



Participant Initialization Form

Participant ID: ID
Date of Evaluation: DOEDATE
Cohort: COHORT

PARTICIPANT INFORMATION

1. Date of birth (mm/dd/yy): DOBMM / DOBDD / DOBY
2. Gender: 1 Male 2 Female **SEX**
3. Race (check all that apply):
 - RACEW** Caucasian/White
 - RACEB** African American/Black
 - RACEI** American Indian/Native American
 - RACEAL** Alaskan Native
 - RACEAS** Asian
 - RACEP** Pacific Islander
 - RACEO** Other: RACEOS
4. Is participant Hispanic/Latino? Yes No **HISP**
5. Cellular phone number (for text messages and login): () - **PHONE**
 - a. Mobile provider for this phone number: **PROVIDER**
 - 1 AT&T
 - 2 Sprint PC
 - 3 T-Mobile
 - 4 Verizon
 - 999 Other, specify PROVIDOS
6. E-mail address (for invitation to complete questionnaires): CEMAIL
7. Do you want to send the participant an email invitation to complete the screening questionnaires? **INVIT**
 - Yes No

(For coordinator use only) **RRACE**
Should the participant be randomized in the
'white' race category? W M



Physical Assessment Form

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Protocol Timepoint: TMPT

PARTICIPANT VISIT CHECKLIST

The participant needs to provide the following information/documentation prior to beginning their assessment session today. *(Items needed are marked)*

- | | |
|--|--|
| <input type="checkbox"/> Informed Consent | <input type="checkbox"/> Contact Screening Form |
| <input type="checkbox"/> PAR-Q Questionnaire | <input type="checkbox"/> Computer experiences and requirements |
| <input type="checkbox"/> Physician Consent | <input type="checkbox"/> Needs to meet with Principal Investigator |

The assessments must be completed in the following order by the individuals listed. Under no circumstances is this protocol to be altered unless approved by the Principal Investigator for this participant.

- | | |
|--|----------------|
| <input type="checkbox"/> Greet participant | Initial: _____ |
| <input type="checkbox"/> Blood pressure/heart rate | Initial: _____ |
| <input type="checkbox"/> Blood collection | Initial: _____ |
| <input type="checkbox"/> Height and weight | Initial: _____ |
| <input type="checkbox"/> Anthropometrics | Initial: _____ |
| <input type="checkbox"/> DXA | Initial: _____ |
| <input type="checkbox"/> Exercise Test prep | Initial: _____ |
| <input type="checkbox"/> Exercise Test | Initial: _____ |
| <input type="checkbox"/> Questionnaires completed | Initial: _____ |
| <input type="checkbox"/> DHQ completed | Initial: _____ |
| <input type="checkbox"/> Paffenbarger Questionnaire completed | Initial: _____ |
| <input type="checkbox"/> Armband given to participant | Initial: _____ |
| <input type="checkbox"/> Medications | Initial: _____ |
| <input type="checkbox"/> AEs/SAEs | Initial: _____ |
| <input type="checkbox"/> Satisfaction Survey (Month 24 only) | Initial: _____ |
| <input type="checkbox"/> Technology Use Survey (Month 24 only) | Initial: _____ |



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SECTION I: BLOOD PRESSURE ASSESSMENT

Check if rescreen
RSCRN

1. Are you taking blood pressure medication? Yes No **BPMX**
2. Time of blood pressure measurement: BPHR BPMIN AM PM **BPTIME**
3. Arm Circumference: measured to the nearest 0.1 cm

1 st Measurement	2 nd Measurement	3 rd Measurement*
ARM1	ARM2	ARM3

ARM

* If the 1st and 2nd measurements differ by >1 cm, then a 3rd measurement is to be taken.

4. Select the cuff size used: **BPCUFF**
 - 1 17.0 to <24.0 cm (Small Adult)
 - 2 24.0 to <33.0 cm (Adult)
 - 3 33.0 to <41.0 cm (Large Adult)
 - 4 ≥41.0 cm (Thigh or Large Adult Long)**

** If a participant's upper arm circumference would indicate use of the thigh cuff, but the arm is too short for the cuff, or the cuff does not remain secured when inflated, the Large Adult Long arm cuff should be used.

5. Systolic and Diastolic Pressure:

	Systolic Pressure	Diastolic Pressure
1 st Measurement	BPSYS1	BPDIAS1
2 nd Measurement	BPSYS2	BPDIAS2
3 rd Measurement***	BPSYS3	BPDIAS3

**BPSYS
BPDIAS**

*** If the 1st and 2nd measurements for Systolic Pressure differ by >10 mmHg or the 1st and 2nd measurements for Diastolic Pressure differ by >6 mmHg, then a 3rd measurement is to be taken.

6. Resting Heart Rate:

1 st Measurement	2 nd Measurement	3 rd Measurement****
HRREST1	HRREST2	HRREST3

HRREST

**** Heart rate measurements are taken from the Dinamap when blood pressure is assessed.

SECTION II: HEIGHT AND WEIGHT ASSESSMENTS

1. Body Height: measured to the nearest 0.1 cm

1 st Measurement	2 nd Measurement	3 rd Measurement*
HEIGHT1	HEIGHT2	HEIGHT3

HEIGHT

* If the 1st and 2nd measurements differ by >0.5 cm, then a 3rd measurement is to be taken.

2. Body Weight: measured to the nearest 0.1 kg

1 st Measurement	2 nd Measurement	3 rd Measurement**
WEIGHT1	WEIGHT2	WEIGHT3

WEIGHT

** If the 1st and 2nd measurements differ by >0.2 kg, then a 3rd measurement is to be taken.



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SECTION III: INFORMATION FOR ARMBAND

1. Was the participant given the assessment armband during this visit? Yes No **ARMBAND**

If 'No', date armband given to participant (mm/dd/yy): ABM / ABD / ABY

a. Age: ABAGE years

b. Handedness: Right-handed Left-handed **HAND**

c. Does the participant currently smoke? Yes No **SMOKE**

Not entered in the database:
 Date of Birth (mm/dd/yy): / /
 Gender: Male Female

SECTION IV: GIRTH MEASUREMENTS

1. Measured to the nearest 0.1 cm

	1 st Measurement	2 nd Measurement	3 rd Measurement*	
Waist <i>(taken at the level of the umbilicus)</i>	WAISTU1	WAISTU2	WAISTU3	WAISTU
Waist <i>(taken at the level of the iliac crest)</i>	WAISTC1	WAISTC2	WAISTC3	WAISTC
Hip <i>(greatest protrusion of the buttocks)</i>	HIP1	HIP2	HIP3	HIP

* If the 1st and 2nd measurements differ by >1.0 cm, then a 3rd measurement is to be taken.

SECTION V: BIO-ELECTRICAL IMPEDANCE ANALYSIS (BIA)

1. Was BIA performed on the date of evaluation? Yes No **BIA**

If 'No', date test performed (mm/dd/yy): BIAM / BIAD / BIAY

	Measurement
Resistance	RESIST
Reactance	REACT

SECTION VI: DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA)

1. Urine pregnancy test completed? Yes No N/A **PREGT**

If 'Yes', results of urine pregnancy test: Positive (do not perform DXA) Negative **PREG**

2. Was DXA performed on the date of evaluation? Yes No **DXA**

If 'No', date DXA performed (mm/dd/yy): DXAM / DXAD / DXAY



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SECTION VII: GRADED EXERCISE TEST

1. Was graded exercise test performed on the date of evaluation? Yes No **GETEST**

If 'No', date test performed (mm/dd/yy): GETESTM / GETESTD / GETESTY

Age: GEAGE years Height: cm Weight: kg

Termination Heart Rate: **TERMHR** bpm (85% of Age-Predicted Max Heart Rate)

Time (minutes) TIMEMIN	Speed (mph) SPEED	% Grade GRADE	Heart Rate (bpm) HR	Blood Pressure BPS/BPD	RPE RPE
0:00 - 1:00	3.0	0.0%		XXXXX	XXXXX
1:01 - 2:00	3.0	1.0%		/	
2:01 - 3:00	3.0	2.0%		XXXXX	XXXXX
3:01 - 4:00	3.0	3.0%		/	
4:01 - 5:00	3.0	4.0%		XXXXX	XXXXX
5:01 - 6:00	3.0	5.0%		/	
6:01 - 7:00	3.0	6.0%		XXXXX	XXXXX
7:01 - 8:00	3.0	7.0%		/	
8:01 - 9:00	3.0	8.0%		XXXXX	XXXXX
9:01 - 10:00	3.0	9.0%		/	
10:01 - 11:00	3.0	10.0%		XXXXX	XXXXX
11:01 - 12:00	3.0	11.0%		/	
12:01 - 13:00	3.0	12.0%		XXXXX	XXXXX
13:01 - 14:00	3.0	13.0%		/	
14:01 - 15:00	3.0	14.0%		XXXXX	XXXXX
15:01 - 16:00	3.0	15.0%		/	
16:01 - 17:00	3.0	16.0%		XXXXX	XXXXX
17:01 - 18:00	3.0	17.0%		/	
18:01 - 19:00	3.0	18.0%		XXXXX	XXXXX
19:01 - 20:00	3.0	19.0%		/	
20:01 - 21:00	3.0	20.0%		XXXXX	XXXXX
21:01 - 22:00	3.0	21.0%		/	
22:01 - 23:00	3.0	22.0%		XXXXX	XXXXX
23:01 - 24:00	3.2	22.0%		/	
24:01 - 25:00	3.4	22.0%		XXXXX	XXXXX
25:01 - 26:00	3.6	22.0%		/	
26:01 - 27:00	3.8	22.0%		XXXXX	XXXXX
27:01 - 28:00	4.0	22.0%		/	
28:01 - 29:00	4.2	22.0%		XXXXX	XXXXX
29:01 - 30:00	4.4	22.0%		/	
Termination Time: GETIME	GESPD	GEGRD	GEHR	GEBPS/GEBPD	GERPE

GESTAGE



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Recovery:

Time (minutes)	Speed (mph)	% Grade	Heart Rate (bpm)	Blood Pressure	RPE
TIMEMIN	SPEED	GRADE	HR	BPS/BPD	RPE
0:00 - 1:00	2.5	0.0%		XXXXX	XXXXX
1:01 - 2:00	2.0	0.0%		/	XXXXX
2:01 - 3:00	1.5	0.0%		XXXXX	XXXXX
3:01 - 4:00	Seated	Seated		/	XXXXX
4:01 - 5:00	Seated	Seated		XXXXX	XXXXX
5:01 - 6:00	Seated	Seated		/	XXXXX
6:01 - 7:00	Seated	Seated		XXXXX	XXXXX

GESTAGE

Reason the test was terminated: **GERSN**

- 1 Achieved 85% of age-predicted maximal heart rate
- 2 ECG abnormality prior to achieving 85% of age-predicted maximal heart rate
- 3 Blood pressure abnormality prior to achieving 85% of age-predicted maximal heart rate
- 4 Participant requested to terminate prior to achieving 85% of age-predicted maximal heart rate
- 5 Equipment/technical failure
- 6 Other: **GERSNOS**



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SECTION VIII: MEDICATIONS

Is the participant currently taking any medications (within the past 30 days) or have they taken any prescription medications since this study's previous protocol evaluation (NOTE: For Baseline Assessment respond "Yes" if currently (within the past 30 days) taking prescription medications regularly)?

