

What is your overall impression of bariatric surgery as a treatment for obesity?

- Very positive
- Positive
- Neutral
- Negative
- Very negative

Which, if any, bariatric surgeries have you recommended to a patient as a treatment for obesity? (check all that apply)

- Gastric bypass
- Lap Band ®
- Sleeve gastrectomy
- None
- Other (specify)

What is your overall impression of bariatric surgery as a treatment for type 2 diabetes?

- Very positive
- Positive
- Neutral
- Negative
- Very negative

Which, if any, bariatric surgeries do you think are effective for treating type 2 diabetes? (check all that apply)

- Gastric bypass
- Lap Band ®
- Sleeve gastrectomy
- None
- Other (specify)

Have you ever, or do you plan to see patients who have type 2 diabetes?

- Yes
- No
- Unknown

Which, if any, **bariatric surgeries** have you recommended for your **obese type 2 diabetic** patients? (check all that apply)

- Gastric bypass
- Lap Band ®
- Sleeve gastrectomy
- None
- Other (specify)

Please indicate whether or not the following factors and outcomes would be important or not important for recommending **bariatric surgery** to your **obese type 2 diabetic** patients. (please check all)

	Important	Not important
Patient requests procedure	<input type="radio"/>	<input type="radio"/>
Patient has exhausted all other options	<input type="radio"/>	<input type="radio"/>
Patient is mildly obese (BMI 30-34.9)	<input type="radio"/>	<input type="radio"/>
Patient is moderately obese (BMI 35-39.9)	<input type="radio"/>	<input type="radio"/>
Patient is severely obese (BMI 40 and above)	<input type="radio"/>	<input type="radio"/>
Diabetes remission or amelioration	<input type="radio"/>	<input type="radio"/>
Low risk of complications	<input type="radio"/>	<input type="radio"/>
Reversibility of procedure	<input type="radio"/>	<input type="radio"/>
Insurance coverage of operation	<input type="radio"/>	<input type="radio"/>
Rapid improvement in health	<input type="radio"/>	<input type="radio"/>
Other (specify)	<input type="radio"/>	<input type="radio"/>

How willing would you be to recommend your **obese** patients with **type 2 diabetes** to participate in a research study in which they have a chance of being **randomly** assigned these interventions (assuming no medical contraindications and no cost to participants)?

For the interventions that you **do not** recommend, select "very unwilling."

	Very Willing	Willing	Neutral	Unwilling	Very Unwilling
Self-directed weight loss (e.g., dieting, cutting calories, or using Atkins, South Beach, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
One-on-one dietary counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise programs (e.g., with a personal trainer, physical therapist, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Formal weight loss programs (e.g, Weight Watchers®, Jenny Craig®, Nutrisystem®, LA Weight Loss®, hospital-based, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dietary supplements for weight loss (e.g., Herbal-life, Ephedrine, Dexatrim, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription weight loss medication (e.g., sibutramine, orlistat, phentermine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meal replacements (e.g., Slimfast, Ensure, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight loss surgery (e.g., gastric bypass, Lap Band® surgery, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes education classes (e.g., at a hospital, doctor's office, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral diabetes medication (e.g., diabetes pills)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insulin (e.g., Aspart, Lispro, Glargine, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other injections for diabetes (e.g., Byetta or Symlin, but not insulin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What do you think is the likelihood that your obese type 2 diabetic patients would have a significant improvement in type 2 diabetes with:

	Very likely	Likely	Neutral	Unlikely	Very unlikely
Gastric bypass surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lap Band ® surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleeve gastrectomy surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight loss medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diet and exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What do you think is the likelihood of a **complication** (not death) from:

	Very likely	Likely	Neutral	Unlikely	Very unlikely
Gastric bypass surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lap Band ® surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleeve gastrectomy surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight loss medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diet and exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What do you think is the likelihood of **death** from:

	Very likely	Likely	Neutral	Unlikely	Very unlikely
Gastric bypass surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lap Band ® surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleeve gastrectomy surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight loss medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diet and exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We are conducting an NIH-funded research study that randomly assigns type 2 diabetics to receive either (1) gastric bypass surgery, (2) gastric banding surgery, or (3) a non-surgical diet and exercise program. Over the course of 1 year after the start of treatment, type 2 diabetes status is monitored in each participant to help us better understand improvements in type 2 diabetes after different methods of weight loss. Assuming no medical contraindications and no cost to participants:

How likely is it that you would refer a patient with a BMI of 30-34.9 kg/m² and type 2 diabetes to this study?

- Very likely
- Likely
- Neutral
- Unlikely
- Very unlikely

How likely is it that you would refer a patient with a BMI of 35-39.9 kg/m² and type 2 diabetes to this study?

- Very likely
- Likely
- Neutral
- Unlikely
- Very unlikely

How likely is it that you would refer a patient with a BMI of 40 kg/m² and above and type 2 diabetes to this study?

- Very likely
- Likely
- Neutral
- Unlikely
- Very unlikely

How many years have you been practicing medicine since completing residency?

What is your specialty board status?

- Board Certified
- Board Eligible
- Subspecialty Board Certified in

What is your primary specialty?

- Endocrinology
- Family Medicine
- Internal Medicine, non-subspecialty trained
- Internal Medicine, subspecialty trained
- Other (specify)

What statements best describe your practice? (Check all that apply)

- Solo practice
- Group practice
- Teaching hospital practice
- Other (specify)

What is your work zip/postal code?

What is your home zip/postal code?

How old are you?

What is your gender?

- Male
- Female

What is your race/ethnicity? (check all that apply)

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

How tall are you?

How much do you weigh (lb)?