## Introduction Screen and Consent Screens

## Obesity Survey

Thank you for your interest in this health survey. In this survey, we will ask you about weight management and what you think about devices that can be used to help people lose weight. Please answer the following questions to confirm that you are eligible to participate in this survey.
[Screening Questions]

S1. Are you 18 years of age or older?

## YES [Continue]

$\square$ NO [Ineligible, end survey]

S2. About how tall are you?
$\qquad$ feet and $\qquad$ inches

S3. About how much do you weigh?
$\qquad$ pounds

Eligible if answer yes to S1 and combination of S2 and S3 results in Body Mass Index (BMI) of 30 or above. 150 subjects with BMI between 30-35, 150 with BMI between 35-40, and 150 with BMI above 40.
[Ineligible, end survey]

## Study Purpose

You are one of about 450 people in the United States who are being asked to take this survey to help us understand preferences for attributes of devices that can help people lose weight.

## Study Duration

The survey will take about 25 minutes to complete.

## Study Details

Research Triangle Institute (RTI) is doing this study for the U.S. Food and Drug Administration's Center for Devices and Radiological Health (FDA-CDRH). RTI is a nonprofit research organization in Research Triangle Park, North Carolina. RTI has contracted with Knowledge Networks (KN) to collect data. If you have questions about this survey, please contact Panel Relations at 1-800-782-6899 (a toll-free number) and someone will direct your questions to a researcher at RTI.

## Possible Risks or Discomforts

If any questions make you uncomfortable, you do not need to answer them.

KN will protect your responses under its Privacy Policy. RTI and the FDA-CDRH will receive your survey responses without any personal identifiers. RTI will also make every effort to protect your responses. There is a potential risk of disclosure of the survey data, but the data could not be directly tied to you.

If you have any concerns about this survey, you may call the RTI Office of Research Protection at 1-866-214-2043 (a toll-free number).

## Benefits

There are no direct benefits to you for participating in this study. Benefits of this survey apply to the broader population of people with obesity such that it will generate a better understanding of their preferences and potentially lead to a wider choice of treatments.

## Confidentiality

Many steps have been taken to protect your information. KN will report only your responses to RTI, not your name or other contact information. If the results of this study are presented at scientific meetings or published in scientific journals, no information will be included that could identify you or your responses personally.

The Institutional Review Board (IRB) at RTI has reviewed this research. An IRB is a group of people who make sure that the rights of participants in research are protected. The IRB may check records of your activity in this research to see if proper procedures were followed.

## Your Rights

Your decision to take part in this research study is completely voluntary. Your decision to participate in this study will not affect your usual medical care. You can refuse to answer any question or stop at any point after you begin the survey and still receive your KN points for participating in the survey.

If you have read the previous screens and agree to participate, please click the Yes button, if not, click the No button.
$\square$ Yes, I agree to participate. [continue with next section]
$\square$ No, I do not agree to participate. [go on to next question]

Are you sure you don't want to participate? Your opinions are important to us. Please select the Yes button to continue this survey; if not, select the No button to exit.
$\square$ Yes, I agree to participate. [continue with next section]
No, I do not agree to participate [end survey]

## [If they do not agree to participate]

Thank you for your consideration. You have exited the survey.