Yes No **MEDS**

If Yes, indicate medications:

	Taken Any Time Since Last Visit (Does not apply to Baseline Evaluation)	Taken Regularly for at Least 1 Month Since Last Visit (At Baseline - "taking medication regularly for past 1 month")	Currently Taking
Systemic steroids	<input type="checkbox"/> MEDSTER2	<input type="checkbox"/> MEDSTER3	<input type="checkbox"/> MEDSTER
Prescription weight loss drugs	<input type="checkbox"/> MEDWL2	<input type="checkbox"/> MEDWL3	<input type="checkbox"/> MEDWL
Diabetes medications: (check all that apply)	<input type="checkbox"/> MEDDIAB2	<input type="checkbox"/> MEDDIAB3	<input type="checkbox"/> MEDDIAB
Insulin	<input type="checkbox"/> DIABINS2	<input type="checkbox"/> DIABINS3	<input type="checkbox"/> DIABINS
Metformin	<input type="checkbox"/> DIABMET2	<input type="checkbox"/> DIABMET3	<input type="checkbox"/> DIABMET
Byetta	<input type="checkbox"/> DIABBYE2	<input type="checkbox"/> DIABBYE3	<input type="checkbox"/> DIABBYE
TZDs	<input type="checkbox"/> DIABTZD2	<input type="checkbox"/> DIABTZD3	<input type="checkbox"/> DIABTZD
Other, specify	<input type="checkbox"/> DIABO2 <u> DIABOS2 </u>	<input type="checkbox"/> DIABO3 <u> DIABOS3 </u>	<input type="checkbox"/> DIABO <u> DIABOS </u>
Blood pressure medication	<input type="checkbox"/> MEDBP2	<input type="checkbox"/> MEDBP3	<input type="checkbox"/> MEDBP
Lipid-lowering medications	<input type="checkbox"/> MEDLIP2	<input type="checkbox"/> MEDLIP3	<input type="checkbox"/> MEDLIP
Birth control medication: (check all that apply)	<input type="checkbox"/> MEDBC2	<input type="checkbox"/> MEDBC3	<input type="checkbox"/> MEDBC
Combination	<input type="checkbox"/> BCCOMBO2	<input type="checkbox"/> BCCOMBO3	<input type="checkbox"/> BCCOMBO
Progesterone only	<input type="checkbox"/> BCPROG2	<input type="checkbox"/> BCPROG3	<input type="checkbox"/> BCPROG
Psychotropic medication in the following categories:	<input type="checkbox"/> MEDPSY2	<input type="checkbox"/> MEDPSY3	<input type="checkbox"/> MEDPSY
Antipsychotic medication	<input type="checkbox"/> PSYPSYC2	<input type="checkbox"/> PSYPSYC3	<input type="checkbox"/> PSYPSYC
Antidepressant	<input type="checkbox"/> PSYDEPR2	<input type="checkbox"/> PSYDEPR3	<input type="checkbox"/> PSYDEPR
Lithium	<input type="checkbox"/> PSYLITH2	<input type="checkbox"/> PSYLITH3	<input type="checkbox"/> PSYLITH
Depakote, Neurontin, or Lyrica	<input type="checkbox"/> PSYDNL2	<input type="checkbox"/> PSYDNL3	<input type="checkbox"/> PSYDNL
Prescription drugs for Attention Deficit-Hyperactivity Disorder (ADHD)	<input type="checkbox"/> PSYADHD2	<input type="checkbox"/> PSYADHD3	<input type="checkbox"/> PSYADHD



Physical Activity Stages of Change

Participant ID: ID
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SECTION I: STAGES OF CHANGE – PHYSICAL ACTIVITY

Directions: For each question below, please mark “Yes” or “No”. Please be sure to follow the instructions carefully.

1. Physical activity or exercise includes such activities as walking briskly, digging in the garden, jogging, climbing stairs, heavy housecleaning or any other activity where the exertion is similar to these activities.

		Yes	No
a. I am currently <u>physically active</u> ACTCUR		<input type="checkbox"/>	<input type="checkbox"/>
b. I intend to become more <u>physically active</u> in the next 6 months ACTNXT6		<input type="checkbox"/>	<input type="checkbox"/>

2. For activity to be **regular** it must add up to a total of 30 or more minutes per day, and be done at least 5 days per week. For example, you could take a 30 minute walk or take a 10 minute walk, rake leaves for 10 minutes, and climb up stairs for 10 minutes.

		Yes	No
a. I currently engage in <u>regular physical activity</u> REGCUR		<input type="checkbox"/>	<input type="checkbox"/>
b. I have been <u>regularly physically active</u> for the past 6 months REGPST6		<input type="checkbox"/>	<input type="checkbox"/>
c. In the past, I have been <u>regularly physically active</u> for a period of at least 3 months REGPRD3		<input type="checkbox"/>	<input type="checkbox"/>

SECTION II: PHYSICAL ACTIVITY SELF-EFFICACY

Directions: Select the response that best indicates how confident you are that you could be physically active in each of the following situations.

1. How confident are you that you can be physically active in each of the following situations?

		Not at all confident	Slightly confident	Moderately confident	Very confident	Extremely Confident
a. When I am tired PATIRED	1	2	3	4	5	
b. When I am in a bad mood PAMOOD	1	2	3	4	5	
c. When I feel I don't have time PATIME	1	2	3	4	5	
d. When I am on vacation PAVAC	1	2	3	4	5	
e. When it is raining or snowing PAWTHR	1	2	3	4	5	



Physical Activity Stages of Change

Participant ID: ID
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SECTION III: EXERCISE OUTCOME EXPECTATIONS AND BARRIERS

Directions: Please indicate your level of agreement with each of the following statements.

							Strongly Disagree	Strongly Agree
1. A major benefit of physical activity for me is <i>to stay in shape.</i>	BENSHPAE	1	2	3	4	5		
2. A major benefit of physical activity for me is <i>to make me feel better in general.</i>	BENFEEL	1	2	3	4	5		
3. A major benefit of physical activity for me is <i>good health.</i>	BENHLTH	1	2	3	4	5		
4. A major benefit of physical activity for me is <i>to maintain proper body weight.</i>	BENMAIN	1	2	3	4	5		
5. A major benefit of physical activity for me is <i>to improve my appearance.</i>	BENAPP	1	2	3	4	5		
6. A major benefit of physical activity for me is <i>to enhance my self-image and confidence.</i>	BENCONF	1	2	3	4	5		
7. A major benefit of physical activity for me is <i>its positive psychological effect.</i>	BENPSYCH	1	2	3	4	5		
8. A major benefit of physical activity for me is <i>to reduce stress and relax.</i>	BENRELAX	1	2	3	4	5		
9. A major benefit of physical activity for me is <i>fun and enjoyment.</i>	BENFUN	1	2	3	4	5		
10. A major benefit of physical activity for me is <i>to help cope with life's pressures.</i>	BENCOPE	1	2	3	4	5		
11. A major benefit of physical activity for me is <i>to lose weight.</i>	BENLOSE	1	2	3	4	5		
12. A major benefit of physical activity for me is <i>companionship.</i>	BENCOMP	1	2	3	4	5		
13. The major reason when I do not exercise is <i>lack of motivation.</i>	RSNMOT	1	2	3	4	5		
14. The major reason when I do not exercise is that <i>I am too lazy.</i>	RSNLAZY	1	2	3	4	5		
15. The major reason when I do not exercise is that <i>I am too busy.</i>	RSNBUSY	1	2	3	4	5		
16. The major reason when I do not exercise is that <i>I do not have enough time.</i>	RSNTIME	1	2	3	4	5		
17. The major reason when I do not exercise is that <i>it interferes with school.</i>	RSNSCHL	1	2	3	4	5		
18. The major reason when I do not exercise is that <i>I am too tired.</i>	RSNTIRED	1	2	3	4	5		
19. The major reason when I do not exercise is that <i>it interferes with work.</i>	RSNWORK	1	2	3	4	5		
20. The major reason when I do not exercise is that <i>it is too inconvenient.</i>	RSNCONV	1	2	3	4	5		
21. The major reason when I do not exercise is that <i>the weather is bad.</i>	RSNWTHR	1	2	3	4	5		
22. The major reason when I do not exercise is <i>lack of facilities.</i>	RSNFAC	1	2	3	4	5		
23. The major reason when I do not exercise is that <i>exercise is boring.</i>	RSNBORE	1	2	3	4	5		
24. The major reason when I do not exercise is that <i>I am too fatigued by exercise.</i>	RSNFATG	1	2	3	4	5		
25. The major reason when I do not exercise is <i>family obligations.</i>	RSNFAM	1	2	3	4	5		
26. The major reason when I do not exercise is that <i>I have health reasons that limit my exercise.</i>	RSNHLTH	1	2	3	4	5		

Thank you for completing this questionnaire!



Weight Loss Self-Assessment

Participant ID: ID
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SECTION I: STAGES OF CHANGE – WEIGHT LOSS

Directions: For each question below, please mark “Yes” or “No”.

		Yes	No
1. I am currently not interested in <u>engaging in diet or physical activity behaviors to lose weight.</u> CURNINT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am currently contemplating <u>engaging in diet or physical activity behaviors to lose weight.</u> but I am not sure if I am committed to doing so within the next month. CURCONT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am currently interested in <u>engaging in diet or physical activity behaviors to lose weight.</u> and I plan on initiating these changes in behavior within the next month. CURINTER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am currently <u>engaging in diet or physical activity behaviors to lose weight.</u> but I have been doing this regularly for less than 6 months. CURENG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I have lost weight and I am currently <u>engaging in diet or physical activity behaviors to lose additional weight or to maintain my weight loss.</u> and I have been doing this regularly for more than 6 months. CURENG6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION II: WEIGHT LOSS SELF-EFFICACY

Directions: Read each situation listed below and decide how confident (or certain) you are that you will be able to resist eating in each of the difficult situations. In other words, pretend that you are in the eating situation right now. On a scale from 0 (not confident) to 9 (very confident), choose ONE number that reflects how confident you feel now about being able to successfully resist the desire to eat.

I am confident that:

		Not confident at all									Very confident												
1. I can resist eating when I am anxious (or nervous) EANX		0	1	2	3	4	5	6	7	8	9												
2. I can control my eating on the weekends EWKEND		0	1	2	3	4	5	6	7	8	9												
3. I can resist eating even when I have to say “no” to others ENOTH		0	1	2	3	4	5	6	7	8	9												
4. I can resist eating when I feel physically run down ERUNDWN		0	1	2	3	4	5	6	7	8	9												
5. I can resist eating when I am watching TV ETV		0	1	2	3	4	5	6	7	8	9												
6. I can resist eating when I am depressed (or down) EDEP		0	1	2	3	4	5	6	7	8	9												
7. I can resist eating when there are many different kinds of foods available EAVAIL		0	1	2	3	4	5	6	7	8	9												
8. I can resist eating even when I feel it’s impolite to refuse a second helping EIMPOL		0	1	2	3	4	5	6	7	8	9												
9. I can resist eating even when I have a headache EHDACHE		0	1	2	3	4	5	6	7	8	9												



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		Not confident at all									Very confident
10. I can resist eating when I am reading	EREAD	0	1	2	3	4	5	6	7	8	9
11. I can resist eating when I am angry (or irritable)	EANGRY	0	1	2	3	4	5	6	7	8	9
12. I can resist eating even when I am at a party	EPARTY	0	1	2	3	4	5	6	7	8	9
13. I can resist eating even when others are pressuring me to eat	EPRESS	0	1	2	3	4	5	6	7	8	9
14. I can resist eating when I am in pain	EPAIN	0	1	2	3	4	5	6	7	8	9
15. I can resist eating just before going to bed	EBED	0	1	2	3	4	5	6	7	8	9
16. I can resist eating when I have experienced failure	EFAIL	0	1	2	3	4	5	6	7	8	9
17. I can resist eating even when high calorie foods are available	EHCAL	0	1	2	3	4	5	6	7	8	9
18. I can resist eating even when I think others will be upset if I don't eat	EUPSET	0	1	2	3	4	5	6	7	8	9
19. I can resist eating when I feel uncomfortable	EUNCOMF	0	1	2	3	4	5	6	7	8	9
20. I can resist eating when I am happy	EHAPPY	0	1	2	3	4	5	6	7	8	9

SECTION III: WEIGHT LOSS OUTCOME EXPECTATIONS AND BARRIERS

Directions: Please indicate your level of agreement with each of the following statements.

