

Entered: __ / __ / 20__

Initials: _____

Verified: __ / __ / 20__

Initials: _____

For office use only.

**Psychosocial Factors Associated with Weight Loss: An Ancillary Study to LABS-2
Enrollment Form (PEF) – Version: 6/30/2006 FORMV**

Patient ID _____ - _____ - _____ **ID** **PEFDATE** **Form Completion Date** __ / __ / 20__
mm dd yy

Certification number: _____ **CERT**

1. Did the participant provide consent? 0. No →

CONS

1.1 Reason for refusing (*check all that apply*):

- General lack of interest **LACK**
- Does not want to be bothered; follow-up too burdensome **NOBOTHER**
- Lack of trust (e.g. that personal information will remain confidential) **TRUST**
- Concerned that information provided will impact ability to have surgery **IMPACT**
- No perceived personal benefit from participating **NOBENE**
- Refused consent for blood draws **NOBLOOD**
- Unable to schedule baseline visit **UNSCHED**
- Other **REFOTH** (Specify: __ **REFOTHS** __)
- Unknown **REFUNK**

*only applies to the surgical participants

If patient did not consent to participation, answer only Questions 1 and 1.1. Do not continue.

1. Yes →

1.2 Date of consent: __ / __ / 20__ **CONSDAT**
mm dd yy

If patient consented and is a LABS-2 participant, do not continue.

The following set of questions should be answered for the treatment comparison group only.

2. Date of Birth __ / __ / 19__ **DOB DAT(replaced with AGE_C)**
mm dd yyyy

3. Gender 1. Male 2. Female **SEX**

4. Race:
(*check all that apply*)

- White or Caucasian **RACEW**
- Black or African-American **RACEB**
- Asian **RACEA**
- American Indian or Alaska Native **RACEI**
- Native Hawaiian or other Pacific Islander **RACEH**
- Other **RACEO** (specify: __ **RACES** __)

5. Ethnicity 0. Hispanic 1. Non-Hispanic **ETHN**