

## Supplementary appendix

Supplement to: Ian Caterson, Assim A Alfadda, Pernille Auerbach, et al. Gaps to bridge: misalignment between perception, reality and actions in obesity.

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## Additional methods

### **Procedures**

Convenience (ie, availability) sampling was employed, whereby individuals who were conveniently able to be contacted were recruited for participation and eligibility screening. Research Now and its regional partners were used to recruit respondents from the general population (people with obesity [PwO]); Survey Healthcare and its regional partners were used to recruit the healthcare professional (HCP) respondents. A unique survey link was provided to respondents during recruitment, which gave access to the survey on a computer or internet-enabled device. Respondents were informed of the length of time of the survey (~25 minutes), which data would be stored where and for how long, and that the study was voluntary and could be stopped at any time.

In-person administration of the online survey was permitted for PwO in Saudi Arabia and UAE and for HCPs in Saudi Arabia, UAE, Japan, South Korea, Israel, Chile and Mexico. In these instances, respondents were either administered the survey in a pre-set meeting location, or respondents were asked randomly to participate via public interception in heavily trafficked public areas. The recruiter of in-person interviews was blinded to the study goals and survey content (other than the screening questions).

Study participants were compensated for their time if they completed the survey; for PwO, this consisted of panel credit provided by the online panel company, and for HCPs, this was compensation at fair market value for each country and specialty type.

Unique site visitors were assessed via a digital fingerprinting system that used geo-location and assignment of machine-specific identifiers (ie, IP addresses and cookies) to detect and prevent respondents from entering and completing the survey more than once. The system checked every respondent entering the survey against previous “fingerprints” logged in its database, terminating a respondent who was a potential duplicate. The system prevented duplicate respondents while the survey remained open. Respondents who began the survey and suspended were able to re-enter the survey while it was still open and finish the survey where they left off. Following closure of the survey, no users were able to gain access. The user ID and data of suspended respondents were stored until the survey was closed and were then eliminated from the data analysis.

Adaptive questioning was used where appropriate (certain items were conditionally displayed based on responses to other items). There was a maximum of 84 items for PwO and 69 items for HCPs, with 1 item displayed per screen. Respondents were required to provide an answer to each survey question; response options of “other” or “decline to answer” were included as appropriate. A completeness check was performed prior to submission using JavaScript, with mandatory items highlighted. Respondents were able to review and change their answers.

To protect individual identification and personal information, only minimally necessary information was collected; names or other identifying information were only collected for fulfilling compensation and adverse event reporting requirements and were not shared or associated with any analytic process. Demographic elements were collected to ensure sample representativeness and for subgroup analysis. The survey was hosted on an independent secure website with an automatic method for capturing responses; data were downloaded and stored on KJT Group’s secure servers. Data (excluding names or other personal information) were transferred to Novo Nordisk in an encrypted Study Data Tabulation Model (SDTM) format.

## Analysis

The sample sizes were calculated based on usual acceptance of a smallest sub-sample ( $n \sim 50$ ), previous experience in ACTION studies in the US and Canada, and intention to perform sub-analyses at a country level. Response rates were expected to be approximately 9.7% for PwO and 20.4% for HCPs, based on what was seen in ACTION US. Additional PwO sample size considerations are presented in the table.

Country	Prevalence of obesity*	Total population estimates	Estimated number of PwO	PwO sample size recommendation	Sample size of population with obesity	Margin of error
Australia	29%	22,300,000	6,467,000	1000	0.015%	3.1%
Brazil	22%	201,000,000	44,220,000	2000	0.005%	2.2%
Chile	28%	17,200,000	4,816,000	1000	0.021%	3.1%
Israel	26%	7,700,000	2,002,000	750	0.037%	3.6%
Italy	20%	61,500,000	12,300,000	1500	0.012%	2.5%
Japan	25%	127,300,000	31,825,000	2000	0.006%	2.2%
Mexico	29%	116,200,000	33,698,000	2000	0.006%	2.2%
Saudi Arabia	35%	27,000,000	9,450,000	1000	0.011%	3.1%
South Korea	30%	49,000,000	14,700,000	1500	0.010%	2.5%
Spain	24%	47,400,000	11,376,000	1500	0.013%	2.5%
UAE	32%	5,500,000	1,760,000	750	0.043%	3.6%
UK	28%	63,200,000	17,696,000	1500	0.008%	2.5%

\*BMI  $\geq 30$  in Australia, Brazil, Chile, Italy, Israel, Mexico, Saudi Arabia, Spain, UK and UAE; BMI  $\geq 25$  in Japan and South Korea.

Study variables were age, BMI, gender, country of residence, and region for both respondent groups; income, education and ethnicity in UAE and Australia for PwO; and specialty, years in practice, practice setting and size of community where practice was located for HCPs.

Three data validation questions with simple and obvious answers were included to detect fraudulent data; respondents failing to provide the correct response to two or more of these questions were excluded from the analysis. The final dataset was reviewed for respondents with extremely low interview times and “straight-lining” of grid questions; respondents appearing to provide fraudulent data were reviewed on a case-by-case basis and removed from the final dataset where appropriate. Outliers were removed subjectively from mean values where appropriate, based on data distribution implications on reported findings. Outliers and extreme outliers were defined as falling outside 1.5 and  $3 \times$  the interquartile range, respectively.

The following rates were calculated: response rates (proportion of the unique survey visitors from the unique email invitations); participation rates (proportion of the unique visitors who agreed to participate from the unique first survey page visitors); suspend rates (proportion of unique visitors who began taking the survey and

discontinued without completing, ie, partial completes); completion rates (proportion of the users who finished the survey from the users who agreed to participate, including those who were disqualified). Response rates were expected to differ across the 11 countries due to varying recruitment methods.

The final, incoming PwO sample, including those failing to qualify for the survey, was weighted to representative demographic targets within each country for age, gender, household income, education and region, based on data from the 2011 International Standard Classification of Education and the US Census Bureau, International Data Base and other public data. Weights were calculated using a raking technique (also known as iterative proportional fitting or sample-balancing) to achieve the nearest possible sample and target balance. The raking algorithm adjusted the individual respondent values so the total sample (all respondents) matched the known demographic targets; the weights were repeatedly estimated across each set of variables until the optimal weights that most closely balanced the sample demographic distributions with the target distributions were established. Individual respondents' weights were capped at 0.5 and 5.00 to avoid extreme design effects (which could result in greater sample variance and larger confidence intervals) and to avoid markedly under- or over-representing any single respondent. Weighting of the sample to resemble demographic characteristics of the general population enables inferences to be made to the entire population, not just the sample. As this is a non-interventional study, potential confounding factors cannot be ruled out.

### **Adverse event reporting**

Respondents were shown a clause at the beginning of each survey, indicating that in the event an adverse event was mentioned, KJT Group would ask the respondent whether they were willing to waive confidentiality and agree to be further contacted for follow-up questions regarding the reported event. If KJT Group were made aware of any information that met the definition of an adverse event or other safety information associated with a Novo Nordisk product or the generic name of a Novo Nordisk product during interviews or other in-person contact, the information was systematically collected and reported to Novo Nordisk.

### **Survey quality control**

The KJT Group research and programming team tested each survey path to ensure accuracy in both the text and all survey logic (skip and jump patterns). Each survey was tested with several different web browser software packages as well as one iOS and Android mobile device. The KJT Group operations team ran a set of randomly generated ("dummy") data to fill all possible paths and quotas, then wrote and ran a Data Check Edit (DCE) to test the validity of the survey. Each question was tested for the correct number and coding of responses, and that respondents answering the questions met the base criteria. The accuracy of any calculated or algorithmic variables was also tested. Once the DCE was approved, KJT Group ran a soft launch with ~10% of the total recruitment quota. The soft launch data were then checked with the DCE to ensure programming accuracy. The data were run through the DCE again with the full field data (data from the day after full fielding had begun) and the final data set.