						Strongly Disagree				Strongly Agree
1. A major benefit of weight loss for me is <i>to stay in shape.</i>	WBENSH	1	2	3	4	5				
2. A major benefit of weight loss for me is <i>to make me feel better in general.</i>	WBENFEEL	1	2	3	4	5				
3. A major benefit of weight loss for me is <i>good health.</i>	WBENHLTH	1	2	3	4	5				
4. A major benefit of weight loss for me is <i>to improve my appearance.</i>	WBENAPP	1	2	3	4	5				
5. A major benefit of weight loss for me is <i>to enhance my self-image and confidence.</i>	WBENCONF	1	2	3	4	5				
6. A major benefit of weight loss for me is <i>its positive psychological effect.</i>	WBENPSYC	1	2	3	4	5				
7. A major benefit of weight loss for me is <i>to reduce stress and relax.</i>	WBENRELX	1	2	3	4	5				
8. A major benefit of weight loss for me is <i>it enhances opportunities for fun and enjoyment.</i>	WBENFUN	1	2	3	4	5				
9. A major benefit of weight loss for me is <i>it helps me cope with life's pressures.</i>	WBENCOPE	1	2	3	4	5				



Weight Loss Self-Assessment

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			Strongly Disagree			Strongly Agree
10. A major benefit of weight loss for me is <i>it enhances opportunities for companionship and social interactions.</i>	WBENCOMP	1	2	3	4	5
11. A major reason I have difficulty losing weight is <i>lack of motivation.</i>	WRSNMOT	1	2	3	4	5
12. A major reason I have difficulty losing weight is that <i>I am too lazy.</i>	WRSNLAZY	1	2	3	4	5
13. A major reason I have difficulty losing weight is that <i>I am too busy.</i>	WRSNBUSY	1	2	3	4	5
14. A major reason I have difficulty losing weight is that <i>I do not have enough time to focus on the appropriate weight loss behaviors.</i>	WRSNTIME	1	2	3	4	5
15. A major reason I have difficulty losing weight is <i>school commitments.</i>	WRSNSCHL	1	2	3	4	5
16. A major reason I have difficulty losing weight is <i>work commitments.</i>	WRSNWORK	1	2	3	4	5
17. A major reason I have difficulty losing weight is <i>family obligations.</i>	WRSNFAM	1	2	3	4	5
18. A major reason I have difficulty losing weight is that <i>I am not sure how to eat appropriately.</i>	WRSNKNOW	1	2	3	4	5
19. A major reason I have difficulty losing weight is that <i>eating appropriately is too expensive.</i>	WRSNFEXP	1	2	3	4	5
20. A major reason I have difficulty losing weight is that <i>eating appropriately is inconvenient.</i>	WRSNFCON	1	2	3	4	5
21. A major reason I have difficulty losing weight is that <i>I am not able to make the necessary changes in my eating behaviors.</i>	WRSNFCHG	1	2	3	4	5
22. A major reason I have difficulty losing weight is that <i>I am not sure how to exercise appropriately.</i>	WRSNEXER	1	2	3	4	5
23. A major reason I have difficulty losing weight is that <i>exercise is too expensive.</i>	WRSNEEXP	1	2	3	4	5
24. A major reason I have difficulty losing weight is that <i>exercise is inconvenient.</i>	WRSNECON	1	2	3	4	5
25. A major reason I have difficulty losing weight is that <i>I am not able to make the necessary changes in my exercise behaviors.</i>	WRSNECHG	1	2	3	4	5

Thank you for completing this questionnaire!



Weight History Form

Participant ID: ID
 Date of Evaluation: DOEDATE
 Protocol Timepoint: TMPT

Directions: This questionnaire asks about you and your weight history. Please read each question carefully and then answer each question as completely and honestly as possible.

1. What is the most you have weighed (women not counting pregnancies)? MAXWGT lbs
 How old were you then? MAXWAGE years
2. What is the least you have weighed since age 18? MINWGT lbs
 How old were you then? MINWAGE years
3. How much would you like to weigh? DESWGT lbs
4. Have you ever dieted to lose weight? Yes No **DIET**
5. Have you ever participated in an organized weight loss program
 (e.g., Weight Watchers, TOPS, etc.)? Yes No **DIETORG**
6. Are you currently dieting to lose weight? Yes No **DIETCURL**
7. Are you currently dieting to maintain your weight? Yes No **DIETCURM**
8. Put a check to indicate whether you were extremely underweight, underweight, normal weight, overweight, or extremely overweight at each of the following ages:

		Extremely Underweight	Underweight	Normal Weight	Overweight	Extremely Overweight	Not Applicable
a. Pre-School	PRESCH	1	2	3	4	5	6
b. Elementary School	ELEMSCH	1	2	3	4	5	6
c. Junior High (12-14 yrs)	JRHIGH	1	2	3	4	5	6
d. High School (15-18 yrs)	HIGHSCH	1	2	3	4	5	6
e. 19-25 yrs	ADULTYNG	1	2	3	4	5	6
f. 26-35 yrs	ADULT	1	2	3	4	5	6

9. Check the number of times in your life you have **intentionally** lost the number of pounds shown below (e.g., through diet, exercise, a formal weight control program, etc.)

		NEVER	1-2	3-5	6-10	More than 10
a. How often have you lost 10-19 pounds?	ILOST10	1	2	3	4	5
b. How often have you lost 20-49 pounds?	ILOST20	1	2	3	4	5
c. How often have you lost 50-79 pounds?	ILOST50	1	2	3	4	5
d. How often have you lost 80-99 pounds?	ILOST80	1	2	3	4	5
e. How often have you lost 100+ pounds?	ILOST100	1	2	3	4	5



Weight History Form

Participant ID: ID
Date of Evaluation: DOEDATE
Protocol Timepoint: TMPT

10. Check the number of times in your life you have **unintentionally** lost the number of pounds shown below (e.g., because of illness, injury, etc.)

		NEVER	1-2	3-5	6-10	More than 10	
a.	How often have you lost 10-19 pounds?	ULOST10	1	2	3	4	5
b.	How often have you lost 20-49 pounds?	ULOST20	1	2	3	4	5
c.	How often have you lost 50-79 pounds?	ULOST50	1	2	3	4	5
d.	How often have you lost 80-99 pounds?	ULOST80	1	2	3	4	5
e.	How often have you lost 100+ pounds?	ULOST100	1	2	3	4	5

11. If you gained weight, how much would your weight have to increase before you considered this weight gain to be significant? **SIGGAIN**

- 1 < 5 pounds
- 2 5-10 pounds
- 3 11-15 pounds
- 4 16-20 pounds
- 5 > 20 pounds

12. Family Weight History

- MOBESE** a. Was your biological mother overweight or obese? Yes No Unknown
- FOBESE** b. Was your biological father overweight or obese? Yes No Unknown

Thank you for completing this questionnaire!



Body Image Scale

Participant ID: ID
 Date of Evaluation: DOEDATE
 Protocol Timepoint: TMPT

Directions: Please select the response that best describes your answer to the following items.

		Never	Seldom	Occasionally	Often	Repeatedly
1. Before going out in public, I always notice how I look	PUBLOOK	0	1	2	3	4
2. I am careful to buy clothes that will make me look my best	CLOTHES	0	1	2	3	4
3. I would pass most physical-fitness tests	FITTEST	0	1	2	3	4
4. It is important that I have enough superior physical strength	STRONG	0	1	2	3	4
5. My body is sexually appealing	SEXAPP	0	1	2	3	4
6. I am not involved in a regular physical exercise program	NOEXPRO	0	1	2	3	4
7. I am in control of my health	CONTHLTH	0	1	2	3	4
8. I know a lot about things that affect my physical health	KNOWHLTH	0	1	2	3	4
9. I have deliberately developed a healthy lifestyle	HLTHLIFE	0	1	2	3	4
10. I constantly worry about being or becoming fat	WORRY	0	1	2	3	4
11. I like my looks just the way they are	LOOKS	0	1	2	3	4
12. I check my appearance in a mirror whenever I can	CHKAPP	0	1	2	3	4
13. Before going out, I usually spend a lot of time getting ready	PREPTIME	0	1	2	3	4
14. My physical endurance is good	PHENDUR	0	1	2	3	4
15. Participating in sports is unimportant to me	SPORTIMP	0	1	2	3	4
16. I do not actively do things to keep physically fit	KEEPFIT	0	1	2	3	4
17. My health is a matter of unexpected ups and downs	UPDOWN	0	1	2	3	4
18. Good health is one of the most important things in my life	HLTHIMP	0	1	2	3	4
19. I don't do anything that I know might threaten my health	THREAT	0	1	2	3	4



Body Image Scale

Participant ID: ID
 Date of Evaluation: DOEDATE
 Protocol Timepoint: TMPT

		Never	Seldom	Occasionally	Often	Repeatedly
20. I am very conscious of even small changes in my weight	SMCHNG	0	1	2	3	4
21. Most people would consider me good looking	GOODLOOK	0	1	2	3	4
22. It is important that I always look good	LOOKIMP	0	1	2	3	4
23. I use very few grooming products	GRMPROD	0	1	2	3	4
24. I easily learn physical skills	LEARNEZ	0	1	2	3	4
25. Being physically fit is not a strong priority in my life	PRIORITY	0	1	2	3	4
26. I do things to increase my physical strength	INCSTRNG	0	1	2	3	4
27. I am seldom physically ill	SELDMILL	0	1	2	3	4
28. I take my health for granted	GRANTED	0	1	2	3	4
29. I often read books and magazines that pertain to health	READHLTH	0	1	2	3	4
30. I like the way I look without my clothes	NOCLOTH	0	1	2	3	4
31. I am self-conscious if my grooming isn't right	GRMSC	0	1	2	3	4
32. I usually wear whatever is handy without caring how it looks	HANDY	0	1	2	3	4
33. I do poorly in physical sports or games	SPORTBAD	0	1	2	3	4
34. I seldom think about my athletic skills	ATHSKLS	0	1	2	3	4
35. I work to improve my physical stamina	STAMINA	0	1	2	3	4
36. From day to day I never know how my body will feel	DAILY	0	1	2	3	4
37. If I am sick, I don't pay much attention to my symptoms	SICKSYMP	0	1	2	3	4
38. I make no special effort to eat a balanced and nutritious diet	BALDIET	0	1	2	3	4



Body Image Scale

Participant ID: ID
 Date of Evaluation: DOEDATE
 Protocol Timepoint: TMPT

		Never	Seldom	Occasionally	Often	Repeatedly
39. I like the way my clothes fit me	CLTHFIT	0	1	2	3	4
40. I don't care what people think about my appearance	PPLTHAPP	0	1	2	3	4
41. I take special care with my hair grooming	GRMHAIR	0	1	2	3	4
42. I dislike my physique	PHYSIQ	0	1	2	3	4
43. I don't care to improve my abilities in physical activities	PHABLTY	0	1	2	3	4
44. I try to be physically active	PHYSACT	0	1	2	3	4
45. I often feel vulnerable to sickness	VULNSICK	0	1	2	3	4
46. I pay close attention to my body for signs of illness	ATTNILL	0	1	2	3	4
47. If I'm coming down with a cold or flu, I just ignore it and go on as usual	IGNRFLU	0	1	2	3	4
48. I am physically unattractive	UNATTR	0	1	2	3	4
49. I never think about my appearance	INTHAPP	0	1	2	3	4
50. I am always trying to improve my physical appearance	IMPAPP	0	1	2	3	4
51. I am very well coordinated	WELLCOOR	0	1	2	3	4
52. I know a lot about physical fitness	KNOWFIT	0	1	2	3	4
53. I play a sport regularly throughout the year	PLAYREG	0	1	2	3	4
54. I am a physically healthy person	PHYSHLTH	0	1	2	3	4
55. I am very aware of small changes in my physical health	AWARECHG	0	1	2	3	4
56. At the first sign of illness, I seek medical advice	ILLMED	0	1	2	3	4
57. I am on a weight-loss diet	WLDIET	0	1	2	3	4



Body Image Scale

Participant ID: ID
 Date of Evaluation: DOEDATE
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		Never	Rarely	Sometimes	Often	Very Often
58. I have tried to lose weight by fasting or going on crash diets	WFAST	0	1	2	3	4

		Very Underweight	Somewhat Underweight	Normal Weight	Somewhat Overweight	Very Overweight
59. I think I am...:	ITHINK	1	2	3	4	5
60. From looking at me, most other people would think I am...:	PPLTHINK	1	2	3	4	5

Directions: Indicate how satisfied you are with each of the following areas of your body:

		Very Dissatisfied	Mostly Dissatisfied	Neither Satisfied nor Dissatisfied	Mostly Satisfied	Very Satisfied
61. Face (facial features, complexion)	SATFACE	1	2	3	4	5
62. Hair (color, thickness, texture)	SATHAIR	1	2	3	4	5
63. Lower torso (buttocks, hips, thighs, legs)	SATLTORS	1	2	3	4	5
64. Mid torso (waist, stomach)	SATMTORS	1	2	3	4	5
65. Upper torso (chest or breasts, shoulders, arms)	SATUTORS	1	2	3	4	5
66. Muscle tone	SATMUSC	1	2	3	4	5
67. Weight	SATWGHT	1	2	3	4	5
68. Height	SATHGHT	1	2	3	4	5
69. Overall appearance	SATAPP	1	2	3	4	5

Thank you for completing this questionnaire!



