weight after binge eating?

☐ 0. No → *Skip to question 7*

☐ 1. Yes

6.1 How often, **on average**, was that?

- ☐ 1. Less than once a week
- ☐ 2. Once a week
- ☐ 3. Two or three times a week
- ☐ 4. Four or five times a week
- ☐ 5. More than five times a week

7. During the **past 3 months**, did you ever take more than twice the recommended dose of a diet pill in order to avoid gaining weight after binge eating?

□ 0. No → *Skip to question 8*

□ 1. Yes

7.1 How often, **on average**, was that?

- □ 1. Less than once a week
- □ 2. Once a week
- □ 3. Two or three times a week
- □ 4. Four or five times a week
- □ 5. More than five times a week

8. During the **past 3 months**, have you withheld your use of insulin to try to control your weight?

□ -2. I do not use insulin □ 0. No □ 1. Yes

This next set of questions asks about how you have felt and how often you did various activitie[4]s in the past 3 months.

1. During the **past 3 months**, how much of your daily food intake did you consume after suppertime?

- □ 0. None
- □ 1. Up to a quarter
- □ 2. About half
- □ 3. More than half
- □ 4. Almost all

2. During the **past 3 months**, how hungry were you on a usual morning?

□ 0. Not at all □ 1. A little □ 2. Somewhat □ 3. Moderately □ 4. Very

3. During the **past 3 months**, how often did you have trouble getting to sleep?

□ 0. Never □ 1. Sometimes □ 2. About half the time □ 3. Usually □ 4. Always

4. Other than to use the bathroom, during the **past 3 months,** how often did you get up at least once in the middle of the night?

- □ 0. Never→ *Skip to question 6*
- □ 1. Less than once a week
- □ 2. About once a week
- □ 3. More than once a week
- □ 4. Every night

5. During the **past 3 months** , when you got up in the middle of the night, how often did you snack?

□ 0. Never → *Skip to question 6*
□ 1. Sometimes
□ 2. About half of the time
□ 3. Usually
□ 4. Always

5.1 When you snacked in the middle of the night, how aware were you of your eating?

□ 0. Not at all
□ 1. A little
□ 2. Somewhat
□ 3. Very much
□ 4. Completely

6. During the **past 3 months**, were you in an occupation involving night or evening shifts or other unusual time requirements that interfere with meals?

□ 0. No □ 1. Yes

7. During the **past 3 months,** how often did you keep eating a meal even though you were not hungry any more?

□ 0. Rarely or never
□ 1. Occasionally (once per week)
□ 2. Frequently (more than once per week)
□ 3. Nearly every day

8. During the **past 3 months**, how often did you keep eating a meal even though you felt full?

□ 0. Rarely or never
□ 1. Occasionally (once per week)
□ 2. Frequently (more than once per week)
□ 3. Nearly every day

This next set of questions asks about tobacco use.

1. Do you currently smoke cigarettes? □ 0. No □ 1. Yes

If yes,

1.1 On average, how many packs per day do you currently smoke? _____packs/day

This next set of questions asks about alcohol use[5] in the <u>past 12 months</u>?

1. How often do you have a drink containing alcohol?
   - □ 0. Never → *Skip to next page*
   - □ 1. Monthly or less
   - □ 2. Two to four times a month
   - □ 3. Two to three times per week
   - □ 4. Four or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

   □ 1 or 2 drinks □ 3 or 4 drinks □ 5 or 6 drinks □ 7 to 9 drinks □ 10 or more drinks

3. How often do you have six or more drinks on one occasion?

   □ Never □ Less than monthly □ Monthly □ 2 to 3 times/week □ 4 or more times a week

4. How often, during the **<u>past 12 months</u>**, have you found that you were not able to stop drinking once you had started?

   □ Never □ Less than monthly □ Monthly □ 2 to 3 times/week □ 4 or more times a week

5. How often, during the **<u>past 12 months</u>**, have you failed to do what was normally expected from you because of drinking?

   □ Never □ Less than monthly □ Monthly □ 2 to 3 times/week □ 4 or more times a week

6. How often, during the **<u>past 12 months</u>**, have you needed a first drink in the morning to get yourself going after a heavy drinking session?

   □ Never □ Less than monthly □ Monthly □ 2 to 3 times/week □ 4 or more times a week

7. How often, during the **<u>past 12 months</u>**, have you had a feeling of guilt or remorse after drinking?

   □ Never □ 1 or 2 times □ 3 or 4 times □ 5 or 6 times □ 7 to 9 times □ 10 or more times

8. How often, during the **<u>past 12 months</u>**, have you been unable to remember what happened the night before because you had been drinking?