Survey translations were performed by a native speaker of the target language familiar with medical terminology. Translations were then reviewed by affiliates of the sponsor and/or study steering committee

member from each country to confirm consistency and accuracy of the translation. The translated text was then programmed into the online survey platform and a final round of translation validation was performed on the programmed surveys to eliminate any remaining translation inaccuracies or language display issues.

### Additional results and information

The mean participation rate was 93% for PwO and 66% for HCPs; the mean suspend rate was 10% for PwO and 16% for HCPs; the mean completion rate was 17% for PwO and 35% for HCPs. The mean rates for each country are provided in the table.

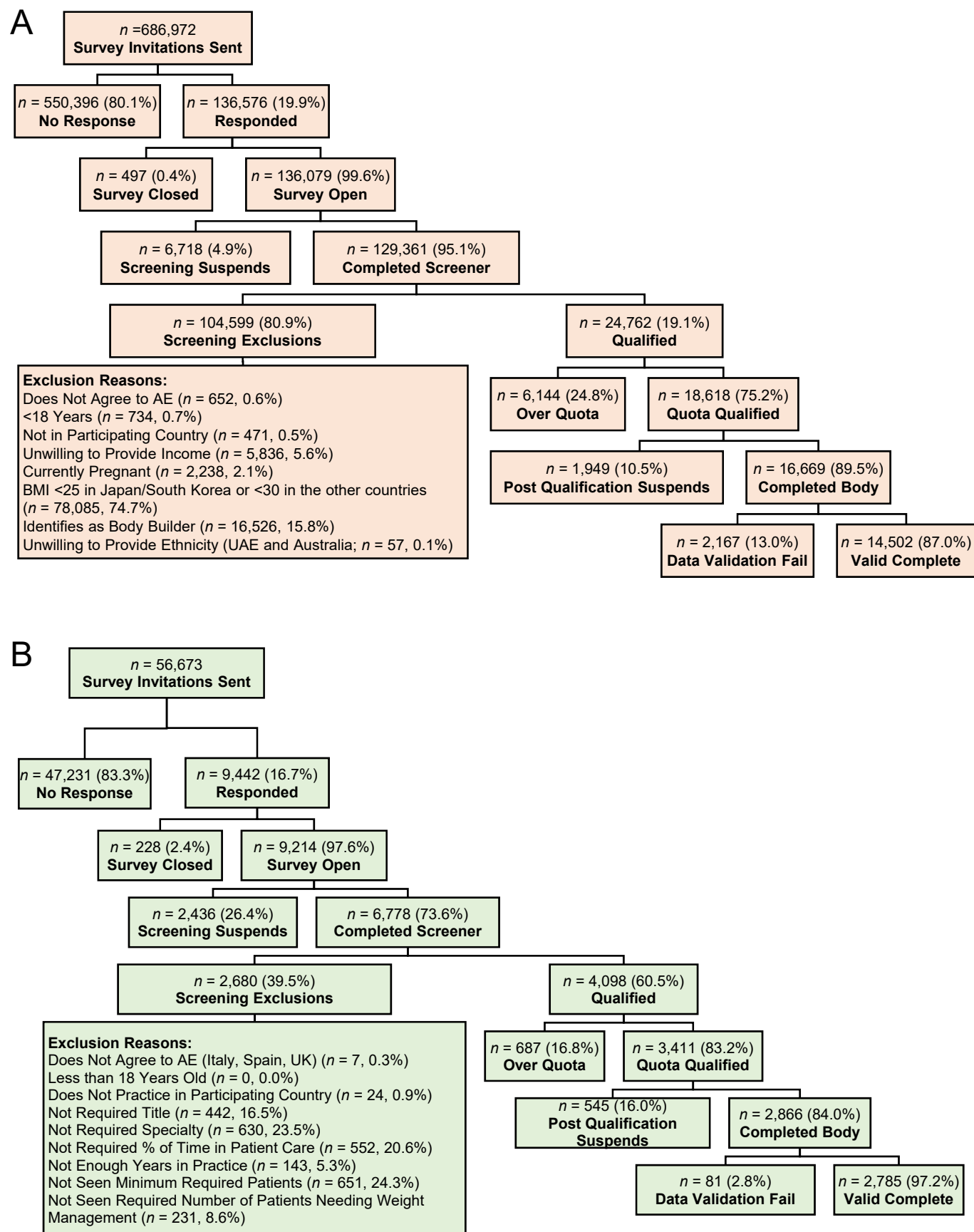
Country	Mean response rate		Mean eligibility rate		Mean participation rate		Mean suspend rate		Mean completion rate		Mean completion time, min	
	PwO	HCP	PwO	HCP	PwO	HCP	PwO	HCP	PwO	HCP	PwO	HCP
Australia	9%	4%	27%	74%	93%	73%	6%	15%	23%	49%	28	35
Chile	17%	26%	15%	79%	90%	68%	27%	17%	9%	49%	36	50
Israel	54%	10%	14%	65%	95%	63%	6%	18%	11%	35%	30	34
Italy	16%	22%	9%	66%	94%	65%	10%	24%	7%	30%	30	37
Japan	20%	33%	15%	44%	94%	57%	9%	15%	11%	11%	24	33
Mexico	11%	6%	34%	67%	91%	74%	18%	18%	10%	38%	33	38
Saudi Arabia	57%	36%	64%	89%	96%	51%	2%	8%	61%	44%	31	28
South Korea	33%	11%	17%	65%	93%	81%	11%	3%	12%	32%	22	27
Spain	22%	8%	11%	55%	93%	66%	12%	19%	8%	23%	27	36
UAE	28%	43%	33%	82%	91%	51%	4%	13%	24%	39%	24	36
UK	14%	20%	22%	53%	89%	78%	0%	14%	14%	34%	27	28

A summary of response and completion rates from a recent selection of survey-based studies of obesity (online surveys and/or surveys solicited by email) are presented in the table.

Reference	Response rates
This manuscript	PwO 20%; HCPs 17%
Kaplan LM, et al. Obesity 2018;26:61-69	PwO 10%; HCPs 20%
Simon R, Lahiri SW. Endocr Pract 2018;24:321-328	HCPs 26%
Martini F, et al. Obes Surg 2018;28:1754-1759	HCPs 13%
Leeman J, et al. Am J Health Promot 2014;28:189-196	HCPs 50%

# **SUPPLEMENTARY FIGURE S1** Sample disposition†

(A) PwO sample disposition. (B) HCP sample disposition. AE language refers to “Adverse Events” reporting language. In the event an AE of any kind is mentioned, respondents must agree to allow that the individual responses can be shared with the study sponsor for compliance reasons. HCPs = green; PwO = orange. Abbreviations: AE, adverse event; BMI, body mass index; HCP, healthcare professional; PwO, people with obesity.