Three Factor Questionnaire

Participant ID: ID
Date of Evaluation: DOEDATE
Protocol Timepoint: TMPT

Directions: Read each of the following 36 statements carefully. If you agree with the statement, or feel that it is true as applied to you, mark the box in the “True” column. If you disagree with the statement, or feel that it is false as applied to you, mark the box in the “False” column. Be certain to answer every question.

		True	False
1. When I smell a sizzling steak or see a juicy piece of meat, I find it difficult to keep from eating, even if I have just finished a meal.	STEAK	<input type="checkbox"/>	<input type="checkbox"/>
2. I usually eat too much at social occasions, like parties and picnics.	SOCOCC	<input type="checkbox"/>	<input type="checkbox"/>
3. I am usually so hungry that I eat more than three times a day.	MORETHN3	<input type="checkbox"/>	<input type="checkbox"/>
4. When I have eaten my quota of calories, I am usually good about not eating any more.	QUOTA	<input type="checkbox"/>	<input type="checkbox"/>
5. Dieting is so hard for me because I just get too hungry.	TOOHNGRY	<input type="checkbox"/>	<input type="checkbox"/>
6. I deliberately take small helpings as a means of controlling my weight.	SMHELP	<input type="checkbox"/>	<input type="checkbox"/>
7. Sometimes things just taste so good that I keep on eating even when I am no longer hungry.	TASTEGR	<input type="checkbox"/>	<input type="checkbox"/>
8. Since I am often hungry, I sometimes wish that while I am eating, an expert would tell me that I have had enough or that I can have something more to eat.	EXPERT	<input type="checkbox"/>	<input type="checkbox"/>
9. When I feel anxious, I find myself eating.	ANXS	<input type="checkbox"/>	<input type="checkbox"/>
10. Life is too short to worry about dieting.	LFSHORT	<input type="checkbox"/>	<input type="checkbox"/>
11. Since my weight goes up and down, I have gone on reducing diets more than once.	REDUCE	<input type="checkbox"/>	<input type="checkbox"/>
12. I often feel so hungry that I just have to eat something.	HUNGRY	<input type="checkbox"/>	<input type="checkbox"/>
13. When I am with someone who is overeating, I usually overeat too.	OVEREAT	<input type="checkbox"/>	<input type="checkbox"/>
14. I have a pretty good idea of the number of calories in common foods.	CALCOM	<input type="checkbox"/>	<input type="checkbox"/>
15. Sometimes when I start eating, I just can't seem to stop.	NOTSTOP	<input type="checkbox"/>	<input type="checkbox"/>
16. It is not difficult for me to leave something on my plate.	PLATE	<input type="checkbox"/>	<input type="checkbox"/>
17. At certain times of the day, I get hungry because I have gotten used to eating then.	CERTIME	<input type="checkbox"/>	<input type="checkbox"/>
18. While on a diet, if I eat a food that is not allowed, I consciously eat less for a period of time to make up for it.	MAKEUP	<input type="checkbox"/>	<input type="checkbox"/>
19. Being with someone who is eating often makes me hungry enough to eat also.	EATWTH	<input type="checkbox"/>	<input type="checkbox"/>
20. When I feel blue, I often overeat.	BLUE	<input type="checkbox"/>	<input type="checkbox"/>



Three Factor Questionnaire

Participant ID: ID
Date of Evaluation: DOEDATE
Protocol Timepoint: TMPT

		True	False
21. I enjoy eating too much to spoil it by counting calories or watching my weight.	ENJOY	<input type="checkbox"/>	<input type="checkbox"/>
22. When I see a real delicacy, I often get so hungry that I have to eat right away.	DELIC	<input type="checkbox"/>	<input type="checkbox"/>
23. I often stop eating when I am not really full as a conscious means of limiting the amount that I eat.	NOTFULL	<input type="checkbox"/>	<input type="checkbox"/>
24. I get so hungry that my stomach often seems like a bottomless pit.	BTMLSPIT	<input type="checkbox"/>	<input type="checkbox"/>
25. My weight has hardly changed at all in the last ten years.	NOCHNG	<input type="checkbox"/>	<input type="checkbox"/>
26. I am always hungry so it is hard for me to stop eating before I finish the food on my plate.	FINISH	<input type="checkbox"/>	<input type="checkbox"/>
27. When I feel lonely, I console myself by eating.	LNLY	<input type="checkbox"/>	<input type="checkbox"/>
28. I consciously hold back at meals in order not to gain weight.	HOLDBACK	<input type="checkbox"/>	<input type="checkbox"/>
29. I sometimes get very hungry late in the evening or at night.	LATE	<input type="checkbox"/>	<input type="checkbox"/>
30. I eat anything I want, any time I want.	EATANY	<input type="checkbox"/>	<input type="checkbox"/>
31. Without even thinking about it, I take a long time to eat.	LONGTIME	<input type="checkbox"/>	<input type="checkbox"/>
32. I count calories as a conscious means of controlling my weight.	CNTCAL	<input type="checkbox"/>	<input type="checkbox"/>
33. I do not eat some foods because they make me fat.	FAT	<input type="checkbox"/>	<input type="checkbox"/>
34. I am always hungry enough to eat at any time.	ALWAYS	<input type="checkbox"/>	<input type="checkbox"/>
35. I pay a great deal of attention to changes in my figure.	ATTNCHNG	<input type="checkbox"/>	<input type="checkbox"/>
36. While on a diet, if I eat a food that is not allowed, I often then splurge and eat other high calorie foods.	SPLRG	<input type="checkbox"/>	<input type="checkbox"/>

Directions: For each of the following questions, choose the one option which most applies to you.

37. How often are you dieting in a conscious effort to control your weight? **CONSCONT**

- 1 Rarely
- 2 Sometimes
- 3 Usually
- 4 Always

38. Would a weight fluctuation of 5 pounds affect the way you live your life? **AFFLIFE5**

- 1 Not at all
- 2 Slightly
- 3 Moderately
- 4 Very much



Three Factor Questionnaire

Participant ID: ID
Date of Evaluation: DOEDATE
Protocol Timepoint: TMPT

39. How often do you feel hungry? **OFTEN**
- 1 Only at meal times
 - 2 Sometimes between meals
 - 3 Often between meals
 - 4 Almost always
40. Do your feelings of guilt about overeating help you control your food intake? **GUILT**
- 1 Never
 - 2 Rarely
 - 3 Often
 - 4 Always
41. How difficult would it be for you to stop eating halfway through dinner and not eat for the next four hours? **STOPHALF**
- 1 Easy
 - 2 Slightly difficult
 - 3 Moderately difficult
 - 4 Very difficult
42. How conscious are you of what you are eating? **CONSEAT**
- 1 Not at all
 - 2 Slightly
 - 3 Moderately
 - 4 Very much
43. How frequently do you avoid “stocking up” on tempting foods? **STOCKUP**
- 1 Almost never
 - 2 Seldom
 - 3 Usually
 - 4 Almost always
44. How likely are you to shop for low calorie foods? **LOWCAL**
- 1 Unlikely
 - 2 Slightly likely
 - 3 Moderately likely
 - 4 Very likely
45. Do you eat sensibly in front of others and splurge alone? **SPLRGALN**
- 1 Never
 - 2 Rarely
 - 3 Often
 - 4 Always
46. How likely are you to consciously eat slowly in order to cut down on how much you eat? **EATSLOW**
- 1 Unlikely
 - 2 Slightly likely
 - 3 Moderately likely
 - 4 Very likely



Three Factor Questionnaire

Participant ID: ID
Date of Evaluation: DOEDATE
Protocol Timepoint: TMPT

47. How often do you skip dessert because you are no longer hungry? **SKIPDSRT**
- 1 Almost never
 - 2 Seldom
 - 3 At least once a week
 - 4 Almost every day
48. How likely are you to consciously eat less than you want? **EATLESS**
- 1 Unlikely
 - 2 Slightly likely
 - 3 Moderately likely
 - 4 Very likely
49. Do you go on eating binges even though you are not hungry? **BINGE**
- 1 Never
 - 2 Rarely
 - 3 Sometimes
 - 4 At least once a week
50. To what extent does this statement describe your eating behavior? *"I start dieting in the morning, but because of any number of things that happen during the day, by evening I have given up and eat what I want, promising to start dieting again tomorrow."* **RESTART**
- 1 Not like me
 - 2 Little like me
 - 3 Pretty good description of me
 - 4 Describes me perfectly
51. On a scale of 1 to 6, where 1 means no restraint in eating (eat whatever you want, whenever you want it) and 6 means total restraint (constantly limiting food intake and never "giving in"), what number would you give yourself? **RESTRNT**
- 1. Eat whatever you want, whenever you want it
 - 2. Usually eat whatever you want, whenever you want it
 - 3. Often eat whatever you want, whenever you want it
 - 4. Often limit food intake, but often "give in"
 - 5. Usually limit food intake, rarely "give in"
 - 6. Constantly limiting food intake, never "giving in"

Thank you for completing this questionnaire!



Common Elements Questionnaire

Participant ID: ID
Date of Evaluation: DOEDATE
Protocol Timepoint: TMPT

SECTION I.1: DEMOGRAPHICS (*Complete this section at Baseline visit only*)

1. Are you of Hispanic or Latino origin? **HISP**
 - Yes
 - No
2. Which race best describes you? (*Check all that apply*)
 - African American/Black **RACEB**
 - American Indian/Native American **RACEI**
 - Alaskan Native **RACEAL**
 - Asian **RACEAS**
 - Caucasian/White **RACEW**
 - Pacific Islander **RACEP**
 - Other: **RACEOS** **RACEO**
3. What is your gender? (*Check one*) **SEX**
 - 1 Male
 - 2 Female

SECTION I.2: DEMOGRAPHICS

1. What is the highest grade in school you have finished? (*Check one*) **EDUC**
 - 1 Did not finish elementary school
 - 2 Finished middle school (8th grade)
 - 3 Finished some high school
 - 4 High school graduate or G.E.D.
 - 5 Vocational or training school after high school
 - 6 Some college or Associate Degree
 - 7 College graduate or Baccalaureate Degree
 - 8 Masters or Doctoral Degree (PhD, MD, JD, etc.)
2. Are you currently a student? Yes No **STUDCUR**
If yes, do you go to school full-time or part-time? Full-time Part-time **STUDFP**
3. How many children under the age of 18 live in your home? **NCHILD**
4. How many adults (age 18 or older, including yourself) live in your home? **NADULT**
5. What is your current employment status? (*Check one*) **WORK**
 - 1 Full-time for pay (32 or more hours per week)
 - 2 Part-time for pay (less than 32 hours per week)
 - 3 Homemaker
 - 4 Disabled
 - 5 Unemployed (not working for pay)
 - 6 Retired
 - 7 Other: **WORKOS**



Common Elements Questionnaire

Participant ID: ID
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6. Which of these categories best describes your income (not the income of your household, but your own income) for the past 12 months? This should include income (before taxes) from all sources: wages, veteran's benefits, help from relatives, rent from properties and so on. **INCOME**
- | | |
|--|--|
| 1 <input type="checkbox"/> Less than \$5,000 | 6 <input type="checkbox"/> \$35,000 through \$49,999 |
| 2 <input type="checkbox"/> \$5,000 through \$11,999 | 7 <input type="checkbox"/> \$50,000 through \$74,999 |
| 3 <input type="checkbox"/> \$12,000 through \$15,999 | 8 <input type="checkbox"/> \$75,000 through \$99,999 |
| 4 <input type="checkbox"/> \$16,000 through \$24,999 | 9 <input type="checkbox"/> \$100,000 and greater |
| 5 <input type="checkbox"/> \$25,000 through \$34,999 | 10 <input type="checkbox"/> Don't know |
7. Which of these categories best describes your household income for the past 12 months? This should include income (before taxes) from all sources: wages, veteran's benefits, help from relatives, rent from properties and so on. **INCOMEH**
- | |
|--|
| 1 <input type="checkbox"/> less than \$25,000 |
| 2 <input type="checkbox"/> \$25,000 through \$49,999 |
| 3 <input type="checkbox"/> \$50,000 through \$74,999 |
| 4 <input type="checkbox"/> \$75,000 through \$99,999 |
| 5 <input type="checkbox"/> \$100,000 through \$199,999 |
| 6 <input type="checkbox"/> \$200,000 or more |
8. What is your current relationship status? (Check one) **RELAT**
- | |
|---|
| 1 <input type="checkbox"/> Single or casually dating |
| 2 <input type="checkbox"/> In a committed relationship or engaged |
| 3 <input type="checkbox"/> Living in a marriage-like relationship |
| 4 <input type="checkbox"/> Presently married |
| 5 <input type="checkbox"/> Separated |
| 6 <input type="checkbox"/> Divorced |
| 7 <input type="checkbox"/> Widowed |

