

## 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.

### Form Approved

OMB No. 0910-XXXX

Exp. Date:

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Department of Health and Human Services  
Food and Drug Administration  
Office of Chief Information Officer  
Paperwork Reduction Act Staff  
1350 Piccard Drive, Room 400  
Rockville, MD 20850

### [Screening Questions]

S1. Are you 18 years of age or older?

YES [Continue]

NO **[Ineligible, end survey]**

S2. About how tall are you?

\_\_\_\_ feet and \_\_\_\_ inches

S3. About how much do you weigh?

\_\_\_\_ pounds

**Eligible if answer yes to S1 and combination of S2 and S3 results in Body Mass Index (BMI) of 30 or above.**

**[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 non-profit 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 1-800-782-7699 (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.

- Yes, I agree to participate. [\[continue with next section\]](#)
- 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.

- 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.

## Background Questions

First we will ask you a few questions about yourself.

B1. What is your year of birth? \_\_\_\_\_

B2. What is your gender?

- Male
- Female

B3. What is your marital status?

- Married
- Widowed
- Divorced or separated
- Single
- Other

B4. Which of the following racial groups best describes you? *(Please select all that apply)*

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Hispanic or Latino
- White
- Other *(please specify)* \_\_\_\_\_

B5. What is the highest level of education you have completed *(Select only one answer)*

- Less than high school
- Some high school
- High school or equivalent (e.g., GED)
- Some college but no degree
- Technical school
- Associate's degree (2-year college degree)
- 4-year college degree (e.g., BA, BS)
- Some graduate school but no degree
- Graduate or professional degree (e.g., MBA, MS, MD, PhD)

B6. About how tall are you?

\_\_\_\_ feet and \_\_\_\_ inches

B7. About how much do you weigh?

\_\_\_\_ pounds

B7a. What is your waist size?

\_\_\_ inches

\_\_\_ Don't know

B7b. What is your hip size?

\_\_\_ inches

\_\_\_ Don't know



## Managing your weight

Now we will ask you some questions about your experience with managing your weight and other weight-related health issues.

B8. How many pounds have you gained or lost in the last 12 months?

- Gained more than 70 pounds
- Gained between 40 and 69 pounds
- Gained between 15 and 39 pounds
- Gained less than 15 pounds
- No weight change
- Lost less than 15 pounds
- Lost between 15 and 39 pounds
- Lost between 40 and 69 pounds
- Lost more than 70 pounds

[If B8 equals losing 15 or more pounds]

B8a. What motivated you to lose weight in the last 12 months? *(Please select all that apply)*

- Improve problems of infertility
- Improve my appearance in general
- Improve my appearance for an upcoming event
- Improve my high blood pressure
- Improve my type 2 diabetes
- Improve my high blood cholesterol
- Improve my overall health
- Other (please specify) \_\_\_\_\_
- Don't know

B9. How many pounds have you gained or lost since high school?

- Gained more than 70 pounds
- Gained between 40 and 69 pounds
- Gained between 15 and 39 pounds
- Gained less than 15 pounds
- No weight change
- Lost less than 15 pounds
- Lost between 15 and 39 pounds
- Lost between 40 and 69 pounds
- Lost more than 70 pounds

B10. How many pounds would you like to lose?

- I don't want to lose any weight
- Less than 10 pounds
- Between 10 and 20 pounds
- Between 21 and 40 pounds
- Between 41 and 60 pounds
- Between 61 and 80 pounds
- More than 80 pounds (please specify) \_\_\_\_\_
- Don't know

B11. Which of the following health conditions are you currently taking a prescription medicine for?

*(Please select all that apply)*

- High blood pressure
- Type 2 diabetes
- High cholesterol
- None of the above
- Don't know

[if B11 equals more than one answer or "Don't know" or "None of the above"]

B11a. Which of the following conditions are you most concerned about?

