Entered: _ _ / _ _ / 20_ _ Initials: _____ Verified: _ _ / _ _ /20 _ _ Initials: _____
mm dd yy mm dd yy

Patient ID __ __ __ - __ __ __ __ - __ __ ID **Visit:VISIT**

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

Kolotkin RL, Crosby RD, Kosloski KD, Williams GR. Development of a brief measure to assess quality of life in obesity. *Obesity Research*. 2001;9:102-11.

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