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

Participant ID: _____ID_____ **Screening Date: SSQDAT**

Psychosocial Factors Associated with Weight Loss: An Ancillary Study to LABS-2
Participant Screening Questionnaire (SSQ) – Version: 02/06/2007 FORMV

Certification Number: _____CERT

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1. Are you currently taking any of the following medications? If yes, how long have you been on the medications? **SSQMED**

Medication List A: (Rule Outs: Any of the following medications answered YES. ***SSRIs** are **OK**.)*

Medications	No (0)	Yes (1)	Duration
Systemic steroids/Oral steroids **SOSTERO**	☐	☐ →	**SOMO**_____months
Adderall **ADDERAL**	☐	☐ →	**ADMO** _____months
Strattera **STRATER**	☐	☐ →	**STMO** _____months
Lithium **LITHUM**	☐	☐ →	**LIMO** _____months
Tricyclic antidepressants **TRIADEP**	☐	☐ →	**TRIMO** _____months

SSRIs: *citalopram (Celexa), escitalopram oxalate (Lexapro), paroxetine (Paxil), fluoxetine (Prozac), fluvoxamine maleate (Luvox), sertraline (Zoloft).* **Tricyclics:** *amitriptyline (Elavil®, Endep®), clomipramine (Anafranil®), desipramine (Norpramin®, Pertofrane®), dosulepin (dothiepin) (Prothiaden®), doxepin (Adapin®, Sinequan®), imipramine (Tofranil®), nortriptyline (Pamelor®), protriptyline (Vivactil®), trimipramine (Surmontil®), lofepramine*

Anti-psychotic agents **APSYAGT**	☐	☐ →	**APSMO** _____months
Carbamazepine (Tegretol) **CARBAMA**	☐	☐ →	**CARBO** _____months
Topiramate (Topamax) **TOPIRAM**	☐	☐ →	**TOPO** _____months

Medication List B: *(The following medications are OK if they have been stable for the last 3 months but they must remain constant during the trial, with the exception of changes required in response to weight reduction (i.e., lower dosage) or medical emergency.

Medications	No (0)	Yes (1)	Duration
Buproprion (Wellbutrin) * **BUPROPR**	☐	☐ →	**BUPMO** _____months
Duloxetine (Cymbalta) * **DULOXET**	☐	☐ →	**DULMO** _____months
Diuretics ***DIURETC**	☐	☐ →	**DIUMO** _____months
Laxatives (for weight control) * **LAXATIV**	☐	☐ →	**LAXMO** _____months
Herbal supplements (for weight loss) ***HERBALS**	☐	☐ →	**HERMO** _____months
Ritalin * **RITALIN**	☐	☐ →	**RITMO** _____months

Participant ID: _____

Medications	No (0)	Yes (1)	Duration
Amphetamine *AMPHETA	☐	☐ →	AMPMO_____months
Dexedrine * DEXEDRN	☐	☐ →	DEXMO _____months
Ephedrine * EPHEDRN	☐	☐ →	EPHMO _____months
Sibutramine (Meridia)SIBUTRA	☐ ↓	☐ →	SIBMO_____months
	Have you take Sibutramine in the past 6 months? ☐ No ☐ Yes SIBUTR6		
Orlistat (Xenical)ORLISTA	☐ ↓	☐ →	ORLO _____months
	Have you take Orlistat in the past 6 months? ☐ No ☐ Yes ORLIST6		
Byetta (Exenatide) * BYETTA	☐	☐ →	BYMO _____months
	Have you take Byetta in the past 6 months? ☐ No ☐ Yes BYETTA6		
Hormone replacement therapy *HRT (OK if agree to remain on throughout study)	☐	☐ →	HRTMO _____months
Inhaled steroids * STEROD	☐	☐ →	STRMO _____months
(Rule Out: More than 1500 micrograms daily) STRDOS			
Biphosponates for osteoporosis *BIPHOS	☐	☐ →	BIPMO _____months

2. Have you had a hysterectomy? (only uterus removed)? ☐ 0. No ☐ 1. Yes
   (Rule Out: If answered yes.) **HYSTERC**

3. Have you had one or both of your ovaries removed? ☐ 0. No ☐ 1. Yes
   (This endorsement is NOT a Rule Out.) **OVARIES**

   IF YES: Check # of Ovaries Removed: ☐ 1. One ovary removed **OVARMS**
   ☐ 2. Two ovaries removed

4. Are you in a romantic, committed relationship? ☐ 0. No ☐ 1. Yes
   (Rule Out: Must be at least one year.) **ROMANTC**

   IF YES: For how long? _____ (Months) **ROMANTL**