- High blood pressure
- Type 2 diabetes
- High blood cholesterol
- None of the above

B12. Which of the following have you ever tried as a way to lose weight? *(Please select all that apply)*

- I have increased my physical activity
- I have followed a diet (eat particular kinds of food, avoid particular kinds of food, or limit the amount of food you eat)
- I have had regular counseling or I have joined a support group
- I have taken over-the-counter drugs
- I have taken herbal supplements
- I have taken prescription drugs
- I have had an operation to lose weight (e.g., bariatric bypass surgery)
- I have had a gastric banding procedure (e.g., LAP-BAND®, REALIZE®)
- Other (please specify) \_\_\_\_\_
- I have not done anything to lose weight

[If B12 is not equal to "I have not done anything to lose weight"]

B12a. What motivated you to try to lose weight? *(Please select all that apply)*

- Improve problems of infertility
- Improve my appearance in general
- Improve my appearance for an upcoming event
- Improve my high blood pressure
- Improve my type 2 diabetes
- Improve my high blood cholesterol
- Improve my overall health
- Other (please specify) \_\_\_\_\_
- Don't know

[if B12 equals "I have had an operation to lose weight" or "I have had a gastric banding procedure"]

B12b. When did you have an operation (e.g., bariatric bypass surgery) or gastric banding procedure (e.g., LAP-BAND®, REALIZE®) to lose weight?

- More than 4 years ago
- 2-4 years ago
- 1-2 years ago
- less than a year ago

## **Weight-Loss Devices**

Doctors can help people lose weight with operations that place a weight-loss device in their body to change how their body digests food. These weight-loss devices usually are placed in or around the stomach.

Weight-loss devices sometimes help people lose a lot of weight in a short period of time. The actual amount of weight people lose and how long the weight loss lasts depends on the type of weight-loss device, on how the body reacts, and on people's behavior.

Doctors cannot say exactly how much weight people will lose, or how long people will maintain the weight they lose with a weight-loss device. However, doctors know what has happened to people who have gotten a particular weight-loss device in the past. The typical or average result can help people understand what they could expect from that device themselves.

In this survey, we will ask you to think about features of devices used to help people lose weight.

## **Type of operation to place a weight-loss device**

There are three kinds of operations to place a weight-loss device in a person's body.

**Endoscopic surgery** – Endoscopic surgery uses a long, flexible tube with a camera and light attached to it to place a device in the body. The tube is put into the stomach through the mouth and throat. For example, a stomach balloon is a device that is put into the stomach using this method. The balloon is filled with liquid or air, which makes less space for food.

**Laparoscopic surgery** – Laparoscopic surgery is an operation that uses small cuts in the belly. These openings are used for a camera with a light, tools for operating on the stomach or placing a device in the body to place the device in the body. For example, an adjustable lap band (laparoscopic band) is a device that is placed around the stomach through a small cut in the belly. It squeezes the stomach to make it smaller.

**Open surgery** – Open surgery is an operation that uses large cuts to open the belly to place a device in the body.

[if B12 equals "I have had an operation to lose weight" or "I have had a gastric banding procedure"]

1. What kind of bariatric operation did you have?

- Endoscopic surgery
- Laparoscopic surgery
- Open surgery
- Other (please specify) \_\_\_\_\_

[if B12 equals "I have had an operation to lose weight" or "I have had a gastric banding procedure"]

2. How satisfied were you with the information in the consent form you received before your operation that explained possible benefits and risks?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied
- I did not receive a consent form before my operation
- Don't know

[if B12 equals "I have had an operation to lose weight" or "I have had a gastric banding procedure"]

3. Did you have any serious complications after your operation?

- Yes
- No
- Don't know

[if B12 does not equal “I have had an operation to lose weight” or “I have had a gastric banding procedure”]

4. Have you ever considered having bariatric surgery or getting a lap band to lose weight?

- Yes
- No
- Don't know

[if B12 does not equal “I have had an operation to lose weight” or “I have had a gastric banding procedure”]

5. Have you ever had a major operation that required that you stayed at the hospital overnight (for example, C-section, hip replacement, or gallbladder removal)?