   □ Never □ Less than monthly □ Monthly □ 2 to 3 times/week □ 4 or more times a week

9. Have you or someone else been injured as a result of your drinking?

   □ No □ Yes, but not in the last year □ Yes, during the past 12 months

10. Has a relative or friend, or doctor or other health worker been concerned about your drinking or suggested you cut down?

    □ No □ Yes, but not in the last year □ Yes, during the past 12 months

The next set of questions asks about substance use in the <u>past 12 months</u>.

Directions: Indicate your use of any of the substances listed below. *<u>Note: All of your responses will remain confidential</u>.* If you did not use a particular substance, mark "no" and go to the next item.

1. In the **<u>past 12 months</u>,** other than as prescribed by a physician, have you used any of the following:

1.1	Opiates (such as codeine, morphine, heroin, etc.)?	☐ 0. No	☐ 1. Yes
1.2	Amphetamines (such as white crosses, speed, "meth")?	☐ 0. No	☐ 1. Yes
1.3	Hallucinogens (such as LSD, mescaline)?	☐ 0. No	☐ 1. Yes
1.4	Inhalants (such as sniffing glue)?	☐ 0. No	☐ 1. Yes
1.5	Marijuana/hashish/pot?	☐ 0. No	☐ 1. Yes
1.6	Cocaine/crack?	☐ 0. No	☐ 1. Yes
1.7	PCP/Angel dust?	☐ 0. No	☐ 1. Yes

LABS gratefully acknowledges the following sources for questions contained on this form:

[1]Foster GD, Wadden TA, Vogt RA, Brewer G. What is a reasonable weight loss? Patients' expectations and evaluations of obesity treatment outcomes. *J Consult Clin Psychol.* 1997;65:79–85.

[2] Look AHEAD Study and also based in part on the following sources:

Jeffery RW, French SA: Preventing weight gain in adults: The Pound of Prevention Study. Am J Public Health 1999;89:747-51.

French SA, Jeffery RW, Murray D: Is dieting good for you? Prevalence, duration and associated weight and behaviour changes for specific weight loss strategies over four years in US adults. Int J Obes 1999;23:320-27.

[3] QEWP-R© Spitzer RL, Yanovski SZ, Marcus MD. (HaPI Record). 1994; Pittsburgh PA: Behavioral Measurement Database Services (Producer). McLean, VA: BRS Search Service (Vendor).

[4] Nighttime Eating Phone Screen, Dr. James Mitchell, Neuropsychiatric Research Institute, Fargo, ND.

[5] Saunders JB, Aasland OG, Babor TF et al. Development of the alcohol use disorders identification test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption – II. *Addiction* 1993, 88:791-803

BEHAVIOR BASELINE (BB)

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:**	Clinician/Coordinator Patient
WHEN TO ADMINISTER FORM:	Once patient provides informed consent for LABS-2, prior to surgery. This form should be administered after the DIB. If it is being administered at the clinic visit it should be administered prior to the BDI, else it should be administered prior to the SF36. This questionnaire should be completed at the baseline visit only. It can be sent to patient by mail for patient to complete at home and return to coordinator prior to bariatric surgery or it can be completed at the clinic visit. 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**

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 *not* advised to lose weight:</u> Patient may skip to question 2, regarding special diets. <u>If patient was advised to lose weight prior to surgery:</u> 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>Specify the special diet:</u> 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 special diet – Specify. 2.2 <u>Record how often the special diet was followed:</u> Patient must specify if they followed the special diet as advised.

DATA SECTION	COMPLETION INSTRUCTIONS
	3. Patient records if they have lost or gained any weight in the *past 3 months.* Patient must select "no" or "yes" to each. <u>If patient has *lost* weight:</u> They must indicate: a. Amount of weight lost (lbs.) b. If they lost weight on purpose by eating less <u>If patient *gained* weight:</u> They must indicate: a. Amount of weight gained (lbs.)
GOALS AND RELATIVE WEIGHTS QUESTIONS:	1. Patient records their *Dream Weight* (lbs.). Dream Weight is defined as a weight that the patient would choose if they could weigh whatever they wanted. 2. Patient records their *Happy Weight* (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 *Acceptable Weight* (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 *Disappointed Weight* (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.
WEIGHT CONTROL PRACTICES:	1. Patient records "No" or "Yes" if they have access to a scale to weigh themselves. 1.1 <u>If the patient *does not* have access to a scale</u>: Patient may skip to question 1 in the next section. <u>If the patient has access to a scale:</u> Patient must select *one* of the following regarding frequency of use: 1. Never 2. About once a year or less 3. Every couple months 4. Every month 5. Every week 6. Every Day 7. More than once per day