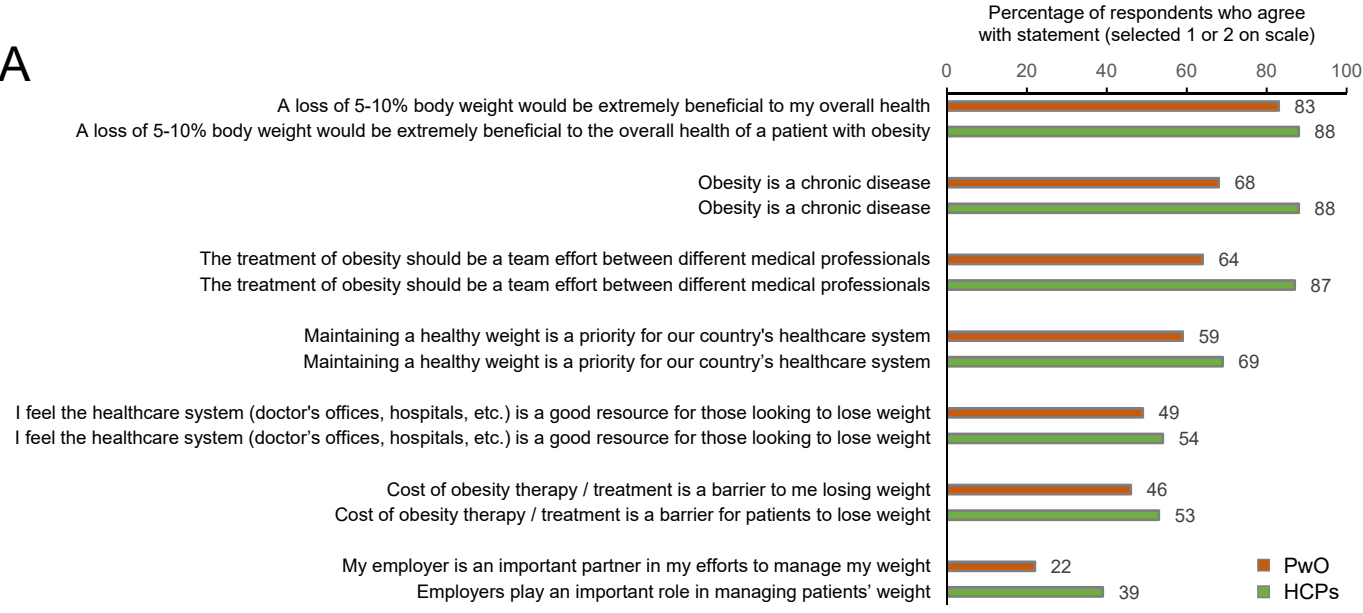


†Terminology:

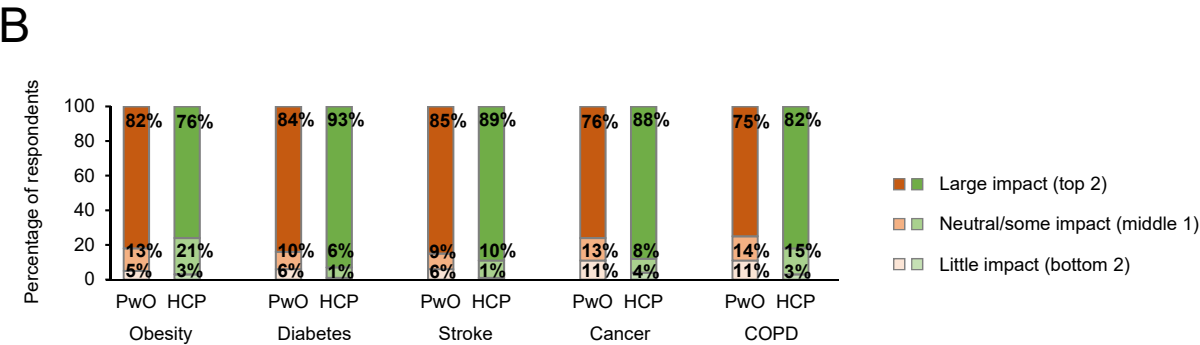
Term	Definition
<b>Completed Body</b>	Respondent fully completed the online survey
<b>Completed Screener</b>	Respondent completed the qualification section of the online survey
<b>Data Validation Fail</b>	Respondent data were removed from the final data set for failing data validation checks (extremely short length of interview, incorrect responses to data validity survey questions, "straight-lining" rating scale questions)
<b>No Response</b>	Respondent was sent a survey invitation but did not enter the online survey instrument
<b>Over Quota</b>	Respondent finished the qualification section of the online survey and qualified as a respondent, but was not allowed to continue because the desired number of completed interviews that matched the respondent's qualification criteria had already been collected
<b>Post Qualification Suspend</b>	Respondent finished the qualification section of the online survey and was qualified but failed to fully complete the main body of the survey (survey drop-out)
<b>Qualified</b>	Respondent finished the qualification section of the online survey and qualified to complete the main body of the survey
<b>Quota Qualified</b>	Respondent finished the qualification section of the online survey and qualified as a respondent and was allowed to continue to the main body of the survey
<b>Responded</b>	Respondent entered the online survey
<b>Screening Exclusions</b>	Respondent failed to qualify for the main body of the survey because responses in the qualification section indicated they were not of the target audience
<b>Screening Reasons</b>	Question topic at which a respondent was determined to not qualify for the research
<b>Screening Suspend</b>	Respondent failed to complete the qualification section of the online survey but had not been marked as disqualified (screener drop-out)
<b>Survey Closed</b>	Respondent attempted to enter the online survey after data collection was complete and the survey was no longer accepting new respondents
<b>Survey Invitations Sent</b>	Individual received an invitation to complete the online survey
<b>Survey Open</b>	Respondent entered the online survey while data collection was ongoing
<b>Valid Completed</b>	Respondent qualified for the survey, fully completed the survey and passed data validation checks

**SUPPLEMENTARY FIGURE S2** Attitudes towards obesity

(A) Agreement with statements about obesity and weight management. (B) Thoughts on impact of different health conditions on a person's overall health. HCPs = green; PwO = orange. Abbreviations: HCP, healthcare professional; PwO, people with obesity.



PwO,  $n = 14,480$ ;† HCPs,  $n = 2,785$ ; PwO Q640; HCP Q650; rated on a scale where 1 = do not agree at all, 5 = completely agree.  
†N-size is less than total due to respondents selecting not sure for attributes.



PwO familiar with condition,  $n = 14,324$ ; HCPs,  $n = 2,785$ ; Q405; rated on a scale where 1 = very little impact, 5 = extreme impact.



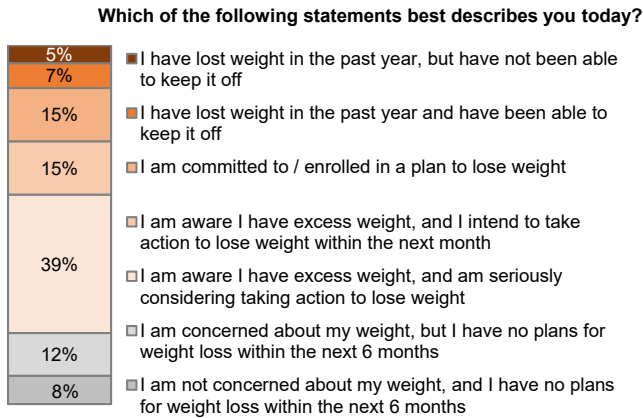
**SUPPLEMENTARY FIGURE S3** Degrees of PwO and HCP agreement with statements regarding attitudes towards obesity  
HCPs = green; PwO = orange. Abbreviations: HCP, healthcare professional; PwO, people with obesity.



**PwO, n = 14,502; HCPs, n = 2,785; PwO Q500; HCP 503;** rated on a scale where 1 = do not agree at all, 5 = completely agree.