SECTION II: SUGAR-SWEETENED BEVERAGE CONSUMPTION

1. Over the past 30 days, how often did you drink soda or pop? **SODA**
- | | |
|---|--|
| 0 <input type="checkbox"/> Never | <i>If 'Never', skip to question #2 of this section</i> |
| 1 <input type="checkbox"/> 1 time per month or less | |
| 2 <input type="checkbox"/> 2–3 times per month | |
| 3 <input type="checkbox"/> 1–2 times per week | |
| 4 <input type="checkbox"/> 3–4 times per week | |
| 5 <input type="checkbox"/> 5–6 times per week | |
| 6 <input type="checkbox"/> 1 time per day | |
| 7 <input type="checkbox"/> 2–3 times per day | |
| 8 <input type="checkbox"/> 4–5 times per day | |
| 9 <input type="checkbox"/> 6 or more times per day | |
- 1a. How often were these sodas or pop diet or sugar-free? **SODADIET**
- | |
|--|
| 1 <input type="checkbox"/> Almost never or never |
| 2 <input type="checkbox"/> About ¼ of the time |
| 3 <input type="checkbox"/> About ½ of the time |
| 4 <input type="checkbox"/> About ¾ of the time |
| 5 <input type="checkbox"/> Almost always or always |



Common Elements Questionnaire

Participant ID: ID
Date of Evaluation: DOEDATE
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2. Over the past 30 days, how often did you drink fruit drinks? Please do not include 100% juice beverages like orange juice, but do include drinks such as cranberry cocktail, Hi-C, lemonade, or Kool-Aid, diet or regular. **FRTDRNK**
- 0 Never *If 'Never', skip to question #3 of this section*
 - 1 1 time per month or less
 - 2 2–3 times per month
 - 3 1–2 times per week
 - 4 3–4 times per week
 - 5 5–6 times per week
 - 6 1 time per day
 - 7 2–3 times per day
 - 8 4–5 times per day
 - 9 6 or more times per day
- 2a. How often were your fruit drinks diet or sugar-free drinks? **FRTDIET**
- 1 Almost never or never
 - 2 About ¼ of the time
 - 3 About ½ of the time
 - 4 About ¾ of the time
 - 5 Almost always or always
3. Over the past 30 days, how often did you drink sports drinks (such as Propel, PowerAde, or Gatorade)? **SPRTDRNK**
- 0 Never
 - 1 1 time per month or less
 - 2 2–3 times per month
 - 3 1–2 times per week
 - 4 3–4 times per week
 - 5 5–6 times per week
 - 6 1 time per day
 - 7 2–3 times per day
 - 8 4–5 times per day
 - 9 6 or more times per day
4. Over the past 30 days, how often did you drink energy drinks (such as Red Bull or Jolt)? **ENRGDRNK**
- 0 Never
 - 1 1 time per month or less
 - 2 2–3 times per month
 - 3 1–2 times per week
 - 4 3–4 times per week
 - 5 5–6 times per week
 - 6 1 time per day
 - 7 2–3 times per day
 - 8 4–5 times per day
 - 9 6 or more times per day



Common Elements Questionnaire

Participant ID: ID
Date of Evaluation: DOEDATE
Protocol Timepoint: TMPT

SECTION III: EATING AWAY FROM HOME

1. Over the past 30 days, how many times did you buy food at a fast food restaurant, such as McDonald's, Burger King, Arby's, Wendy's, Hardee's, Captain D's, Taco Bell, Taco John's, Chipotle, KFC, Bojangles', Pizza Hut, Panera, Quiznos? **FASTFOOD**
 - 1 Never or rarely
 - 2 1 time per month
 - 3 2-3 times per month
 - 4 1-2 times per week
 - 5 3-4 times per week
 - 6 5-6 times per week
 - 7 1 time per day
 - 8 2 times per day
 - 9 3 or more times per day

2. Not including the fast food restaurants listed above, in the past 30 days, how many times did you buy food at any other sit down (full service) restaurant and order from a waiter/waitress? **SITDOWN**
 - 1 Never or rarely
 - 2 1 time per month
 - 3 2-3 times per month
 - 4 1-2 times per week
 - 5 3-4 times per week
 - 6 5-6 times per week
 - 7 1 time per day
 - 8 2 times per day
 - 9 3 or more times per day

3. Over the past 30 days, how many times did you buy food from an all-you-can-eat buffet, such as Golden Corral, CiCi's Pizza, Sweet Tomatoes, Old Country Buffet, all-you-can-eat café at college or university dining halls? **BUFFET**
 - 1 Never or rarely
 - 2 1 time per month
 - 3 2-3 times per month
 - 4 1-2 times per week
 - 5 3-4 times per week
 - 6 5-6 times per week
 - 7 1 time per day
 - 8 2 times per day
 - 9 3 or more times per day

4. Over the past week, how many times did you eat the following meals that were prepared in your home or in the place where you live? *(Fill in the number of days for each meal)*

Breakfast	<u> HBRKFST </u>	Days per week
Lunch	<u> HLUNCH </u>	Days per week
Dinner	<u> HDINNER </u>	Days per week



Common Elements Questionnaire

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SECTION IV: WEIGHT MANAGEMENT PRACTICES

1. Over the past 30 days, have you done any of the following things in order to lose weight or to keep from gaining weight? *(Check all that apply)*
 - Fasted **WMFAST**
 - Ate very little food **WMLITTLE**
 - Took diet pills **WMPILLS**
 - Made myself vomit (throw up) **WMVOMIT**
 - Used laxatives **WMLAX**
 - Used diuretics **WMDIUR**
 - Used food substitutes (powder/special drinks) **WMSUB**
 - Skipped meals **WMSKIP**
 - Smoked cigarettes **WMSMOKE**
 - None of the above **WMNONE**

2. How often do you weigh yourself? *(Check one response)* **WEIGH**
 - 0 Never
 - 1 Once a year or less
 - 2 Every couple of months
 - 3 About once a month
 - 4 About once a week
 - 5 About once a day
 - 6 More than once a day

3. Do you have access to a bathroom scale at home? **SCALE**
 - Yes
 - No

SECTION V: DAILY MEAL PATTERNS

1. In a typical week, how many times do you...?

		0 times	1-2 times	3-4 times	5-6 times	7 times
1. Eat breakfast EBRKFST	0	1	2	3	4	
2. Eat a mid-morning snack EMSNCK	0	1	2	3	4	
3. Eat lunch ELUNCH	0	1	2	3	4	
4. Eat a mid-afternoon snack EASNCK	0	1	2	3	4	
5. Eat dinner EDINNER	0	1	2	3	4	
6. Eat an evening snack EESNCK	0	1	2	3	4	
7. Eat within an hour of bedtime EBED	0	1	2	3	4	



Common Elements Questionnaire

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2. In the past 30 days, were there times when you ate continuously during the day or parts of the day without planning what and how much you would eat? **EATCONT**
- 1 Never or rarely
 - 2 1 time per month
 - 3 2-3 times per month
 - 4 1-2 times per week
 - 5 3-4 times per week
 - 6 5-6 times per week
 - 7 1 time per day
 - 8 2 times per day
 - 9 3 or more times per day

SECTION VI: SMOKING

1. Do you currently use chewing tobacco, snuff, snus, pipes, cigars or any other tobacco product other than cigarettes? **TOBACCO**
- Yes
 - No
2. Have you smoked at least 100 cigarettes in your entire life? **NOTE: 5 packs = 100 cigarettes. CIGLIFE**
- Yes
 - No
3. Do you now smoke cigarettes every day, some days, or not at all? **CIGFREQ**
- 1 Every day
 - 2 Some days
 - 3 Not at all *If 'Not at all', skip to question #5 of this section*
4. On average, how many cigarettes do you smoke each day? **CIGAMNT**
- 0 I did not smoke cigarettes during the past 30 days
 - 1 1 cigarette or less per day
 - 2 2 to 5 cigarettes per day
 - 3 6 to 10 cigarettes per day
 - 4 11 to 20 cigarettes per day
 - 5 More than 20 cigarettes per day
5. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? **STOPSMOK**
- Yes
 - No *If 'No', skip to Section VII*
6. How long has it been since you last smoked cigarettes regularly? **LASTSMOK**
- 1 Within the past month (less than 1 month ago)
 - 2 Within the past 3 months (1 month but less than 3 months ago)
 - 3 Within the past 6 months (3 months but less than 6 months ago)
 - 4 Within the past year (6 months but less than 1 year ago)
 - 5 Within the past 5 years (1 year but less than 5 years ago)
 - 6 Within the past 10 years (5 years but less than 10 years ago)
 - 7 10 years or more



Common Elements Questionnaire

Participant ID: ID
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SECTION VII: ALCOHOL

1. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? **NOTE: One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. ALONE**
 - Yes
 - No *If 'No', skip to Section VIII*
2. During the past 30 days, how many days did you have at least one drink of any alcoholic beverage?
 ALDAYS Days in past 30 days
3. During the past 30 days, on the days when you drank, about how many drinks did you drink on average? **NOTE: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.**
 ALDRNKS Number of drinks per day
4. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 4 or more drinks (for females) or 5 or more drinks (for males)?
 ALNTIMES Number of times
 None

SECTION VIII: DEPRESSION

Date of Assessment: DOADATE

(For this section, the CQ SAS load program converts the loaded values from the SQL database (ranging from 1-4) to reflect the values listed in this codebook (ranging from 0-3)).

During the past week:

		Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	All of the time (5-7 days)
1. I was bothered by things that don't usually bother me	BOTHER	0	1	2	3
2. I had trouble keeping my mind on what I was doing	KMIND	0	1	2	3
3. I felt depressed	DEPRES	0	1	2	3
4. I felt that everything I did was an effort	EFFORT	0	1	2	3
5. I was happy	HAPPY	3	2	1	0
6. I felt fearful	FEAR	0	1	2	3
7. My sleep was restless	RESTLES	0	1	2	3
8. I felt hopeful about the future	HOPE	3	2	1	0
9. I felt lonely	LONELY	0	1	2	3
10. I could not "get going"	GETGO	0	1	2	3
Score <u> DSCORE </u>		# Not completed <u> NMISS </u>	CESDS	NMCESD	CESDQ



Common Elements Questionnaire

Participant ID: ID
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SECTION IX: SLEEP

During the *last month*:

1. What time do you usually go to bed in the evening (turn out the lights in order to go to sleep)?
(Please also check AM or PM) Example: 07:00 PM; Midnight = AM, Noon = PM.
 - a. Weekday BEDWDH : BEDWDM AM PM **BEDWDAP**
 - b. Weekend BEDWEH : BEDWEM AM PM **BEDWEAP**
2. What time do you usually get out of bed in the morning? (Please also check AM or PM) Midnight = AM, Noon = PM.
 - a. Weekday WAKEWDH : WAKEWDM AM PM **WAKEWDAP**
 - b. Weekend WAKEWEH : WAKEWEM AM PM **WAKEWEAP**
3. On average, how often has it taken you more than 30 minutes to fall asleep after lights out? (Please check the appropriate response) **FALLASLP**
 - 1 0-2 nights/week
 - 2 3-5 nights/week
 - 3 6-7 nights/week
4. During the *past 30 days*, for about how many days have you felt you did not get enough rest or sleep? (Please fill in your estimate of the number of days)
 NEREST Number of days
5. In the *past week*, how many days have you had trouble staying awake while driving, eating meals, in class or engaging in social activity? (Please check the appropriate response) **STAYAWK**
 - 1 0-2 days/week
 - 2 3-5 days/week
 - 3 6-7 days/week
6. In the *past year*, have you been told that you snore loudly or gasp or stop breathing during sleep? **SNORE**
 - Yes
 - No

SECTION X: PHYSICAL ACTIVITY NEIGHBORHOOD ENVIRONMENT

1. What is the main type of housing in your neighborhood (where you currently reside most days of the week)? **HOUSING**
 - 1 Dormitory or residence hall
 - 2 Detached single-family housing
 - 3 Townhouses, row houses, apartments, or condos of 2-3 stories
 - 4 Mix of single-family residences and townhouses, row houses, apartments or condos
 - 5 Apartments or condos of 4-12 stories
 - 6 Apartments or condos of more than 12 stories
 - 7 Don't know/Not sure



Common Elements Questionnaire

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The next items are statements about your neighborhood related to walking and bicycling.

