

LABS-2 Form List

Form Name	Fom ID	Time Points											
		Pre-operative (baseline)	Operative	Post-Operative (30-day post surgery)	Month 6	Month 12	Month 24	Month 36	Month 48	Month 60	Month 72	Month 84	Month 96
Adverse Event	AE												
Adjustable Gastric Band	AGB		X										
Adjustment to Gastric Band Procedure	AGBP		X										
Age at Surgery	AGE_AT_SURGERY		X										
Abdominal Surgery Classification Form	ASCF		X										
Behavior Baseline	BB	X											
Beck Depression Inventory	BDI	X			X	X	X	X	X	X		X	
Behavior Follow-Up	BF					X	X	X	X	X		X	
Bio Status	BIO_STATUS	X				X	X	X	X	X		X	
Biliopancreatic Diversion with Duodenal Switch	BPDS		X										
Berlin Sleep	BS	X				X	X	X	X	X		X	
Baseline Update Questionnaire	BU	X											
Calculated Variables	CALCVAR	X			X	X	X	X	X	X	X	X	X
Cancer Diagnosis	CD								X	X			
Cancer Diagnosis Follow-up	CDF					X	X	X	X	X			
Cancer Diagnosis Follow-up Modified	CDFM										X	X	X
Central Labs Results	CENTRAL_LAB_RESULTS	X				X	X	X	X	X		X	
Central Labs Status	CLAB_STATUS	X				X	X	X	X	X		X	
Demographic Information	DIB	X											
Demographic Information	DIF					X	X	X	X	X		X	
Discharge Summary	DS												
Events and Complications	EC									X	X	X	X
LABS-2 Enrollment Form	EF	X											
Enrollment form (Excluded; Did not give consent)	EF_NOCONS	X											
EQ-5D	EQ5D	X				X	X	X	X	X		X	
Excessive Skin Survey	ESS								X	X			
6-Month Follow-up Form	FO6				X								
Genetics Status	GEN_STATUS												
Gastric Sleeve	GS		X										
Gastrointestinal Symptoms Rating Scale	GSRS	X				X	X	X	X	X		X	
Inactivation Form - LABS2	IN2												
Inactivation form (Excluded; gave consent)	IN2_EXCLUDED												
Interpersonal Support Evaluation List	ISEL	X				X	X	X	X	X		X	
Impact of Weight Questionnaire	IW	X			X	X	X	X	X	X		X	
LABS Ancillary Study Enrollment	LAS												
Site of Leak Form	LEAK			X									
Local Laboratory	LL	X			X	X	X	X					
Medical Assessment Baseline	MAB	X											
Medical Assessment Follow-Up	MAF					X	X	X	X	X		X	
Modifiable Activity Questionnaire	MAQ					X	X	X	X	X		X	
Medication Form	MED	X			X	X	X	X	X	X	X	X	X
Mortality Report	MORT												
Minimum Visit Follow-up	MVF										X		X
400 Meter Walk Data Collection Form	MWF	X				X	X	X	X	X		X	
National Death Index	NDI												
Retention Survey No In-Person Visit	NIV					X	X	X	X	X		X	

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Off Protocol Form	OFF	X	X		X	X	X	X	X	X	X	X	X
Pathology Evaluation	PATH		X										
Psychiatric & Emotional Test Survey	PETSB	X											
Psychiatric & Emotional Test Survey - Followup	PETSF					X	X	X	X	X	X	X	X
Pre-operative Form - LABS1	PO1	X											
30-Day Post-Operative Evaluation - LABS2	POST2			X									
Pregnancy max by ID	PREG_MAX_BY_ID												
Pre-Operative Update Form - LABS2	PU2	X											
Research Coordinator Assessment Baseline	RCAB	X											
Research Coordinator Assessment Follow-up	RCAF	X				X	X	X	X	X	X	X	X
Reproductive Health Baseline	RHB	X											
Reproductive Health Follow-Up	RHF					X	X	X	X	X		X	
Reproductive Health Pregnancy Questionnaire	RHP						X	X	X	X	X	X	X
Retention Survey (Follow-Up Visits)	RSF				X	X	X	X	X	X		X	
Retention Survey (Inactivations)	RSI												
Roux-en-Y Gastric Bypass	RYB		X										
Subsequent Bariatric Surgery	SBP		X										
Suicide behavior Questionnaire	SBQ								X	X			
Suicide behavior Questionnaire follow-up	SBQF					X	X	X	X	X		X	
SF-36 Health Survey v1	SF36	X			X	X	X	X	X	X		X	
Sexual Functioning Baseline	SFB	X											
Sexual Functioning Followup	SFF					X	X	X	X	X		X	
Short form	SHORT					X	X	X	X	X	X	X	X
SAM Diary/Log	SL	X				X	X	X	X				
SAM Diary/Log SUMMARY	SLS	X				X	X	X	X	X		X	
Surgeons Medical Assessment Baseline	SMAB	X											
Surgeons Medical Assessment Followup	SMAF					X	X	X	X	X		X	
Surgeon's Questionnaire	SQ		X										
Stepwatch Minutes	SW_MINUTE					X	X	X	X	X		X	
Stepwatch Summary	SW_SUMMARY					X	X	X	X	X		X	
Reason for Unconfirmed Intervention	UEVNT			X									
Urinary Incontinence Baseline	UIB	X											
Urinary Incontinence Follow-up	UIF					X	X	X	X	X		X	
LABS Visit Type	VTYPE					X	X	X	X	X	X	X	X
400 Meter Walk Eligibility Form	WEF	X				X	X	X	X	X		X	
Weight form	WGT					X	X	X	X	X	X	X	
Weight History Questionnaire	WHQ	X											
Work Productivity and Activity Impairment	WPAI	X				X	X	X	X	X		X	