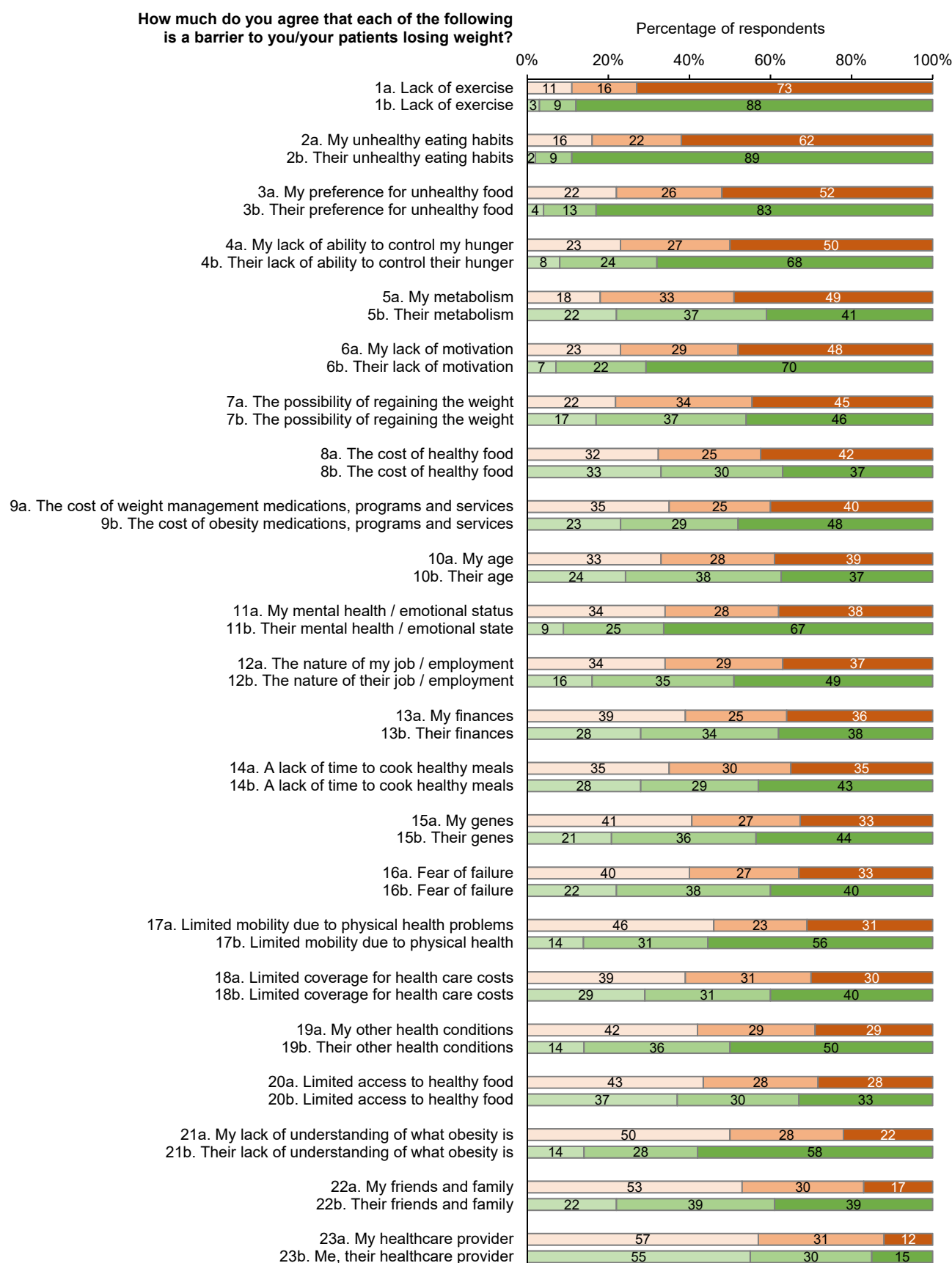
Do not agree (bottom 2)    Neutral/somewhat agree (middle 1)    Agree (top 2)

**SUPPLEMENTARY FIGURE S4** PwO weight loss plans  
Abbreviations: PwO, people with obesity.



PwO, n = 14,502; QS27

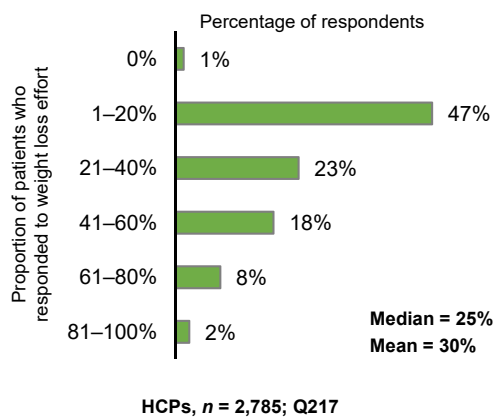
**SUPPLEMENTARY FIGURE S5** Agreement with statements about weight loss barriers  
HCPs = green; PwO = orange. Abbreviations: HCP, healthcare professional; PwO, people with obesity.



**PwO, n = 14,502; HCPs, n = 2,785; Q507;** rated on a scale where 1 = do not agree at all, 5 = completely agree.

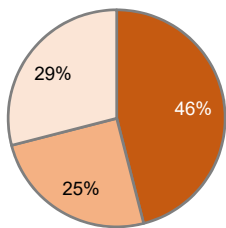
Do not agree (bottom 2) Neutral/somewhat agree (middle 1) Agree (top 2)

**SUPPLEMENTARY FIGURE S6** Proportion of patients who responded to weight loss effort reported by HCPs  
Abbreviations: HCP, healthcare professional.



**SUPPLEMENTARY FIGURE S7** Initiation of weight management conversations  
(A) Proportion of PwO who discussed weight with an HCP in the past 5 years, and who initiated the conversation.  
(B) Proportion of patients with whom HCPs discussed weight, and who initiated the conversation.  
HCPs = green; PwO = orange. Abbreviations: HCP, healthcare professional; PwO, people with obesity.

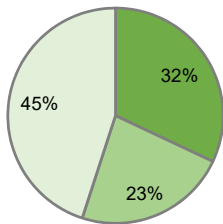
A



- Not discussed weight with HCP in past 5 years
- Discussed weight with HCP in past 5 years, patient initiated
- Discussed weight with HCP in past 5 years, HCP initiated

