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

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

For office use only.

Behavior Baseline (BB) - Version: 02/28/2009 FORMV

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

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

1. Were you advised or required by your surgeon or member of the surgery team to lose weight in preparation for your obesity surgery? **LOSE**
☐ 0. No ☐ 1. Yes

Skip to question 2

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

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

2. Were you advised or required by your doctor or other health care provider to start a special diet prior to your obesity surgery? **SDIET**
☐ 0. No ☐ 1. Yes

Skip to question 3

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

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

3. 3. Have you lost or gained any weight in the **past 3 months?** ☐ 0. No ☐ 1. Yes ☐ -3 Don't know **LGWGT3M**

No Yes

WTLOSTLost weight → a. How much? _____ lbs. **LOSTAMT**

b. Were you purposefully trying to lose weight by eating less? ☐ 0. No ☐ 1. Yes **LOSTTRY**

WTGAINGained weight→ a. How much? _____ lbs. **GAINAMT**

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

The following was removed due to copyright permissions:
Questions from Goals and Relative Weights Questionnaire (GRWQ)
Foster GD, Wadden TA, Vogt RA, Brewer G.
What is a reasonable weight loss? Patients' expectations and evaluations of obesity treatment outcomes.
J Consult Clin Psychol. 1997;65:79–85.

The next set of questions asks about weight control practices.

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

☐ 0. No ☐ 1. Yes

Skip to next question on next page

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

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

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

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

For weight control, have you ever…			**Did you do this in the past 6 months?**	
			No Yes	How many weeks?
1.	counted fat grams? **FGRAM**	☐ No ☐ Yes →	**FGRAM6M**	**FGRAMW**
2.	decreased fat intake? **FATINT**	☐ No ☐ Yes →	**FATINT6M**	**FATINTW**
3.	reduced the number of calories you eat? **RCAL**	☐ No ☐ Yes →	**RCAL6M**	**RCALW**
4.	used a very low calorie diet? **LOWCAL**	☐ No ☐ Yes →	**LOWCAL6M**	**LOWCALW**
5.	cut out between-meal-snacking? **CSNACK**	☐ No ☐ Yes →	**CSNACK6M**	**CSNACKW**
6.	eaten fewer high carbohydrate foods like bread or potatoes? **FCARB**	☐ No ☐ Yes →	**FCARB6M**	**FCARBW**
7.	eaten special low calorie diet foods? **DFOOD**	☐ No ☐ Yes →	**DFOOD6M**	**DFOODW**
8.	eaten or drank meal replacements? **MEALR**	☐ No ☐ Yes →	**MEALR6M**	**MEALRW**
9.	increased fruits and vegetables? **FVEGE**	☐ No ☐ Yes →	**FVEGE6M**	**FVEGEW**
10.	cut out non-diet soda pop or other sugar-sweetened beverages? **SODA**	☐ No ☐ Yes →	**SODA6M**	**SODAW**
11.	chewed and spit out food?**SPIT**	☐ No ☐ Yes →	**SPIT6M**	**SPITW**
12.	drank fewer alcoholic beverages for weight control? **FEWALC**	☐ No ☐ Yes →	**FEWALC6M**	**FEWACLW**
13.	smoked cigarettes for weight control? **CIGWC**	☐ No ☐ Yes →	**CIGWC6M**	**CIGWCW**
14.	induced vomiting for weight control? **VOMWC**	☐ No ☐ Yes →	**VOMWC6M**	**VOMWCW**
15.	recorded what you eat daily? **RECEAT**	☐ No ☐ Yes →	**RECEAT6M**	**RECEATW**
16.	kept a graph of your weight? **GRAPH**	☐ No ☐ Yes →	**GRAPH6M**	**GRAPHW**
17.	increased your exercise level? **MOREEX**	☐ No ☐ Yes →	**MOREEX6M**	**MOREEXW**
18.	used home exercise equipment? **HEQ**	☐ No ☐ Yes →	**HEQ6M**	**HEQW**
19.	recorded your exercise daily? **RECEX**	☐ No ☐ Yes →	**RECEX6M**	**RECEXW**
20.	participated in group exercise classes? **GRPEX**	☐ No ☐ Yes →	**GRPEX6M**	**GRPEXW**
21.	participated in a support/self help group? **SHELP** *(e g. Weight Watchers, TOPS)*	☐ No ☐ Yes →	**SHELP6M**	**SHELPW**
22.	accessed a discussion group, bulletin board or chat room on the internet? **BBOARD**	☐ No ☐ Yes →	**BBOARD6M**	**BBOARDW**
23.	used hypnosis for weight control? **HYPN**	☐ No ☐ Yes →	**HYPM6M**	**HYPMW**
24.	used laxatives for weight control? **LAXWC**	☐ No ☐ Yes →	**LAXWC6M**	**LAXWCW**