		Strongly disagree	Disagree	Agree	Strongly agree	Don't know
2. Many shops, stores, markets or other places to buy things I need are within easy walking distance of my home. NSHOPS		1	2	3	4	5
3. It is within a 10-15 minute walk to a transit stop (such as bus, train, trolley, or tram) from my home. NTRANS		1	2	3	4	5
4. There are sidewalks on most of the streets in my neighborhood. NSIDEWLK		1	2	3	4	5
5. There are facilities to bicycle in or near my neighborhood, such as special lanes, separate paths or trails, shared use paths for cycles and pedestrians. NBIKE		1	2	3	4	5
6. My neighborhood has several free or low cost recreation facilities, such as parks, walking trails, bike paths, recreation centers, playgrounds, public swimming pools, etc. NRECR		1	2	3	4	5
7. The crime rate in my neighborhood makes it unsafe to go on walks at night. NCRIME		1	2	3	4	5

8. How many motor vehicles in working order (e.g., cars, trucks, motorcycles) are there at your household?

Motor Vehicles
 Don't know/Not sure



Common Elements Questionnaire

Participant ID: ID
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SECTION XI: GLOBAL PHYSICAL ACTIVITY QUESTIONNAIRE (GPAQ)

Directions: Next I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person. In answering the following questions '**vigorous**-intensity activities' are activities that require hard physical effort and cause large increases in breathing or heart rate, '**moderate**-intensity activities' are activities that require moderate physical effort and cause small increases in breathing or heart rate.

SECTION XI.1: Activity at Work or School (occupational or job-related)

Think first about the time you spend doing work/school. Think of work/school as the things that you have to do such as paid or unpaid work.

1. Does your work/school involve **vigorous**-intensity activity that causes large increases in breathing or heart rate (*like carrying or lifting heavy loads, digging or construction work*) for at least 10 minutes continuously? **WSAVIG** **VAWSMIN** **VAWSMET**
 Yes
 No *If 'No', skip to question #4 of this section*
2. In a typical week, on how many days do you do **vigorous**-intensity activities as part of your work/school?
 WSAVIGD Number of days
3. How much time do you spend doing **vigorous**-intensity activities at work/school on a typical day?
 WSAVIGH : **WSAVIGM** (*hours:minutes*)
4. Does your work/school involve **moderate**-intensity activity that causes small increases in breathing or heart rate (*such as brisk walking or carrying light loads*) for at least 10 minutes continuously? **WSAMOD**
 Yes **MAWSMIN** **MAWSMET**
 No *If 'No', skip to Section XI.2*
5. In a typical week, on how many days do you do **moderate**-intensity activities as part of your work/school?
 WSAMODD Number of days
6. How much time do you spend doing **moderate**-intensity activities at work/school on a typical day?
 WSAMODH : **WSAMODM** (*hours:minutes*)

SECTION XI.2: Household Activity

Next think of household activities that you do such as house cleaning (examples: vacuuming, sweeping, mopping, etc.), yard work (examples: mowing grass, pruning shrubs, gardening, etc.), or other non-work and non-exercise related activity you do around the house (example: washing the car, etc.). Again, in answering the following questions '**vigorous**-intensity activities' are activities that require hard physical effort and cause large increases in breathing or heart rate, '**moderate**-intensity activities' are activities that require moderate physical effort and cause small increases in breathing or heart rate.

1. Does your household activity involve **vigorous**-intensity activity that causes large increases in breathing or heart rate for at least 10 minutes continuously? **HAVIG**
 - Yes **VAHMIN VAHMET**
 - No If 'No', skip to question #4 of this section
2. In a typical week, on how many days do you do **vigorous**-intensity household activities?
 HAVIGD Number of days
3. How much time do you spend doing **vigorous**-intensity household activities on a typical day?
 HAVIGH : HAVIGM (hours:minutes)
4. Does your household work involve **moderate**-intensity activity that causes small increases in breathing or heart rate for at least 10 minutes continuously? **HAMOD**
 - Yes **MAHMIN MAHMET**
 - No If 'No', skip to Section XI.3
5. In a typical week, on how many days do you do **moderate**-intensity household activities?
 HAMODD Number of days
6. How much time do you spend doing **moderate**-intensity household activities on a typical day?
 HAMODH : HAMODM (hours:minutes)

SECTION XI.3: Travel To and From Places

The next questions exclude the work/school and household activities that you have already mentioned above. Now I would like to ask you about the usual way you travel to and from places. For example: to work, for shopping, to market, to place of worship.

1. Do you walk or use a bicycle (*pedal cycle*) for at least 10 minutes continuously to get to and from places? **TRWB** **MATRMIN MATRMET**
 - Yes
 - No If 'No', skip to Section XI.4
2. In a typical week, on how many days do you walk or bicycle for at least 10 minutes continuously to get to and from places?
 TRWBD Number of days
3. How much time do you spend walking or bicycling for travel on a typical day?
 TRWBH : TRWBM (hours:minutes)

SECTION XI.4: Recreational Activities

The next questions exclude the work/school, household and transport activities that you have already mentioned. Now I would like to ask you about sports (examples: basketball, soccer, tennis, etc.), fitness (examples: weight training, fitness classes, etc.) and recreational activities (examples: hiking, canoeing, etc.).

1. Do you do any **vigorous**-intensity sports, fitness or recreational (*leisure*) activities that cause large increases in breathing or heart rate (*like jogging, a fitness class, etc.*) for at least 10 minutes continuously? **RAVIG** **VARMIN** **VARMET**
 - Yes
 - No *If 'No', skip to question #4 of this section*

2. In a typical week, on how many days do you do **vigorous**-intensity sports, fitness or recreational (*leisure*) activities?
 RAVIGD Number of days

3. How much time do you spend doing **vigorous**-intensity sports, fitness or recreational (*leisure*) activities on a typical day?
 RAVIGH : RAVIGM (*hours:minutes*)

4. Do you do any **moderate**-intensity sports, fitness or recreational (*leisure*) activities that cause a small increase in breathing or heart rate such as brisk walking (*cycling, swimming, volleyball*) for at least 10 minutes continuously? **RAMOD** **MARMIN** **MARMET**
 - Yes
 - No *If 'No', skip to Section XI.5*

5. In a typical week, on how many days do you do **moderate**-intensity sports, fitness or recreational (*leisure*) activities?
 RAMODD Number of days

6. How much time do you spend doing **moderate**-intensity sports, fitness or recreational (*leisure*) activities on a typical day?
 RAMODH : RAMODM (*hours:minutes*)

SECTION XI.5: Sedentary Behavior

The following question is about sitting or reclining at work/school, at home, getting to and from places, or with friends including time spent [sitting at a desk, sitting with friends, travelling in car, bus, train, reading, playing cards or watching television], but do not include time spent sleeping.

1. How much time do you usually spend sitting or reclining on a typical day?
 SBSITH : SBSITM (*hours:minutes*) **SEDBMIN**



Common Elements Questionnaire

Participant ID: ID
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SECTION XII: SEDENTARY BEHAVIOR

On a typical **weekday**, how much time do you spend (from when you wake up until you go to bed) doing the following? Please check one answer per question.

		15								
		None	min. or less	30 min.	1 hour	2 hours	3 hours	4 hours	5 hours	6 hours or more
1. Sitting while watching television (including videos on VCR/DVD)	WDTV	0	1	2	3	4	5	6	7	8
2. Sitting at work / school doing computer work (email, word or data processing, web-based applications, etc.)	WDCWK	0	1	2	3	4	5	6	7	8
3. Sitting while using the computer for non-work / non-school activities or playing video games	WDCNWK	0	1	2	3	4	5	6	7	8
4. Sitting at work / school doing non-computer office / school work or paperwork	WDNCWK	0	1	2	3	4	5	6	7	8
5. Sitting while doing non-computer office work or paperwork <u>not</u> related to your job / school (paying bills, etc)	WDNCNWK	0	1	2	3	4	5	6	7	8
6. Sitting listening to music, reading a book or magazine, or doing arts and crafts	WDMRA	0	1	2	3	4	5	6	7	8
7. Sitting and talking on the phone or texting	WDPHONE	0	1	2	3	4	5	6	7	8
8. Sitting in a car, bus, train, or other mode of transportation	WDTRANS	0	1	2	3	4	5	6	7	8



Common Elements Questionnaire

Participant ID: ID
 Date of Evaluation: DOEDATE
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On a typical ***weekend day***, how much time do you spend (from when you wake up until you go to bed) doing the following? Please check one answer per question.

		<div style="display: flex; justify-content: space-around; font-size: small;"> 15 min. or less 30 min. 1 hour 2 hours 3 hours 4 hours 5 hours 6 hours or more </div>								
		None	1	2	3	4	5	6	7	8
1. Sitting while watching television (including videos on VCR/DVD)	WETV	0	1	2	3	4	5	6	7	8
2. Sitting at work / school doing computer work (email, word or data processing, web-based applications, etc.)	WECWK	0	1	2	3	4	5	6	7	8
3. Sitting while using the computer for non-work / non-school activities or playing video games	WECNWK	0	1	2	3	4	5	6	7	8
4. Sitting at work / school doing non-computer office / school work or paperwork	WENCWK	0	1	2	3	4	5	6	7	8
5. Sitting while doing non-computer office work or paperwork <u>not</u> related to your job / school (paying bills, etc)	WENCNWK	0	1	2	3	4	5	6	7	8
6. Sitting listening to music, reading a book or magazine, or doing arts and crafts	WEMRA	0	1	2	3	4	5	6	7	8
7. Sitting and talking on the phone or texting	WEPHONE	0	1	2	3	4	5	6	7	8
8. Sitting in a car, bus, train, or other mode of transportation	WETRANS	0	1	2	3	4	5	6	7	8

Thank you for completing this questionnaire!



Use of the BodyMedia System Questionnaire

Participant ID: ID
 Date of Evaluation: DOEDATE
 Protocol Timepoint: TMPT

Instructions

This questionnaire refers to the BodyMedia System that you were given to use in this program. The system includes the armband, digital display (watch or clip), and the BodyMedia website.

Past Use of the BodyMedia System

Please indicate your level of agreement or disagreement with each of the following statements relative to your **past** use of the BodyMedia System using the scale provided. If the statement does not apply to your experience, please select “Not Applicable”.

Statements Regarding Past Use of the BodyMedia System	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
1. The BodyMedia System made it easier to monitor my dietary intake. PMOND	1	2	3	4	5	0
2. The BodyMedia System made it easier to monitor my exercise. PMONE	1	2	3	4	5	0
3. The BodyMedia System made it easier to understand how I needed to change my eating behaviors to control my weight. PUNDERD	1	2	3	4	5	0
4. The BodyMedia System made it easier to understand how I needed to change my exercise behaviors to control my weight. PUNDERE	1	2	3	4	5	0
5. The BodyMedia System provided valuable feedback and information to help me modify my eating patterns to control my weight. PINFOD	1	2	3	4	5	0
6. The BodyMedia System provided valuable feedback and information to help me to modify my exercise to control my weight. PINFOE	1	2	3	4	5	0
7. The BodyMedia System helped me to overcome the barriers that I typically experience to eating a healthy diet. PBARRD	1	2	3	4	5	0
8. The BodyMedia System helped me to overcome the barriers that I typically experience to exercising. PBARRE	1	2	3	4	5	0
9. The BodyMedia System helped me to interact with my weight loss counselor regarding my diet. PCOUNSD	1	2	3	4	5	0
10. The BodyMedia System helped me to interact with my weight loss counselor regarding my exercise. PCOUNSE	1	2	3	4	5	0