PwO, n = 14,502; Q120 and Q701

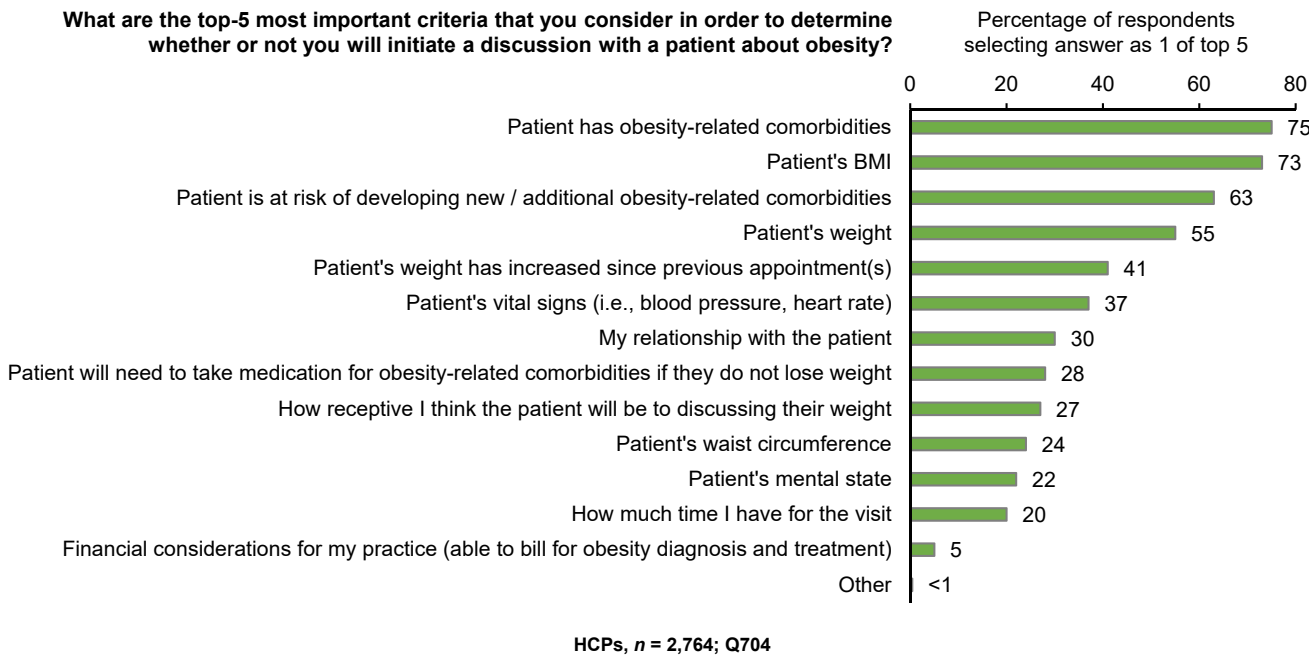
B



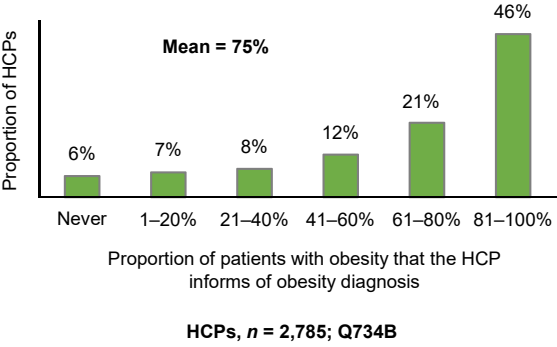
- Proportion of patients with obesity with whom weight not discussed
- Proportion of patients with obesity with whom discussed weight, patient initiated
- Proportion of patients with obesity with whom discussed weight, HCP initiated

HCPs, n = 2,785; Q235A and Q702

**SUPPLEMENTARY FIGURE S8** HCP criteria for initiating weight management conversations  
 Abbreviations: BMI, body mass index; HCP, healthcare professional.

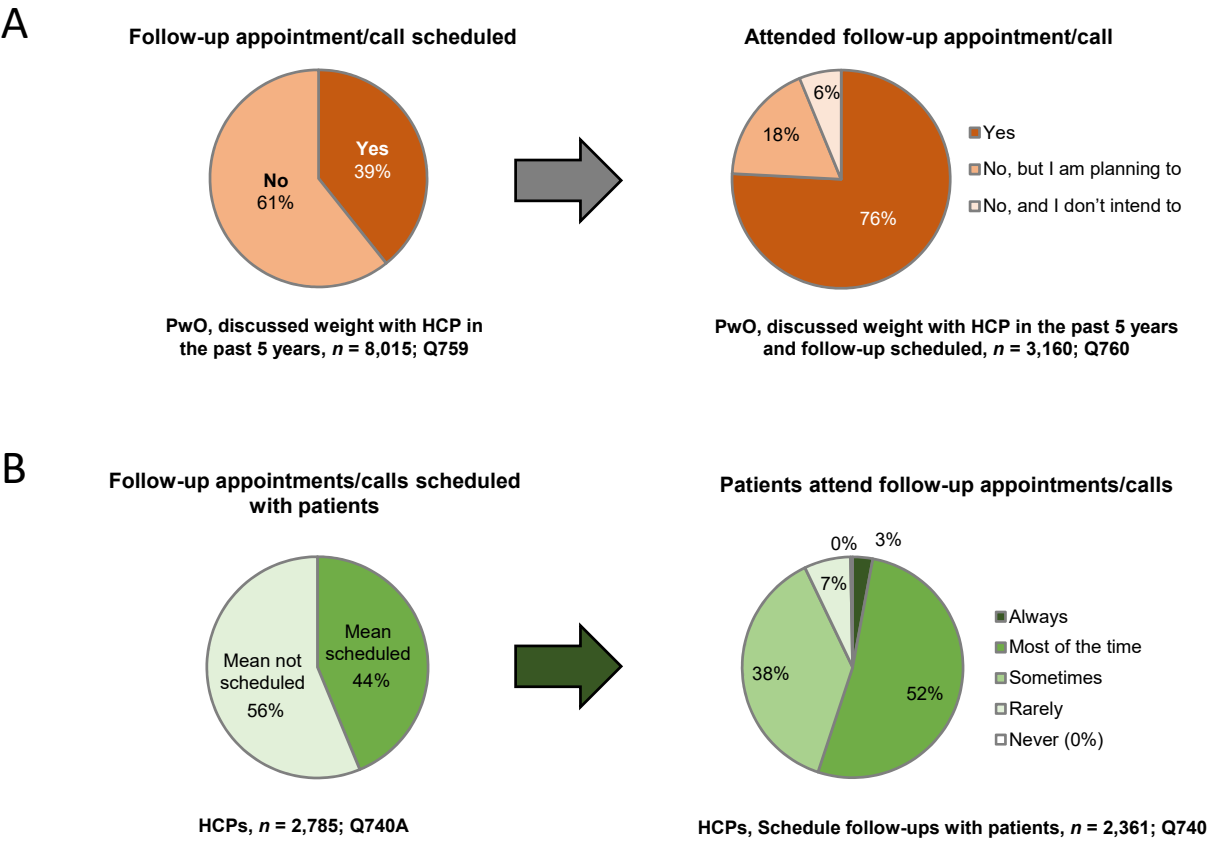


**SUPPLEMENTARY FIGURE S9** Proportion of patients with obesity that the HCP informs of obesity diagnosis  
Abbreviations: HCP, healthcare professional.

