

For office use only.

**Psychosocial Changes Associated with Weight Loss: An Ancillary Study to LABS-2
Off Protocol (POFF) – Version 1/1/2012 FORMV**

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

Certification number: _____ **CERT** **VISIT** Visit _____

1. Was the entire visit missed? **VISSMISS**

0. No 1. Yes

↓
Skip to
Question 2

1.1 Reason for **Missed Visit (check only one) REAMISS**

1. Patient out of town
 2. Patient could not be located
 3. Patient could not be scheduled due to other commitments
 4. Patient too ill
 5. Hospitalization
 6. Refused
 7. Other (Specify: **REAMISSS**_____)

2. Indicate type of off-protocol event (*check “no” or “yes” for each*)

No Yes

- 2.1 Blood samples not obtained **BLOODSAM**
 2.2 Missing Assessments (*check “no” or “yes” for each*) **MISSFORM**

No	Yes	PSYCFORM	No	Yes	LABS2FOR
<input type="checkbox"/>	<input type="checkbox"/>	2.2.1 Ancillary Psychosocial forms If yes, check “no” or “yes” for each	<input type="checkbox"/>	<input type="checkbox"/>	2.2.2. LABS-2 forms* If yes, “no” or “yes” for each
<input type="checkbox"/>	<input type="checkbox"/>	BIQOL BIQOL	<input type="checkbox"/>	<input type="checkbox"/>	BDI BDI
<input type="checkbox"/>	<input type="checkbox"/>	BSQ BSQ	<input type="checkbox"/>	<input type="checkbox"/>	IW IW
<input type="checkbox"/>	<input type="checkbox"/>	STQ STQ	<input type="checkbox"/>	<input type="checkbox"/>	MED MED2
<input type="checkbox"/>	<input type="checkbox"/>	DAS DAS	<input type="checkbox"/>	<input type="checkbox"/>	SF-36 SF36
<input type="checkbox"/>	<input type="checkbox"/>	EFQB/EFQF EFQB			
<input type="checkbox"/>	<input type="checkbox"/>	FSFIB/FSFIF FSFIB			
<input type="checkbox"/>	<input type="checkbox"/>	PPM (<i>control only</i>) PPM			
<input type="checkbox"/>	<input type="checkbox"/>	Activity Diary (<i>control only</i>) AD How many days? ADDDAYS			
<input type="checkbox"/>	<input type="checkbox"/>	COMAR (<i>control only</i>) COMAR			

- 2.3 Other **OTHOFF** (Specify: **OTHOFFS**_____)
 2.4 Participant met at least one rule-out criterion (SSQ) but was enrolled in the study
(*pre-op/baseline visit only*). **SSQRULET**

* Missing LABS assessments for LABS-2 participants will be captured on the LABS-2 Off Protocol form and need not be repeated on this form.