- Yes
- No
- Don't know

[if B12 does not equal “I have had an operation to lose weight” or “I have had a gastric banding procedure”]

6. Do you know anyone who has ever had bariatric surgery or a lap band to lose weight?

- Yes
- No
- Don't know



## Diet restrictions

After getting a weight-loss device, people have to avoid eating certain foods, or change how much and how often they eat. When people don't follow these rules, they have stomach pain or more serious problems such as cramps, sweating, fast heartbeat, or diarrhea.

In addition to having these problems, people who do not follow the diet restrictions regain the weight they lost.

In this survey, we will ask you to consider 3 types of diet restrictions:

- **Eat ¼ cup of food at a time** – This amount of food is about half the size of an apple. After eating, people have to wait at least 1 hour before eating again.
- **Wait 4 hours between meals** – People cannot eat food for 4 hours after finishing a meal.
- **Can't eat sweets or foods that are hard to digest** – People cannot eat sweets (such as ice cream or milk shakes) or that are difficult to digest (such as pizza, French fries, or steak). Also, people cannot eat food with a lot of fiber.

7. Please indicate how difficult you think it would be to follow each of the 3 diet restrictions in the table below? *(Please select one level of difficulty for each diet restriction)*

Diet restrictions	Extremely difficult	Very difficult	Difficult	Somewhat difficult	Not difficult
Eat ¼ cup of food at a time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wait 4 hours between meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can't eat sweets or foods that are hard to digest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Example #1

Suppose there were two weight-loss devices with the following features.

#### Device A

Doctors place Device A in the body using endoscopic surgery, and recommend that everyone getting this device stop eating sweets (such as ice cream or milk shakes) and foods that are hard to digest such as pizza, French fries, or steak, and foods that have a lot of fiber to avoid stomach pain or more serious problems such as cramps, sweating, fast heartbeat, or diarrhea. Most people who have gotten Device A, and have followed the diet restrictions, have lost about 25 pounds.

#### Device B

Doctors place Device B in the body using open surgery, and recommend that everyone getting this device eat only ¼ cup of food at a time. Most people who have gotten Device B, and have followed the diet restrictions, have lost about 50 pounds.

*Device A and Device B do not necessarily describe devices that currently exist. We are interested in knowing what you would choose if they actually did exist.*

Which weight-loss device do you think would be better for people like you?

Feature	Device A	Device B
Type of operation	Endoscopic surgery	Open surgery
Diet restriction	Can't eat sweets or foods that are hard to digest	Eat ¼ cup of food at a time
Average amount of weight loss	25 lbs.	50 lbs.
Which weight-loss device do you think is better for people like you?	<input type="checkbox"/>	<input type="checkbox"/>

### **How long the weight loss lasts**

How long the weight loss lasts depends on the particular device and people's own behavior. When people lose weight after getting a weight-loss device, they need to change their lifestyle and accept diet restrictions to avoid regaining weight. In addition to diet restrictions, these changes include increasing physical activity and having weekly meetings with a support group.

[if B11 equals only "Type 2 Diabetes" or if B11a equals "Type 2 Diabetes"]

### **Effects of weight loss on diabetes**

Research studies show that people who are overweight are about 7 times more likely to develop diabetes than people with normal weight. Diabetes causes people's level of blood sugar to be higher than normal.

People with diabetes have a much higher chance of having health problems such as kidney failure, blindness, heart attacks, and amputations. Taking medicines and following diet limitations every day for the rest of their life can lower their blood sugar and decrease the chance of having these serious health problems.

If people can lose weight and maintain the weight loss after getting a weight-loss device, they can decrease the chance of getting diabetes. For people who already have diabetes, maintaining their weight loss can let them take less medicine or stop taking medicine.

8. About how much greater do you think your chance is of developing health problems related to diabetes compared to people with normal weight?

- My chance is about the same as the chance faced by people with normal weight
- My chance is higher than the chance faced by people with normal weight, but lower than the chance faces by most people who are overweight
- My chance is about the same as most people who are overweight
- My chance is higher than most people who are overweight
- Not sure or don't know

[if B11 equals only “High Blood Pressure” or if B11a equals “High Blood Pressure”]

### **Effects of weight loss on high blood pressure**

Research studies show that people who are overweight are about 6 times more likely to get high blood pressure than people with normal weight.