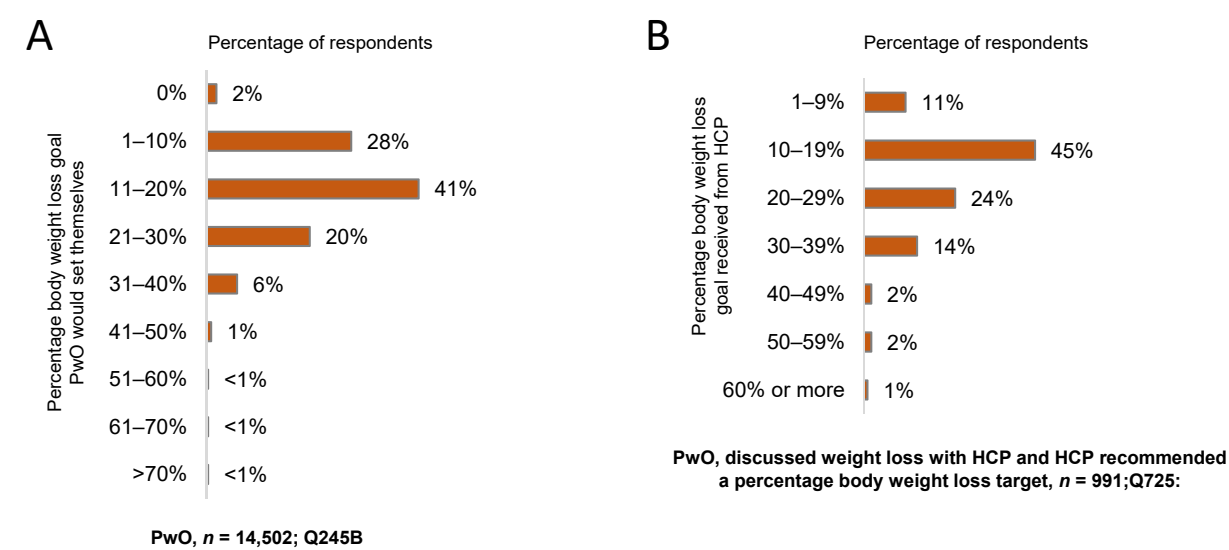


**SUPPLEMENTARY FIGURE S10** Frequency of follow-up appointments

(A, left) Of PwO who discussed weight with an HCP in the past 5 years, proportion who had a follow-up appointment or call scheduled related to their weight after their last visit; (A, right) if scheduled, proportion of PwO who attended or planned to attend the follow-up appointment. (B, left) Mean proportion of patients with obesity that HCPs schedule a follow-up appointment with to discuss their weight; (B, right) if scheduled, how often patients with obesity keep their follow-up appointment. HCPs = green; PwO = orange. Abbreviations: HCP, healthcare professional; PwO, people with obesity.

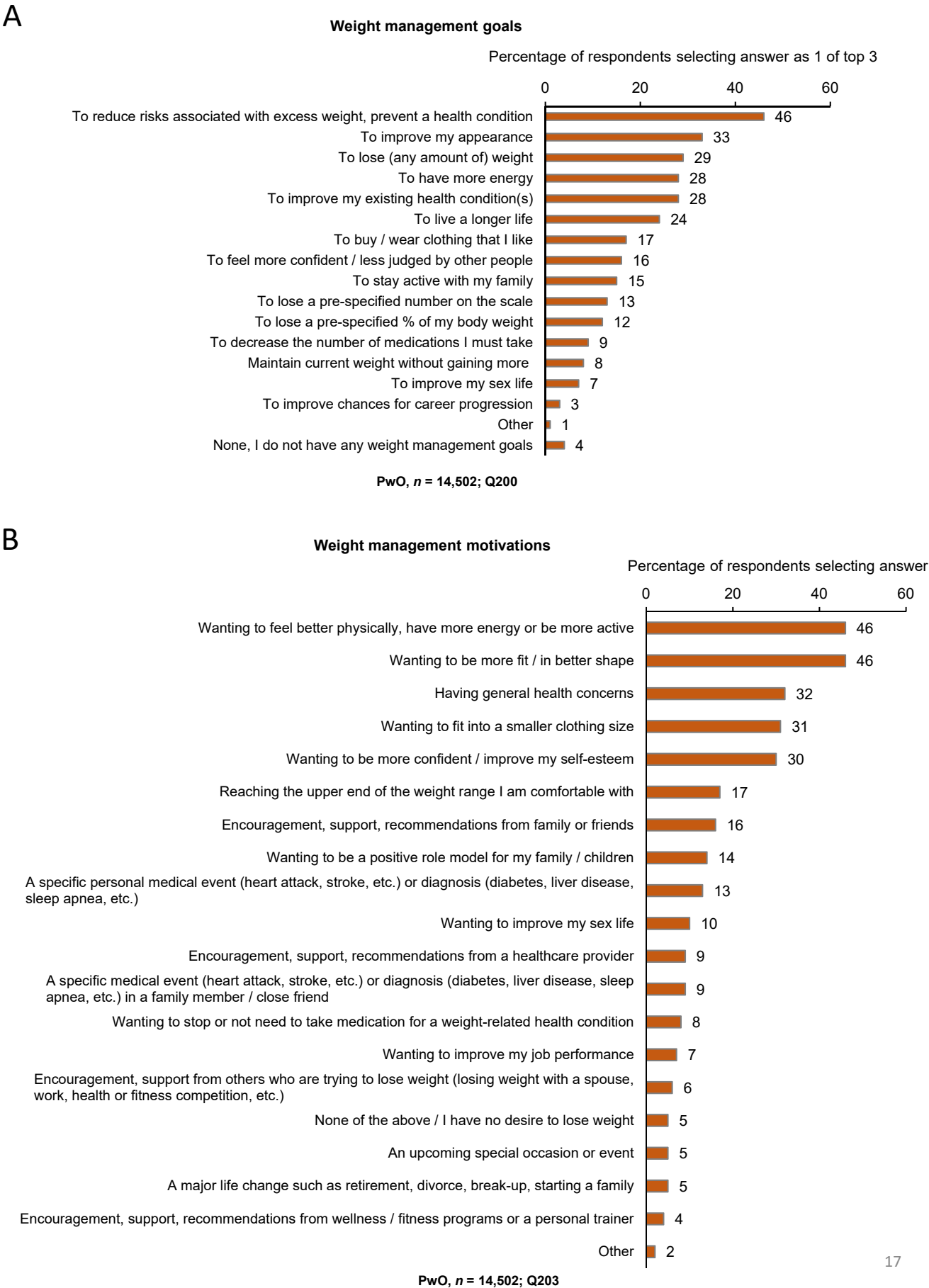


**SUPPLEMENTARY FIGURE S11** Weight loss targets reported by PwO  
 (A) Percentage body weight loss PwO would set themselves as a target (calculated from weight values provided).  
 (B) Percentage body weight loss targets PwO reported receiving from an HCP. Abbreviations: HCP, healthcare professional; PwO, people with obesity.