Continued from previous page

For weight control, have you ever…		**Did you do this in the past 6 months?**	
		No / Yes	How many weeks?
25. used any prescription medication? *(e.g. Wellbutrin, Xenical, Medridia, Trexan, Ionamin, Adipex, Phentermine plus Fenfluramine, Topamax, Pondimin, Redux, Dexedrine)* **RX**	☐ No ☐ Yes →	**RX6M**	**RXW**
26. used any dietary supplement or nonprescription medication? **DSUPP**	☐ No ☐ Yes →	**DSUPP6M**	**DSUPPW**

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

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

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

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

1. Thinking about your **usual or normal week**…
   a. How many days out of the **7-day week** do you eat breakfast? _____ days/wk **BRKFST**
   b. How many days out of the **7-day week** do you eat lunch/brunch? _____ days/wk **LUNCH7**
   c. How many days out of the **7-day week** do you eat dinner? _____ days/wk **DINNER7**
   d. Counting all meals and any snacks you may have, **how many times a day** do you eat? *(check box if more than 10 times/day)* _____ times/day **ALLEAT**
      ☐ more than 10 times a day

2. How many days a week do you **eat out** at…	Breakfast	Brunch/lunch	Dinner
a. Fast food restaurants:	**BRKFSTFF**	**LUNCHFF**	**DINNERFF**
b. Other types of restaurants:	**BRKFSTO**	**LUNCHO**	**DINNERO**

The next question asks about your lifelong eating habits.

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

☐ 0. No ☐ 1. Yes →

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

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

2. During the **past 6 months**, have you had times when you eat continuously during the day or parts of the day without planning what and how much you would eat? **EH6M**

☐ 0. No ☐1 . Yes →

2.1	Did you experience a loss of control, that is you felt like you could not control your eating? **EH6MLC** ☐0. No ☐ 1. Yes

The following was removed due to copyright permissions:
Questionnaire on Eating/Weight Patterns (QEWP-R)
Spitzer RL, Yanovski SZ, Marcus MD. (HaPI Record).
1994; Pittsburgh PA: Behavioral Measurement Database Services (Producer).
McLean, VA: BRS Search Service (Vendor).

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

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

☐ 0. No ☐ 1. Yes

↓

Skip to question 8

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

☐ 0. No ☐ 1. Yes

↓ ↓

Skip to question 3

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

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

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

☐ 0. No → *Skip to question 4*

☐ 1. Yes

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

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

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

☐ 0. No → *Skip to question 5*

☐ 1. Yes

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

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

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

☐ 0. No → *Skip to question 6*

☐ 1. Yes

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

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

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

☐ 0. No ☐ 1. Yes

Skip to question 7

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

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

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

☐ 0. No ☐ 1. Yes

Skip to question 8

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

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

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

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

This next set of questions asks about how you have felt and how often you did various activities in the past 3 months.

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ 0. No ☐ 1. Yes

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

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

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

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

This next set of questions asks about tobacco use.

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

If yes,

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

This next set of questions asks about alcohol use in the past 12 months?

1. How often do you have a drink containing alcohol? **ETOH**
   □ 0. Never → *Skip to next page*
   □ 1. Monthly or less
   □ 2. Two to four times a month
   □ 3. Two to three times per week
   □ 4. Four or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking? **DRINKS**

   □ 1 or 2 drinks □ 3 or 4 drinks □ 5 or 6 drinks □ 7 to 9 drinks □ 10 or more drinks
3. How often do you have six or more drinks on one occasion? **DRINKS6**

   □ Never □ Less than monthly □ Monthly □ 2 to 3 times/week □ 4 or more times a week
4. How often, during the **past 12 months**, have you found that you were not able to stop drinking once you had started? **STOPETOH**

   □ Never □ Less than monthly □ Monthly □ 2 to 3 times/week □ 4 or more times a week
5. How often, during the **past 12 months**, have you failed to do what was normally expected from you because of drinking? **FAILETOH**

   □ Never □ Less than monthly □ Monthly □ 2 to 3 times/week □ 4 or more times a week
6. How often, during the **past 12 months**, have you needed a first drink in the morning to get yourself going after a heavy drinking session? **MORNETOH**

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

7. How often, during the **past 12 months**, have you had a feeling of guilt or remorse after drinking?
REMOETOH – for form version => 2/28/2009: (using below enumeration in analytical dataset GUILETOH has been recoded to `if guiletoh = .F then guiletoh=remoetoh`**).**
GUILETOH – for form version prior to 2/28/2009: (enumeration was inconsistent with current – see below).

```
if guiletoh = 0 then guiletoh=0; if guiletoh = 1 then guiletoh=1; if guiletoh = 2 then guiletoh=1; if guiletoh = 3 then guiletoh=1; if guiletoh = 4 then guiletoh=1; if guiletoh = 5 then guiletoh=2;
```

☐ Never ☐ Less than monthly ☐ Monthly ☐ Weekly ☐ Daily or almost daily

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

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

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

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

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

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

The next set of questions asks about substance use in the past 12 months.

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

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

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