

Entered: __/__/20__

Initials: _____

Verified: __/__/20__

Initials: _____

Patient ID _____ - ID _____ - _____

Visit: 1 VISIT

For office use only.

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

Form Completion Date __/__/20__ **STQDATE**
mm dd yy

1. Are you currently dieting? **STQDIET** 0. No 1. Yes

2. Have you lost or gained any weight in the **past 6 months?** **LGWGT6M** 0. No 1. Yes -3. Unknown

No Yes

Lost weight →
STQLWT

a. How much? _____ lbs. **STQLMUCH** **STQPURPS**
b. Were you purposefully trying to lose weight by eating less? 0. No 1. Yes

Gained weight →
STQGWT

a. How much? _____ lbs. **STQGMUCH**

3. What has been your maximum weight? **STQMAX** _____ (lbs)