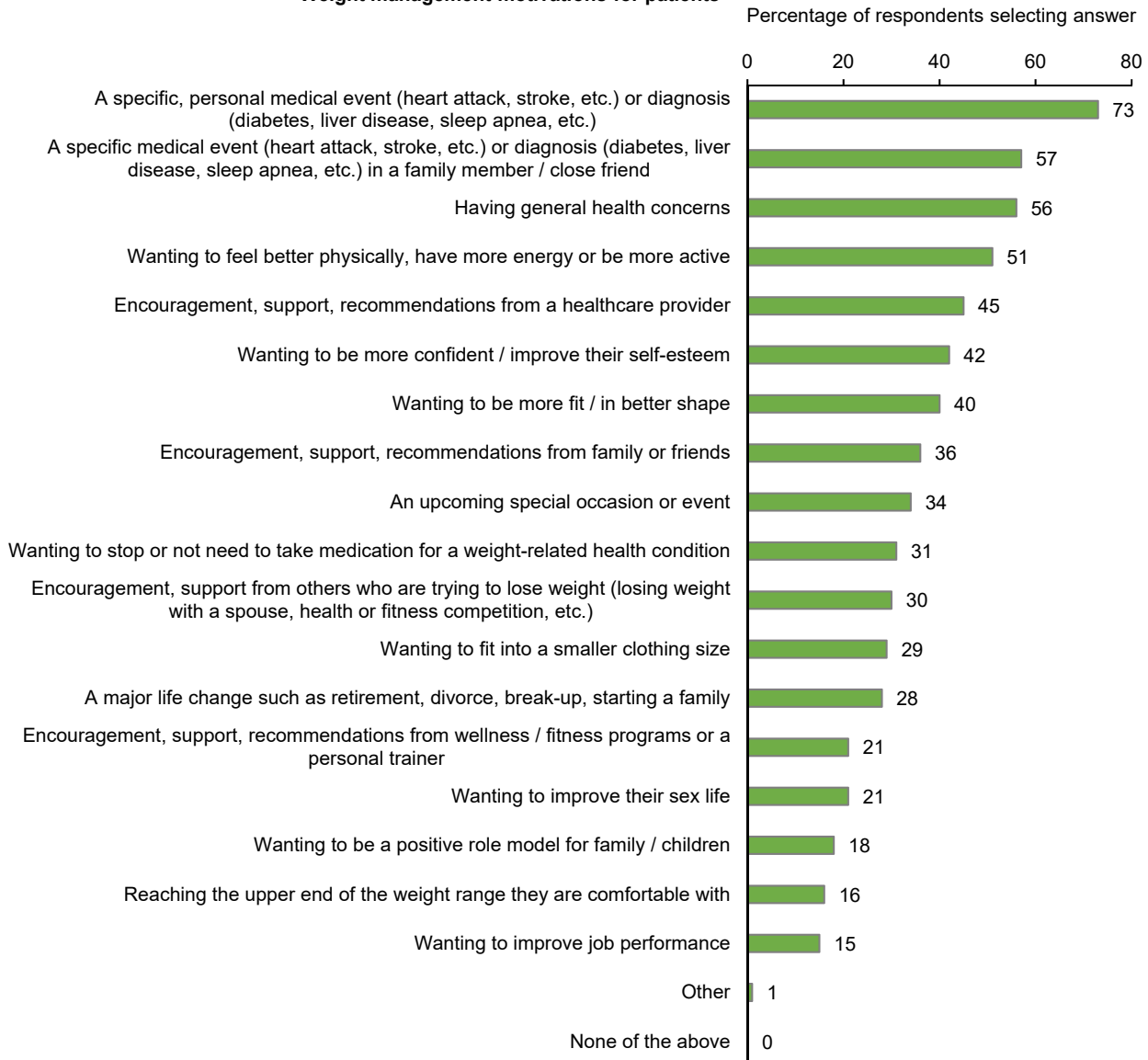


**SUPPLEMENTARY FIGURE S12** Goals and motivations for weight management  
 (A) Most important weight management goals for PwO. (B) PwO-reported motivations to lose weight. (C) Patient motivations for weight loss reported by HCPs. HCPs = green; PwO = orange. Abbreviations: HCP, healthcare professional; PwO, people with obesity.



C

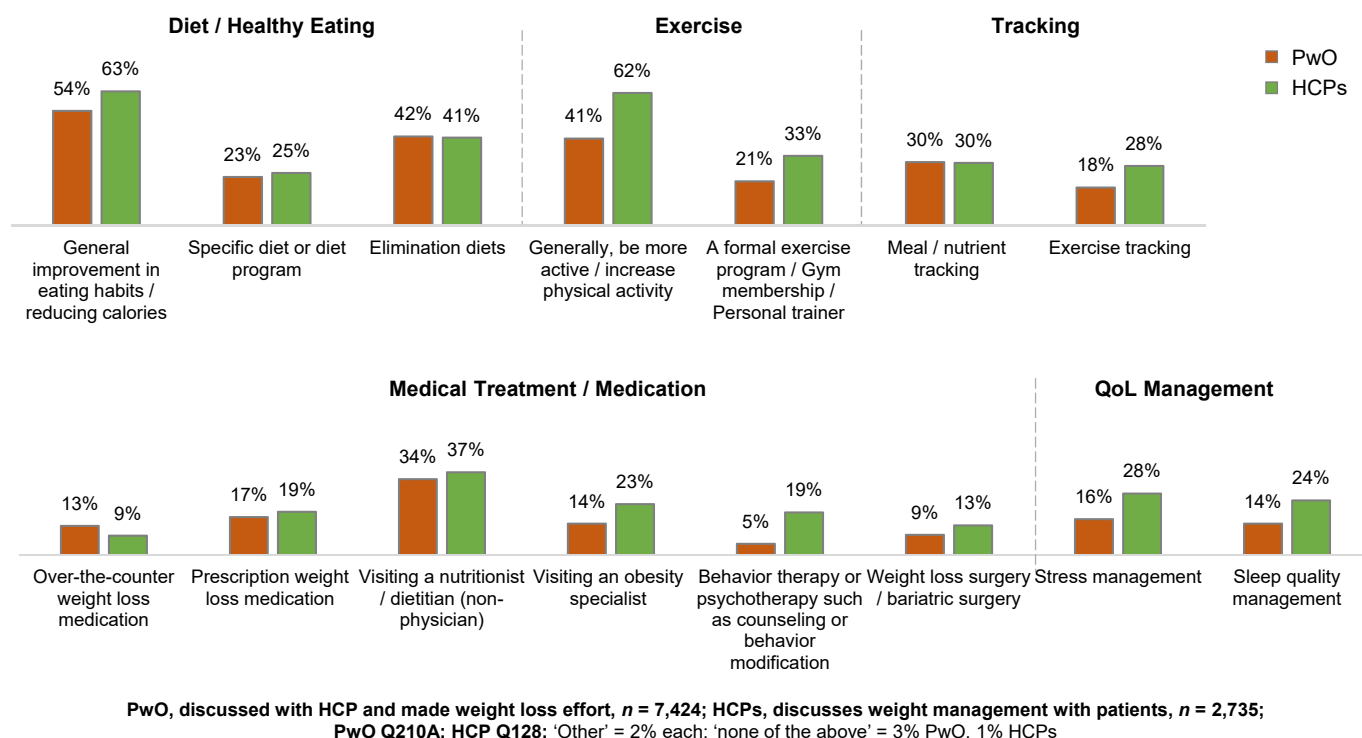
### Weight management motivations for patients