Use of the BodyMedia System Questionnaire

Participant ID: ID
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11. The BodyMedia System made me more aware of my eating behaviors compared to if I did not use the BodyMedia System. PAWARED	1	2	3	4	5	0
12. The BodyMedia System made me more aware of my exercise compared to if I did not use the BodyMedia System. PAWAREE	1	2	3	4	5	0
13. The BodyMedia System made me more aware of my weight loss efforts compared to if I did not use the BodyMedia System. PAWAREW	1	2	3	4	5	0
14. The BodyMedia System motivated me to be adherent with my eating behaviors. PADHERED	1	2	3	4	5	0
15. The BodyMedia System motivated me to be adherent with my exercise. PADHEREE	1	2	3	4	5	0
16. The BodyMedia System motivated me to be adherent with my weight loss efforts. PADHEREW	1	2	3	4	5	0
17. The BodyMedia System made me more accountable for my weight loss efforts. PACCNTW	1	2	3	4	5	0
18. It was easy to setup the BodyMedia software on my computer. PSETUPS	1	2	3	4	5	0
19. The BodyMedia software was easy to use to track my eating behaviors. PTRACKD	1	2	3	4	5	0
20. The BodyMedia software was easy to use to track my exercise. PTRACKE	1	2	3	4	5	0
21. The BodyMedia software was easy to use to track my weight loss progress. PTRACKW	1	2	3	4	5	0
22. The armband was easy to setup. PSETUPA	1	2	3	4	5	0
23. The armband was comfortable to wear. PCOMFA	1	2	3	4	5	0
24. Wearing the armband did not interfere with my job. PJOBA	1	2	3	4	5	0
25. Wearing the armband did not interfere with my social life. PSOCIALA	1	2	3	4	5	0
26. Wearing the armband did not make me feel uncomfortable around others. PUNCOMFA	1	2	3	4	5	0



Use of the BodyMedia System Questionnaire

Participant ID: ID
 Date of Evaluation: DOEDATE
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	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
27. The digital display was comfortable to wear. PCOMFD	1	2	3	4	5	0
28. Wearing the digital display did not interfere with my job. PJOB	1	2	3	4	5	0
29. Wearing the digital display did not interfere with my social life. PSOCIALD	1	2	3	4	5	0
30. Wearing the digital display did not make me feel uncomfortable around others. PUNCOMFD	1	2	3	4	5	0
31. Receiving immediate feedback from the armband on the display was helpful in increasing my exercise. PFEED	1	2	3	4	5	0
32. Receiving immediate feedback from the armband on the display was helpful in my weight loss efforts. PFEEDW	1	2	3	4	5	0

33. On average, I used the BodyMedia System to assist me with tracking my eating behaviors **PUSED**

- 6 every day
- 5 at least 3 days per week
- 4 at least once per week
- 3 at least one week per month
- 2 less than one week per month
- 1 only when I was struggling with my weight control efforts
- 0 I did not use the BodyMedia System

34. On average, I used the software component of BodyMedia to assist me with tracking my exercise behaviors **PUSEE**

- 6 every day
- 5 at least 3 days per week
- 4 at least once per week
- 3 at least one week per month
- 2 less than one week per month
- 1 only when I was struggling with my weight control efforts
- 0 I did not use the BodyMedia System



Use of the BodyMedia System Questionnaire

Participant ID: ID

Date of Evaluation: DOEDATE

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35. On average, I wore the armband from the BodyMedia System to assist me with tracking my exercise **PWEARA**

- 6 every day
- 5 at least 3 days per week
- 4 at least once per week
- 3 at least one week per month
- 2 less than one week per month
- 1 only when I was struggling with my weight control efforts
- 0 I did not use the BodyMedia System

36. On average, I wore the digital display from the BodyMedia System to assist me with tracking my exercise **PWEARD**

- 6 every day
- 5 at least 3 days per week
- 4 at least once per week
- 3 at least one week per month
- 2 less than one week per month
- 1 only when I was struggling with my weight control efforts
- 0 I did not use the BodyMedia System

37. When I did not wear the armband, the main reason that I did not wear the armband was **PNOUSE**

- 1 The armband was uncomfortable.
- 2 I did not find the armband provides me with helpful information.
- 3 Family, friends, or coworkers questioned me about the armband.
- 4 The armband was visible and I could not conceal it under my clothing.
- 5 Wearing the armband made me feel uncomfortable in public situations.
- 6 Other (please specify): **PNOUSEOS**



Use of the BodyMedia System Questionnaire

Participant ID: ID
 Date of Evaluation: DOEDATE
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Future Use of the BodyMedia System

Please indicate your level of agreement or disagreement with each of the following statements relative to your **future** use of the BodyMedia System using the scale provided. If the statement does not apply to your experience, please select “Not Applicable”.

Statements Regarding Future Use of the BodyMedia System	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
1. I would use the BodyMedia System in the future to monitor my dietary intake. FMOND	1	2	3	4	5	0
2. I would use the BodyMedia System in the future to monitor my exercise. FMONE	1	2	3	4	5	0
3. I would use the BodyMedia System in the future to help me understand how I needed to change my eating behaviors to control my weight. FUNDERD	1	2	3	4	5	0
4. I would use the BodyMedia System in the future to help me understand how I needed to change my exercise behaviors to control my weight. FUNDERE	1	2	3	4	5	0
5. I would use the BodyMedia System in the future because of the valuable feedback and information it provides to help me modify my eating patterns to control my weight. FINFOD	1	2	3	4	5	0
6. I would use the BodyMedia System in the future because of the valuable feedback and information it provides to help me modify my exercise to control my weight. FINFOE	1	2	3	4	5	0
7. I would use the BodyMedia System in the future because it helps me to overcome the barriers that I typically experience to eating a healthy diet. FBARRD	1	2	3	4	5	0
8. I would use the BodyMedia System in the future because it helps me to overcome the barriers that I typically experience to exercising. FBARRE	1	2	3	4	5	0



Use of the BodyMedia System Questionnaire

Participant ID: ID
 Date of Evaluation: DOEDATE
 Protocol Timepoint: TMPT

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
9. I would use the BodyMedia System in the future because it helps me to interact with my weight loss counselor regarding my diet. FCOUNSD	1	2	3	4	5	0
10. I would use the BodyMedia System in the future because it helps me to interact with my weight loss counselor regarding my exercise. FCOUNSE	1	2	3	4	5	0
11. I would use the BodyMedia System in the future because it is easy to use to track my eating behaviors. FTRACKD	1	2	3	4	5	0
12. I would use the BodyMedia System in the future because it is easy to use to track my exercise. FTRACKE	1	2	3	4	5	0
13. I would use the BodyMedia System in the future because it is easy to use to track my weight loss progress. FTRACKW	1	2	3	4	5	0
14. I would use the BodyMedia System in the future because it made me more aware of my eating behaviors compared to if I did not use BodyMedia System. FAWARED	1	2	3	4	5	0
15. I would use the BodyMedia System in the future because it made me more aware of my exercise compared to if I did not use BodyMedia System. FAWAREE	1	2	3	4	5	0
16. I would use the BodyMedia System in the future because it made me more aware of my weight loss efforts compared to if I did not use BodyMedia System. FAWAREW	1	2	3	4	5	0
17. I would use the BodyMedia System in the future because it motivated me to be adherent with my eating behaviors. FADHERED	1	2	3	4	5	0
18. I would use the BodyMedia System in the future because it motivated me to be adherent with my exercise. FADHEREE	1	2	3	4	5	0
19. I would use BodyMedia in the future because it motivated me to be adherent with my weight loss efforts. FADHEREW	1	2	3	4	5	0
20. I would use the BodyMedia System in the future because it made me more accountable for my weight loss efforts. FACCNTW	1	2	3	4	5	0



Use of the BodyMedia System Questionnaire

Participant ID: ID
 Date of Evaluation: DOEDATE
 Protocol Timepoint: TMPT

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
21. I would use the armband in the future. FARMB	1	2	3	4	5	0
22. I would use the armband in the future because it is comfortable to wear. FCOMFA	1	2	3	4	5	0
23. I would use the armband in the future because it did not interfere with my job. FJOBA	1	2	3	4	5	0
24. I would use the armband in the future because it did not interfere with my social life. FSOCIALA	1	2	3	4	5	0
25. I would use the armband in the future because it did not make me feel uncomfortable around others. FUNCOMFA	1	2	3	4	5	0
26. I would use the digital display in the future. FDISP	1	2	3	4	5	0
27. I would use the digital display in the future because it is comfortable to wear. FCOMFD	1	2	3	4	5	0
28. I would use the digital display in the future because it did not interfere with my job. FJOBDB	1	2	3	4	5	0
29. I would use the digital display in the future because it did not make me feel uncomfortable around others. FUNCOMFDB	1	2	3	4	5	0
30. I would use the BodyMedia System in the future because it was helpful in increasing my exercise. FHELPE	1	2	3	4	5	0
31. I would use the BodyMedia System in the future because it was helpful in my weight loss efforts. FHELPW	1	2	3	4	5	0



Use of the BodyMedia System Questionnaire

Participant ID: ID

Date of Evaluation: DOEDATE

Protocol Timepoint: TMPT

32. If given the opportunity to use the BodyMedia System in the future to assist me with tracking my eating behaviors, I would do this **FUSED**
- 6 every day
 - 5 at least 3 days per week
 - 4 at least once per week
 - 3 at least one week per month
 - 2 less than one week per month
 - 1 only when I am struggling with my weight control efforts
 - 0 I do not plan on using the BodyMedia System
33. If given the opportunity to use the BodyMedia System (software, armband, and display) in the future to assist me with tracking my exercise behaviors, I would do this **FUSEE**
- 6 every day
 - 5 at least 3 days per week
 - 4 at least once per week
 - 3 at least one week per month
 - 2 less than one week per month
 - 1 only when I am struggling with my weight control efforts
 - 0 I would not use the BodyMedia System to track my exercise behaviors in the future
34. If given the opportunity to wear the armband component of the BodyMedia System in the future, I would wear it **FWEARA**
- 6 every day
 - 5 at least 3 days per week
 - 4 at least once per week
 - 3 at least one week per month
 - 2 less than one week per month
 - 1 only when I am struggling with my weight control efforts
 - 0 I would not use the armband component of the BodyMedia System.



Use of the BodyMedia System Questionnaire

Participant ID: ID

Date of Evaluation: DOEDATE

Protocol Timepoint: TMPT

35. If you do not have a desire to use the armband feature of the BodyMedia System in the future, the main reason would be **FNOUSE**

- 1 The armband is uncomfortable.
- 2 The armband does not provide helpful information.
- 3 Family, friends, or coworkers will question me about the armband.
- 4 The armband is visible and I can not conceal it under my clothing.
- 5 Wearing the armband will make me feel uncomfortable in public situations.
- 6 Other (please specify): **FNOUSEOS**

Thank you for completing this questionnaire!



Paffenbarger Exercise Habits Questionnaire

Participant ID: ID
 Date of Evaluation: DOEDATE
 Protocol Timepoint: TMPT

1. Was there anything about the past week that made exercising especially different for you in terms of extended illness, injury, or vacation? **EXERDIF**
 - Yes *If 'Yes', please complete this questionnaire about the previous "typical" week that occurred within the past 30 days.*
 - No *If 'No', please complete this questionnaire about this past week.*

2. First, we are interested in the number of flights of stairs you climbed on average EACH DAY in this week. We only want to know the number of flights you climb **going up** – not down.
**When answering this question, 'one flight of stairs' = 10 steps if you know the number of steps.*
 FLIGHTS flights per day

3. We want to know how much time you spent this past week brisk walking for exercise or transportation. We are interested in bouts of walking that were at least 10 continuous minutes in duration. *This would include walking outside, at an indoor facility, or on a treadmill.*
 - a. How many days this week did you walk briskly for the purpose of exercise or transportation for at least 10 continuous minutes outside, at an indoor facility, or on a treadmill?
 BRWALKD days in the past week
 - b. On these days in which you walked briskly at least 10 continuous minutes, on average, how many minutes per day did you walk briskly?
 BRWALKM minutes per day

4. Were there any other sport, fitness, or recreational activities in which you participated during the past week? We are interested only in time that you were physically active while performing the activity.
Note: Do not include "occupational" or "job related" activities as these are not considered to be sport, fitness, or recreational activity.
Note: Household activities such as cleaning, laundry, yard work and gardening are **NOT** to be included here as they are not considered to be a sport, fitness, or recreational activity.

Sport, Fitness, or Recreational Activity SPORT	Code ACTCODE	Days per Week SPORTD	Average Time per Day SPORTM
1.	_____	_____	_____ minutes per day
2.	_____	_____	_____ minutes per day
3.	_____	_____	_____ minutes per day
4.	_____	_____	_____ minutes per day
5.	_____	_____	_____ minutes per day

5. Would you say that during the past week (the week used for questions 2-4) you were: **ACTIVE**
 - 1 less active than usual
 - 2 more active than usual
 - 3 about as active as usual

6. In general, at least once per week, do you engage in regular activity similar to brisk walking, jogging, bicycling, etc. long enough to work up a sweat, get your heart thumping, or get out of breath? **REGACT**
 - Yes *If 'Yes', please indicate the number of days per week: REGACTD*
 - No



Paffenbarger Exercise Habits Questionnaire

Participant ID: ID
 Date of Evaluation: DOEDATE
 Protocol Timepoint: TMPT

(Continuation of Question 4 Response)

Were there any other sport, fitness, or recreational activities in which you participated during the past week? We are interested only in time that you were physically active while performing the activity.

