

Entered \_\_/\_\_/20\_\_ Initials: \_\_\_\_\_ Verified: \_\_/\_\_/20\_\_ Initials \_\_\_\_\_

Patient ID \_\_\_\_\_ **ID** **VISIT** Visit \_\_\_\_\_  
For office use only.

**Psychosocial Changes Associated with Weight Loss: An Ancillary Study to LABS-2  
Status Questionnaire Follow-Up (STQF) – Version 07/31/2007 FORMV**

Form Completion Date \_\_/\_\_/20\_\_ **STQFDAT**  
mm dd yy

1. Are you currently dieting? **STQFDIET**  0. No  1. Yes
2. Have you lost or gained any weight in the **past 6 months**? **LGWGF6M**  0. No  1. Yes  -3 Unknown

No Yes

Lost weight →  
**STQLWT\_F**

a. How much? \_\_\_\_\_ lbs. **STQLMU\_F** **STQPRP\_F**  
b. Were you purposefully trying to lose weight by eating less?  0. No  1. Yes

Gained weight →  
**STQGWT\_F**

a. How much? \_\_\_\_\_ lbs. **STQGMU\_F**

3. What has been your maximum weight in the last year? **STQFMXL** \_\_\_\_\_(lbs)

4. In the past 12-months (*check no or yes to each*)...

No Yes

- a. My spouse and I divorced or are divorcing. **STQFDIV**  
  b. My partner and I separated/broke-up. **STQFBRK**  
  c. I entered into a NEW romantic, committed relationship. **STQFROM**  
  d. My partner and I moved in together. **STQFMOV**  
  e. My partner and I married or became engaged to be married. **STQFENG**  
  f. Other change in my romantic relationship. **STQFOTH**  
(Specify: **STQFTHS**\_\_\_\_\_)