Although high blood pressure usually has no symptoms, over time people with high blood pressure have a higher chance of having health problems such as kidney damage, strokes, and heart attacks. Taking medicines and following diet limitations every day for the rest of their life can lower their blood pressure and decrease the chance of having these serious health problems.

If people can lose weight and maintain the weight loss after getting a weight-loss device, they can decrease the chance of having high blood pressure. For people who already have high blood pressure, maintaining their weight loss can let them take less medicine or stop taking medicine.

8. About how much greater do you think your chance is of developing health problems related to high blood pressure compared to people with normal weight?

- My chance is about the same as the chance faced by people with normal weight
- My chance is higher than the chance faced by people with normal weight, but lower than the chance faces by most people who are overweight
- My chance is about the same as most people who are overweight
- My chance is higher than most people who are overweight
- Not sure or don't know

[if B11 equals only “High Cholesterol” or if B11a equals “High Cholesterol”]

### **Effects of weight loss on high cholesterol**

Research studies show that people who are overweight are about 2 times more likely to develop high cholesterol than people with normal weight.

Although high cholesterol usually has no symptoms, over time people with high cholesterol have a higher chance of having health problems such as strokes and heart attacks. Taking medicines and following diet limitations every day for the rest of their life can lower their cholesterol and decrease the chance of having these serious health problems.

If people are able to maintain the weight they lose after getting a weight-loss device, they can decrease the chance of having high cholesterol. For people who already have high cholesterol, maintaining their weight loss can let them take less medicine or stop taking medicine.

8. About how much higher do you think your chance is of developing health problems related to high cholesterol compared to people with normal weight?

- My chance is about the same as the chance faced by people with normal weight
- My chance is higher than the chance faced by people with normal weight, but lower than the chance faces by most people who are overweight
- My chance is about the same as most people who are overweight
- My chance is higher than most people who are overweight
- Not sure or don't know

### **Side effects that limit daily activities several times a month**

After getting a weight-loss device, some people have side effects. These side effects include difficulty swallowing, nausea, vomiting, and pain in or around the stomach. With some devices, side effects last about 1 month, on average. With other devices, the average duration of the side effects is much longer. People treat these side effects using over-the-counter medicines, or doctors prescribe medicines to help with these problems.

Even after taking over-the-counter or prescription medicine for these side effects, some people still do feel bad enough about once a week that they have trouble doing everyday work or social activities.

9. Which of the following symptoms do you think is most likely to make you feel bad enough that you would have trouble doing everyday work or social activities? (*please select only one answer*)

- Difficulty swallowing
- Nausea
- Vomiting
- Pain
- Not sure or don't know

## Example #2

Which of these two weight-loss devices do you think would be better for people like you?

[Levels in the choice question below will be systematically varied across respondents]

Feature	Device A	Device B
Type of operation	Endoscopic surgery	Open surgery
Diet restriction	Can't eat sweets or foods that are hard to digest	Eat ¼ cup of food at a time
Average reduction in [insert appropriate label] at the lower weight OR Chance of getting [insert appropriate label]	[insert level]	[insert level]
On average, how long side effects last (Remember that side effects will limit your ability to do daily activities several times a month.)	6 months	2 years
Which weight-loss device do you think is better for people like you?	<input type="checkbox"/>	<input type="checkbox"/>

**Comment [J1]:** Label will vary by responses to questions B11 and B11a.

If B11 equals only 1 co-morbidity, use the first label and insert that co-morbidity.

If B11 equals more than 1 co-morbidity, use the first label and insert the co-morbidity listed as most important in B11a.

If B11 equals "None of the above" or "Don't Know", use the second label and insert the response to B11a.

If B11 and B11a equal "None of the above", use the second label and insert "Diabetes"

**Comment [J2]:** Level will vary by responses to questions B11 and B11a.

If B11 does not equal "none of the above" or "Don't know", use labels for primary comorbidity.