DATA SECTION	COMPLETION INSTRUCTIONS
<u>For items 1-26: activities to control weight</u>	Patient must indicate if they have *ever* participated in an activity in order to control their weight. <u>If patient has participated in any of the weight control practices listed</u>: Patient must answer whether or not they participated in that activity in the *past 6 months*, and if *yes* they must record the number of weeks in which they participated in that activity. <u>If patient *never* participated in any of the activities listed:</u> Patient should check "No" for that activity and skip to the next item
<u>For items 1-3: seen any professionals to control weight</u>	Patient must indicate if they have *ever* seen a professional in order to control their weight. <u>If patient has seen a professional</u>: Patient must answer how many times, in the past 6-months, a professional was seen. <u>If patient *never* seen a professional:</u> Patient should check "No" for that item and skip to the next item.
EATING HABITS:	1. Patient records how many days over the past 7-day week that they ate: a. breakfast b. lunch/brunch c. dinner d. Patient records how many times a day that they eat. If patient eats more than 10 times a day, the box stating so should be selected. 2. Patient records number of times per week that they eat (Breakfast, Brunch/Lunch, Dinner) out at: a. Fast food restaurants b. Other types of restaurants

DATA SECTION	COMPLETION INSTRUCTIONS
EATING BEYOND SATIATION:	1. Patient records whether they have *ever in their lifetime* ate continuously during the day or parts of the day without planning what and how much they would eat. <u>If patient has *never* ate continuously throughout the day as described:</u> Patient should select "No" and skip to question 2. <u>If patient has eaten continuously throughout the day as described:</u> Patient must indicate "No" or "Yes" if they felt their continuous eating was out of their control. 2. Patient records whether they have *ever in the past 6 months* ate continuously during the day or parts of the day without planning what and how much they would eat. <u>If patient has *never* ate continuously throughout the day as described:</u> Patient should select "No" and skip to question 3. <u>If patient has eaten continuously throughout the day as described:</u> Patient must indicate "No" or "Yes" if they felt their continuous eating was out of their control. 3. Patient records whether they have *ever in the past 6 months* eaten within two hours, more than what most people would regard as an unusually large amount of food. <u>If patient answers "No"</u>: Patient may skip to question 5. <u>If patient answers "Yes":</u> Patient must answer questions 3.1 and 3.2. 3.1 Patient must record how many time they felt that they at large amounts of food, plus felt that their eating was out of their control.

DATA SECTION	COMPLETION INSTRUCTIONS
	3.2 Patient must answer "No" or "Yes" for each statement regarding their usual experiences when they felt that they ate large amounts of food, plus that their eating was out of control. 4. Patient must indicate how upset they were by their overeating over the *past 6 months.* 5. Patient must indicate how upset they were by out of control eating over the *past 6 months.* 6. Patient must indicate importance of their weight or shape in relation to their self-worth as compared to other aspects of their life (work, parenting, and interpersonal relationships).
BINGE EATING:	1. Patient must record "No" or "Yes" if they have experienced binge eating over the *past 3 months.* <u>If patient answers "No":</u> Patient may skip to question 8. <u>If patient answers "Yes":</u> Patient must answer question 2. 2. Patient must answer "No" or "Yes" if they have ever *in the past 3 months* made himself vomit to avoid gaining weight after binge eating. <u>If the patient answers "No":</u> Patient may skip to question 3. 2.1 <u>If the patient answers "Yes":</u> Patient must indicate the number of times, on average the vomited to avoid gaining weight. 3. Patient must record "No" or "Yes" if they have ever *in the past 3 months* taken more that twice the recommended dose of laxatives to avoid gaining weight after binge eating. <u>If patient answers "No":</u> Patient may skip to question 4.

DATA SECTION	COMPLETION INSTRUCTIONS
	<u>If patient answers "Yes":</u> Patient must indicate the number of times *in the past 3 months*, on average they overused laxatives in order to avoid gaining weight after binge eating. 4. Patient must record "No" or "Yes" if they have ever *in the past 3 months* taken more that twice the recommended dose of diuretics to avoid gaining weight after binge eating. <u>If patient answers "No":</u> Patient may skip to question 5. <u>If patient answers "Yes":</u> Patient must indicate the number of times *in the past 3 months*, on average they overused diuretics in order to avoid gaining weight after binge eating. 5. Patient must record "No" or "Yes" if they have ever *in the past 3 months* fast for at least 24 hours to avoid gaining weight after binge eating. <u>If patient answers "No":</u> Patient may skip to question 6. <u>If patient answers "Yes":</u> Patient must indicate the number of times *in the past 3 months*, on average they fasted for at least 24 hours in order to avoid gaining weight after binge eating. 6. Patient must record "No" or "Yes" if they have ever *in the past 3 months* exercise for more than and hour specifically to avoid gaining weight after binge eating. <u>If patient answers "No":</u> Patient may skip to question 7. <u>If patient answers "Yes":</u> Patient must indicate the number of times *in the past 3 months*, on average they exercised for more than an hour specifically to avoid gaining weight after binge eating.