Note: Do not include “occupational” or “job related” activities as these are not considered to be sport, fitness, or recreational activity.

Note: Household activities such as cleaning, laundry, yard work and gardening are **NOT** to be included here as they are not considered to be a sport, fitness, or recreational activity.

Sport, Fitness, or Recreational Activity SPORT	Code <small>ACTCODE</small>	Days per Week SPORTD	Average Time per Day SPORTM
6.	_____	_____	_____ minutes per day
7.	_____	_____	_____ minutes per day
8.	_____	_____	_____ minutes per day
9.	_____	_____	_____ minutes per day
10.	_____	_____	_____ minutes per day
11.	_____	_____	_____ minutes per day
12.	_____	_____	_____ minutes per day
13.	_____	_____	_____ minutes per day
14.	_____	_____	_____ minutes per day
15.	_____	_____	_____ minutes per day
16.	_____	_____	_____ minutes per day
17.	_____	_____	_____ minutes per day
18.	_____	_____	_____ minutes per day
19.	_____	_____	_____ minutes per day
20.	_____	_____	_____ minutes per day
21.	_____	_____	_____ minutes per day
22.	_____	_____	_____ minutes per day
23.	_____	_____	_____ minutes per day
24.	_____	_____	_____ minutes per day
25.	_____	_____	_____ minutes per day
26.	_____	_____	_____ minutes per day
27.	_____	_____	_____ minutes per day
28.	_____	_____	_____ minutes per day



Tracking of Exercise Testing ECGs

Participant ID: ID
Date of Exercise Test: DEDATE

Directions: This form is to be completed when the graded exercise test is stopped for any one of the following reasons: 1) abnormal ECG response, 2) abnormal blood pressure response, 3) participant achieved 85% of age-predicted maximal heart rate.

Reason graded exercise test was terminated (check one): **TERMRSN**

- 1 Abnormal ECG or blood pressure response (prior to achieving 85% of age-predicted maximal heart rate)
- a. Was EMS summoned to respond? Yes No **EMS**
If No, date participant verbally instructed to suspend exercise (mm/dd/yy): VERB1M / VERB1D / VERB1Y
- b. Date participant given written documentation to suspend exercise and to follow-up with their Primary Care Physician (mm/dd/yy): WRIT1M / WRIT1D / WRIT1Y
- c. Date review received from Primary Care Physician (mm/dd/yy): PCP1M / PCP1D / PCP1Y
- d. Response from Primary Care Physician: **PCP1RESP**
- 1 Participant cleared for exercise with no restrictions
Date participant notified to re-initiate exercise (mm/dd/yy): REINIT1M / REINIT1D / REINIT1Y
- 2 Participant cleared for exercise with some modifications to exercise program
Date participant notified to initiate modified exercise program (mm/dd/yy): MOD1M / MOD1D / MOD1Y
- 3 Participant not cleared to exercise with no restrictions
Date participant notified that they are to continue to suspend exercise (mm/dd/yy):
 SUSP1M / SUSP1D / SUSP1Y
- 2 Participant achieved 85% of age-predicted maximal heart rate
- a. Date ECG sent to Cardiologist for review (mm/dd/yy): CARDSM / CARSD / CARDSY
- b. Date ECG returned from Cardiologist (mm/dd/yy): CARDRM / CARDRD / CARDRY
- c. Cardiologist interpretation of ECG: **CARDINT**
- 1 Participant cleared for exercise (participant is to proceed with the intervention with no medical restrictions based on this exercise test)
- 2 Participant not cleared for exercise
- i. Date participant verbally instructed to suspend exercise (mm/dd/yy): VERB2M / VERB2D / VERB2Y
- ii. Date participant given written documentation to suspend exercise and to follow-up with their Primary Care Physician (mm/dd/yy): WRIT2M / WRIT2D / WRIT2Y
- iii. Date review received from Primary Care Physician (mm/dd/yy): PCP2M / PCP2D / PCP2Y
- iv. Response from Primary Care Physician: **PCP2RESP**
- 1 Participant cleared for exercise with no restrictions
Date participant notified to re-initiate exercise (mm/dd/yy): REINIT2M / REINIT2D / REINIT2Y
- 2 Participant cleared for exercise with some modifications to exercise program
Date participant notified to initiate modified exercise program (mm/dd/yy):
 MOD2M / MOD2D / MOD2Y
- 3 Participant not cleared to exercise with no restrictions
Date participant notified that they are to continue to suspend exercise (mm/dd/yy):
 SUSP2M / SUSP2D / SUSP2Y



Adverse Event Form

Participant ID: ID

Page PAGE

Line	Date Participant Reported Event (mm/dd/yy)	Date of Onset (mm/dd/yy)	Event Type (code)	Was event a Serious Adverse Event?	Was event life threatening? ¹	Did event result in disability? ²	Date of Resolution [†] (mm/dd/yy)	Brief Description of Event
LINE	RPTM/RPTD/RPTY	AEM/AED/AEY	ETYPE	SAE	LTAE	RDAE	RESM/RESD/RESY	ETYPES
1		_/_/_		Y N	Y N	Y N	_/_/_	
2		_/_/_		Y N	Y N	Y N	_/_/_	
3		_/_/_		Y N	Y N	Y N	_/_/_	
4		_/_/_		Y N	Y N	Y N	_/_/_	
5		_/_/_		Y N	Y N	Y N	_/_/_	

[†] If not resolved indicate "NA"

¹ A life-threatening event places the subject at immediate risk of death from the event as it occurred (per NHLBI)

² Disability that is significant or persistent (lasted at least 1 month & changed your life)



Serious Adverse Event Form

Participant ID: ID
Date of Onset of Event: SAEDATE

Instructions: Complete one SAE form for each potential serious adverse event, based on the Adverse Event Worksheet or information received between regular data collection visits

1. Type of potential adverse event: **ETYPEII**
 - 1 Life threatening, or placed the participant at immediate risk of death
 - 2 Caused persistent or significant disability or incapacity
 - 3 Required or prolonged a hospitalization
 - 4 Pregnancy that resulted in a congenital anomaly or birth defect
 - 5 Death
 - 6 Caused other significant hazards or potentially serious harm to research subjects or others

2. How did the potential SAE come to the attention of study personnel? **ATTN**
 - 1 Reported at data study visit
 - 2 Reported at intervention visit
 - 3 Reported by participant's health care provider or through study staff review of medical records
 - 4 Reported by phone, email, letter by participant or by friend or family member
 - To clinic staff
 - To intervention staff **PHSTAFF**
 - 5 Other, specify ATTNOS

3. Describe the event:
EDESC

4. Did a health professional diagnose the event? Yes No **DXPRO**
5. Did the condition exist prior to the study? Yes No **PRCOND**
6. What activity was the participant doing at the time of the event? ACT
7. Was the activity being performed in order to lose weight? Yes No **ACTLW**
8. Was the activity otherwise related to study participation? Yes No **ACTSP**
9. Did the participant receive treatment for the event? Yes No **ETX**
 If Yes, briefly describe treatment: ETXDESC

10. What is the current status of the event: **ESTAT**
 - 1 Completely recovered
 - 2 Recovered with some residual problems
 - 3 Condition improving
 - 4 Condition present and unchanged
 - 5 Condition deteriorated
 - 6 Death due to event
 - 7 Other, specify ESTATOS



Serious Adverse Event Form

Participant ID: ID
Date of Onset of Event: SAEDATE

11. What was the impact of the event on study participation? **IMPACT**
- 1 No impact on study participation
 - 2 Study participation temporarily interrupted
 - 3 Study participation permanently stopped
 - 4 Study participation modified (if intervention modified, complete **Intervention Modification Form**)
12. In the opinion of the investigator or safety officer, did an SAE occur? Yes No **ESAE**
If Yes, complete questions 13-15.
If No, stop here.
13. In the opinion of the investigator or safety officer, was this SAE related to (caused by) participation in the study? **STDYREL**
- 1 Definitely
 - 2 Probably
 - 3 Possibly
 - 4 Probably not
 - 5 Definitely not related
14. In the opinion of the investigator, was this SAE: **EXP**
- 1 Expected (usually defined by whether the event has been mentioned in the protocol or consent form)
 - 2 Unexpected

NOTE: If an SAE is unexpected and possibly, probably, or definitely study-related, it must be reported to the NHLBI in expedited fashion.

Expedited Reporting Rules

All events that are fatal or life threatening or otherwise serious AND unexpected AND definitely, probably, or possibly related to the study must be reported to your IRB according to their guidelines AND to NHLBI within 7 days AND to OHRP within 30 days.

15. Category of event (choose one; if more than one applies, choose the one most likely to be study-related and/or unexpected): **ECAT** if other, specify ECATOS
- 1 Cardiovascular
 - 2 Musculoskeletal
 - 3 Diabetes
 - 4 Gall bladder disease
 - 5 Psychiatric
 - 6 Asthma
 - 7 Obstetric
 - 8 Weight loss-related
 - 9 Motor vehicle accident
 - 99 Other, specify

Report completed by (staff initials): SID

Date completed (mm/dd/yy): DCM / DCD / DCY

Clinician signature: _____

Date reviewed (mm/dd/yy): DRM / DRD / DRY



Off Protocol Form

Participant ID: ID
Date Form Completed: DFCDATE

Instructions: Complete this form to report a deviation from protocol, at the time that the occurrence becomes known.

1. Was the deviation related to (*check one*): **DEVIATE**

- 1 Randomization (complete Section I)
- 2 Study participation (complete Section II)

SECTION I: RANDOMIZATION

RINELIG Ineligible participant randomized

RPARTID Participant randomized under incorrect Participant ID

RSTRAT Participant randomized according to wrong stratum

Specify correct stratum:

Race: **STRACE** (1=white, 2=non-white)

Gender: **STSEX** (1=male, 2=female)

RCOHORT Participant randomized according to wrong cohort

RBEGIN Participant did not begin intervention within 7 days of randomization

Date participant began intervention (*mm/dd/yy*): **RBEGINM** / **RBEGIND** / **RBEGINY**

ROTHER Other, specify **ROTHERS** Participant never began intervention

SECTION II: STUDY PARTICIPATION

SPDISC Participant discontinued participation in study

Date participant discontinued (*mm/dd/yy*): **SPDISCM** / **SPDISCD** / **SPDISCY**

Date of last contact with participant if other than discontinuation (*mm/dd/yy*): **SPLCM** / **SPLCD** / **SPLCY**

Reason participant discontinued: **SPRSN** specify (if necessary) **SPRSNS**

1. Participant refuses to continue participation
2. Participant preference (other than refusal), **specify reason**
3. Participant not compliant with study protocol
4. Participant moved from area
5. Participant lost to follow-up
6. Safety concern or adverse event
7. Pregnancy
8. Bariatric surgery
9. Limb amputation
10. Death
20. Other, **specify**



Safety Alert Form

Participant ID: 24 - _____ - _____

SysID	Date of Alert (mm/dd/yy)	Alert Type 1=CES-D 2=Blood pressure 3=Rapid weight loss	CES-D Score	Blood Pressure Measure	Weight Loss		Date Alert Managed (mm/dd/yy)
					kg	%	
SYSID	ALTM/D/Y	ALTYPE	CESD	BPS/BPD	WLOSS	WLOSSP	ALMNGM/D/Y
	__/__/__	_____	_____	__/___	_____	_____	__/__/__
	__/__/__	_____	_____	__/___	_____	_____	__/__/__
	__/__/__	_____	_____	__/___	_____	_____	__/__/__
	__/__/__	_____	_____	__/___	_____	_____	__/__/__
	__/__/__	_____	_____	__/___	_____	_____	__/__/__
	__/__/__	_____	_____	__/___	_____	_____	__/__/__
	__/__/__	_____	_____	__/___	_____	_____	__/__/__
	__/__/__	_____	_____	__/___	_____	_____	__/__/__
	__/__/__	_____	_____	__/___	_____	_____	__/__/__
	__/__/__	_____	_____	__/___	_____	_____	__/__/__
	__/__/__	_____	_____	__/___	_____	_____	__/__/__