If B11 equals "none of the above" or "don't know" use labels for No Comorbidity.

See Experimental design spreadsheet for labels.



## Side effects requiring hospitalization

Within a year after getting a weight-loss device, some people will need to be hospitalized to treat serious side effects.

Treating these serious side effects can often require:

- **Visits to the hospital with no operation** – After getting some weight-loss devices, some people have problems such as serious infections or dehydration from severe vomiting that require care in a hospital such as intravenous (IV) antibiotics or fluids. After being treated, people with these problems have to stay in the hospital for one or two days.
- **Visits to the hospital for an operation** – After getting some weight-loss devices, some people have problems such as serious bleeding inside the body that are severe enough that they require an emergency operation. After the operation, people with this kind of problem will have to stay in the hospital for several days.

10. Which would you be more concerned about?

- A 20% chance of a problem that required going to the hospital with no operation
- A 5% chance of a problem that required going to the hospital for an operation
- I'd be equally concerned about both
- Not sure or don't know

## Thinking about the chance of dying from getting a weight-loss device

Now we will give you some information to help you think about the risk of dying as a result of a problem with the operation or with the device placed inside the body to lose weight. The following picture will help you understand how many people die from problems with the operation or the device.

Each human figure in the box below represents one person who gets a weight-loss device. There are 100 human figures representing 100 people in the box.

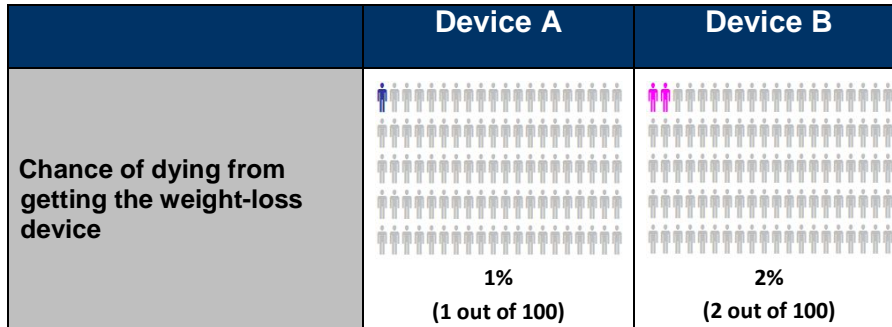


1%  
(1 out of 100)

The human figures in color represent the number of people who die within a year after getting a weight-loss device.

The human figures in gray represent the number of people who do not die within a year after getting a weight-loss device.

Here is an example that shows how many people die within a year after getting one of two different weight-loss devices (Device A and Device B).



11. How many people die within a year after getting Device B?

- 1% (1 out of 100)
- 2% (2 out of 100)
- 5% (5 out of 100)
- 10% (10 out of 100)

[if 11 is incorrect]

Remember, the human figures in color show people who die within a year after getting a weight-loss device. There are 2 human figures in color under Device B, so the number of people who die within a year after getting Device B is 2 out of 100 (2%).

## Your thoughts about weight-loss devices

We now will show you the features of 8 different pairs of weight-loss devices.

As before, for each pair of weight-loss devices, please tell us which device (Device A or Device B) you think is better for people like you. Even if you don't like either device very much, please tell us which one you think is the better option.

Please tell us how you personally feel about the devices presented. This is not a test.  
There are no right or wrong answers.



*The weight-loss devices you will see do not necessarily describe devices that currently exist. We are interested in knowing what you would choose if they actually did exist.*

Please assume that the initial weight loss from the device would occur during the first year after getting the device. Also, please assume that all of your medical bills, including the cost of medicines, additional operations and tests, are covered by health insurance.

Doctors cannot say exactly how much weight people will lose, or how long people will maintain the weight they lose with a weight-loss device. However, doctors know what has happened to people who have gotten a particular weight-loss device in the past. The typical or average result can help people understand what they could expect from that device themselves.