DATA SECTION	COMPLETION INSTRUCTIONS
	7. Patient must record "No" or "Yes" if they have ever *in the past 3 months* taken more than twice the recommended dose of a diet pill in order to avoid gaining weight after binge eating. <u>If patient answers "No":</u> Patient may skip to question 8. <u>If patient answers "Yes":</u> Patient must indicate the number of times *in the past 3 months*, on average they took more than twice the recommended dose of a diet pill in order to avoid gaining weight after binge eating.
	8. Patient must record "No" or "Yes" if they have ever *in the past 3 months* withheld insulin for weight control. If patient does not use insulin, they must mark the box "-2" indicating so.
EATING HABITS *IN THE PAST 3 MONTHS:*	1. Patient records amount of daily food intake consumed after suppertime.
	2. Patient records their usual level of hunger in the morning.
	3. Patient records amount of difficulty that they experienced falling to sleep.
	4. Patient records how many times they got up at least once in the middle of the night, excluding getting up to use the bathroom. <u>If patient answers "*Never*":</u> Patient may skip to question 6.
	5. Patient must record number of times that patient got up to snack in the middle of the night. <u>If patient answers "Never":</u> Patient may skip to question 6.
	5.1 If patient gets up in the middle of the night to snack, patient must record how aware they were of their eating.

DATA SECTION	COMPLETION INSTRUCTIONS
	6. Patient records "No" or "Yes" if they were in an occupation involving night or evening shifts or other unusual time requirements, which interfere with meals.
	7. Patient records frequency of eating a meal even though they were not hungry any more.
	8. Patient records frequency of eating a meal even though they felt full.
TOBACCO USE:	1. Patient records "No" or "Yes" if they currently smoke cigarettes.
	1.1 <u>If "Yes":</u> Patient must list number of packs per day they currently smoke.
ALCOHOL USE:	1. Patient records number of times *in the past 12 months* they had a drink containing alcohol. <u>If "*Never*":</u> Patient may skip to question 1 of the next section regarding substance use.
	2. Patient indicates number of drinks containing alcohol that they have on a typical day when they are drinking. If a participant reports in the LABS 2 self-assessment packet that he/she drinks 5 or more drinks on a typical day when drinking (see question below), the coordinator must notify the patient's surgeon or a pre-determined designee* of the patient's alcohol consumption within 24 hours of the research visit or receipt of the survey by mail. However, if the participant is scheduled for surgery within 48 hours of the visit, the coordinator should alert the surgeon while the patient is still in the office. Coordinators should inform the participant that the surgeon/clinician will be contacted about the level of alcohol consumption. The coordinator should make notation of this contact in the participant's research file, but should not be

	involved in any follow-up regarding the patient's alcohol use. ** The PI at each site may designate a clinician, such as a nurse practitioner or physician's assistant, to receive this information and share it with the patient's surgeon. Surgeons and clinicians involved with the care of LABS participants should be familiar with the AUDIT tool and this particular question which is based on alcohol consumption during the last 12 months and does not include how often the patient drinks.* 3. Patient indicates number of times that they have more than six drinks on one occasion. 4. Patient indicates, *in the past 12 months*, how often they found that they were not able to stop drinking after they had started. 5. Patient indicates, *in the past 12 months*, how often they have failed to do normal activities as expected because of their drinking. 6. Patient indicates, *in the past 12 months*, how many times they needed a drink in the morning after drinking the evening before. 7. Patient indicates *in the past 12 months*, how many times they felt guilty after drinking.
DATA SECTION	**COMPLETION INSTRUCTIONS**
	8. Patient indicates *in the past 12 months*, how many times they had been unable to remember events from the night before because they had been drinking. 9. Patient indicates if someone else has *ever* been injured as a result of their drinking. 10. Patient indicates if a relative or friend, doctor or health care worker has *ever* suggested patient cut back on their drinking habits out of concern.
SUBTANCE USE:	1. Patient answers "No" or "Yes" to using each of the listed substances *in the past 12 months*, whether or not prescribed by a physician.