[insert choice questions from experimental design]

[the figure below is just an example choice question]

Feature	Device A	Device B
Type of operation	Endoscopic surgery	
Diet restriction	Wait 4 hours between meals	
Average amount of weight loss	15 lbs.	60 lbs.
On average, how long the weight loss lasts	Weight loss lasts 5 years	Weight loss lasts 1 year
Average reduction in [insert appropriate label] at the lower weight	[insert level]	
On average, how long side effects last (Remember that side effects will limit your ability to do daily activities several times a month.)	Last 1 month	Last 1 year
Chance of a side effect requiring hospitalization	None	
Chance of dying from getting the weight loss device	 10% (10 out of 100)	 1% (1 out of 100)
Which weight-loss device do you think is better for people like you?	<input type="checkbox"/> Device A	<input type="checkbox"/> Device B

**Comment [abh4]:** Level will vary by responses to questions B11 and B11a.  
 If B11 does not equal "none of the above" or "Don't know", use labels for primary comorbidity.  
 If B11 equals "none of the above" or "don't know" use labels for No Comorbidity.  
 See Experimental design spreadsheet for labels.

**Comment [a3]:** Label will vary by responses to questions B11 and B11a.  
 If B11 equals only 1 co-morbidity, use the first label and insert that co-morbidity.  
 If B11 equals more than 1 co-morbidity, use the first label and insert the co-morbidity listed as most important in B11a.  
 If B11 equals "None of the above" or "Don't Know", use the second label and insert the response to B11a.  
 If B11 and B11a equal "None of the above", use the second label and insert "Diabetes"

Would you get **Device** [insert letter from selected device] if it was available?

- Yes       No       Not sure or don't know

[show the following set of follow-up questions after two randomly selected choice questions]

**Follow-up questions**

You said that Device [insert letter from selected device] would be better for people like you.

This device has a diet restriction of [insert diet restriction from selected device].

FQ1. **On average**, people who get Device [insert letter from selected device] lose about [insert weight loss from selected device]. About how much weight do you think you would lose with this device and your own effort?

- Less than [insert weight loss from selected device]
- [insert range of weight loss going from weight loss associated with selected device to 10 pounds over weight loss associated with selected device]
- [insert range of weight loss going from 10 pounds over weight loss associated with selected device to 20 pounds over weight loss associated with selected device]
- [insert range of weight loss going from 20 pounds over weight loss associated with selected device to 40 pounds over weight loss associated with selected device]
- [insert range of weight loss going from 40 pounds over weight loss associated with selected device to 60 pounds over weight loss associated with selected device]
- More than [insert maximum weight loss in the response option above]. Please specify how much weight you think you would lose. \_\_\_\_\_
- Don't know or not sure

FQ2. **On average**, people who get Device [insert letter from selected device] keep the weight off for about [insert weight loss from selected device]. About how long do you think you would keep the weight off with this device and your own effort?

- Less than [insert duration from selected device]
- [insert range of duration going from duration associated with selected device to twice the duration with selected device]
- [insert range of duration going from twice the duration associated with selected device to three times the duration with selected device]
- [insert range of duration going from three times the duration associated with selected device to four times the duration with selected device]
- Rest of my life
- Don't know or not sure



[After completing the choice questions and corresponding follow-up questions, ask the following three questions]

12. What do you think your chance of dying within the next 5 years is if you do not lose weight? *(Select only one answer)*

- Less than 1%
- 1% or more, but less than 2%
- 2% or more, but less than 5%
- 5% or more, but less than 10%
- More than 10%
- Don't know

13. Which of the following outcomes of losing weight is the most important to you? *(Select only one answer)*

- Improving mobility
- Having more energy
- Having less pain
- Looking thinner
- Being able to do usual daily activities (such as dressing, getting out of chairs, getting into and out of vehicles) more easily
- Feeling good about yourself

14. Which of the following outcomes of losing weight is the least important to you?

*(Select only one answer)*

- Improving mobility
- Having more energy
- Having less pain
- Looking thinner
- Being able to do usual daily activities (such as dressing, getting out of chairs, getting into and out of vehicles) more easily
- Feeling good about yourself