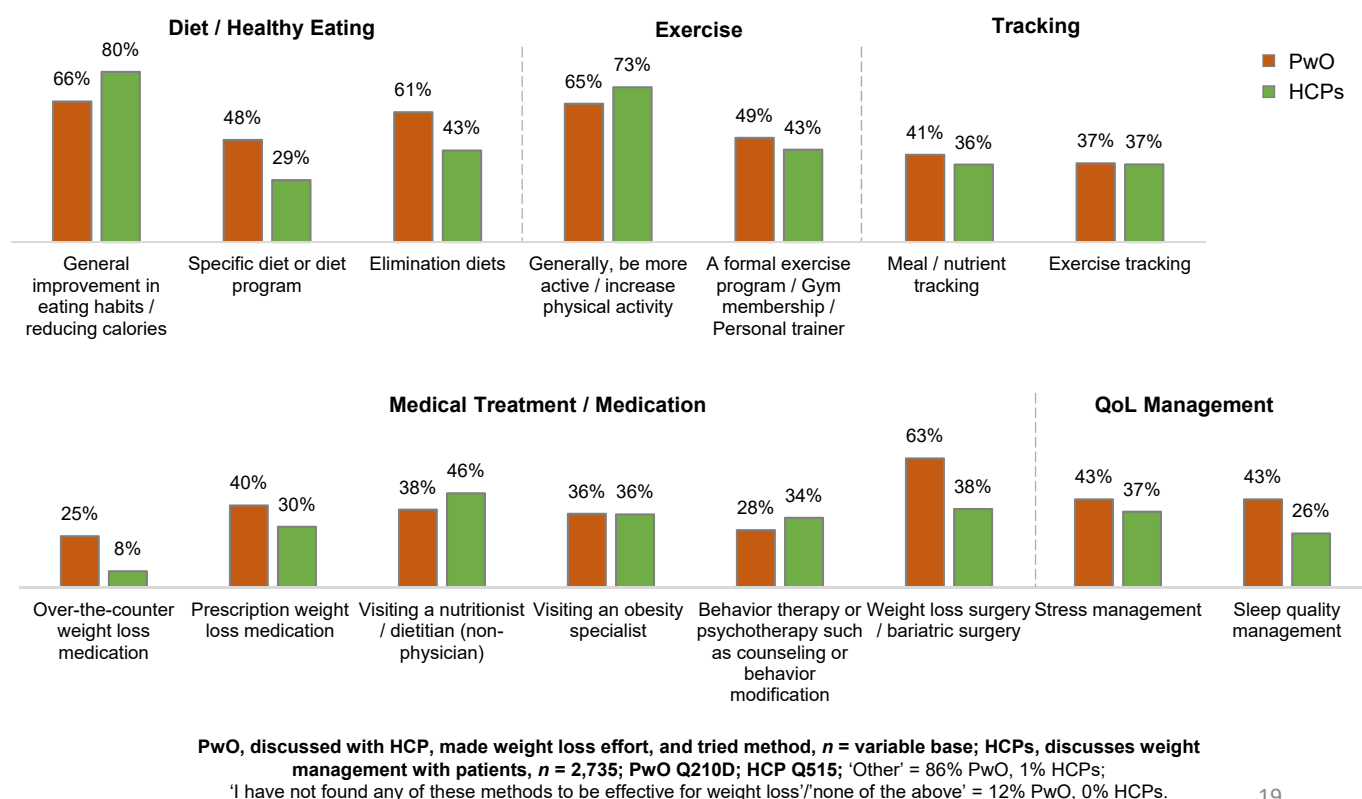
HCPs,  $n = 2,785$ ; Q225

**SUPPLEMENTARY FIGURE S13** Weight management methods discussed/recommended and perceived effectiveness  
 (A) Weight management methods discussed with an HCP reported by PwO and treatment recommended to patients reported by HCPs. (B) Perceived effectiveness of weight management methods. HCPs = green; PwO = orange.  
 Abbreviations: HCP, healthcare professional; PwO, people with obesity.

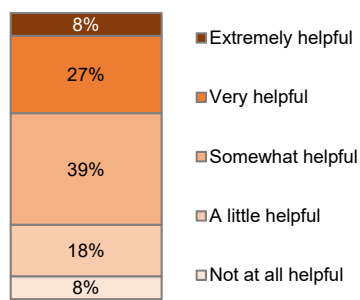
## A Discussed



## B Perceived as effective

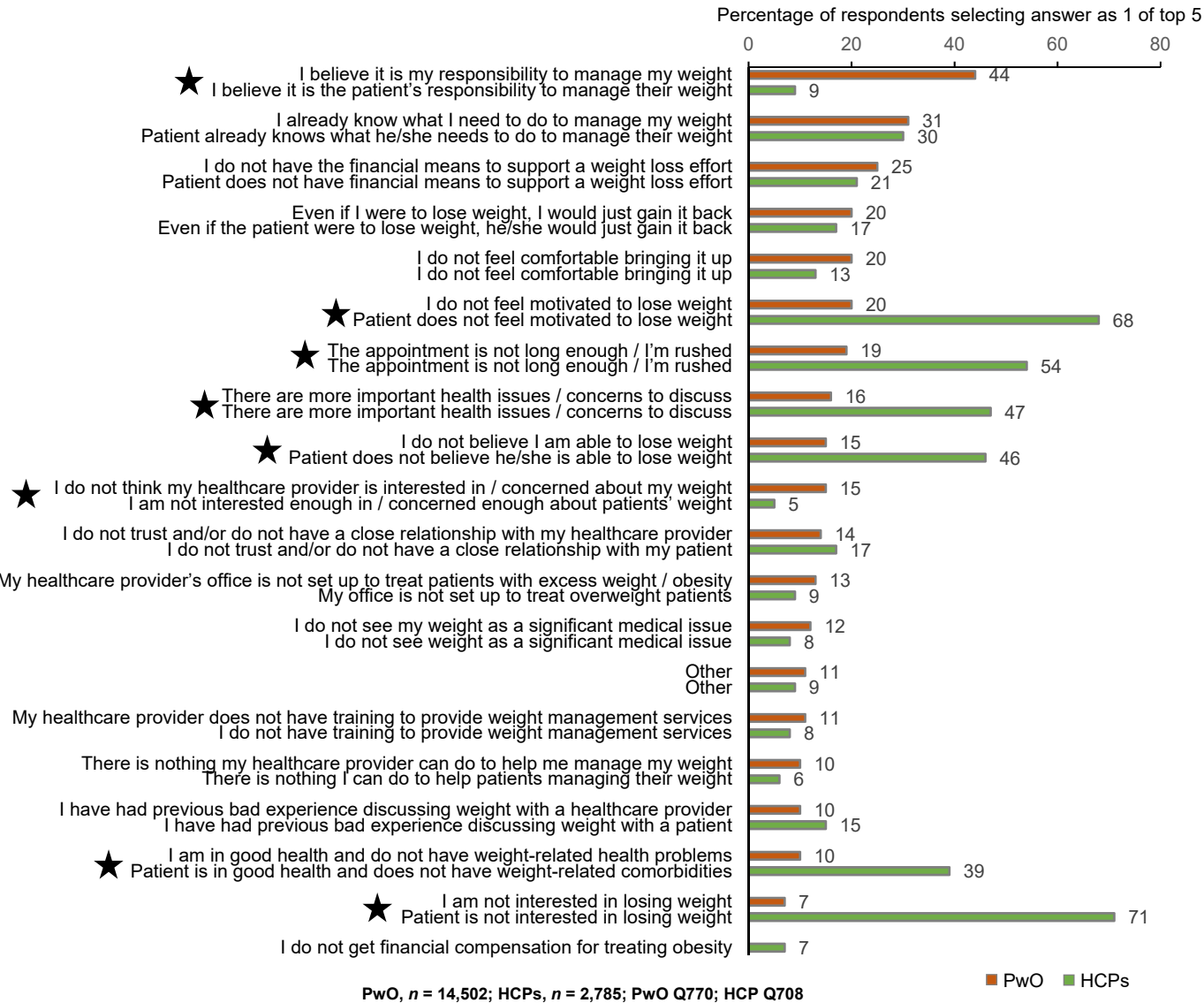


**SUPPLEMENTARY FIGURE S14** How helpful PwO found their conversation with their HCP about weight management  
Abbreviations: HCP, healthcare professional; PwO, people with obesity.



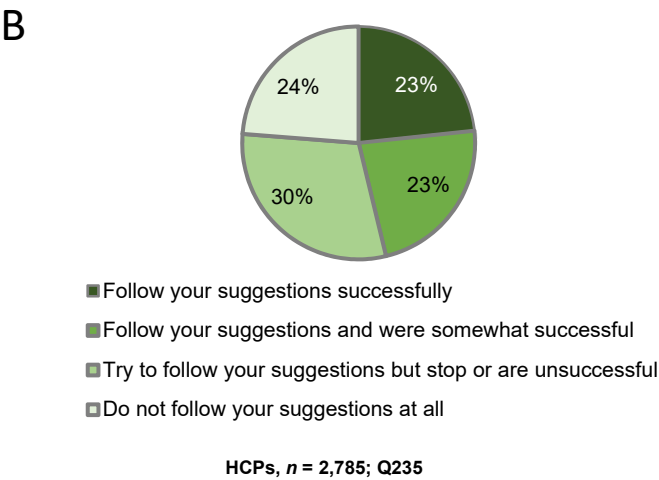
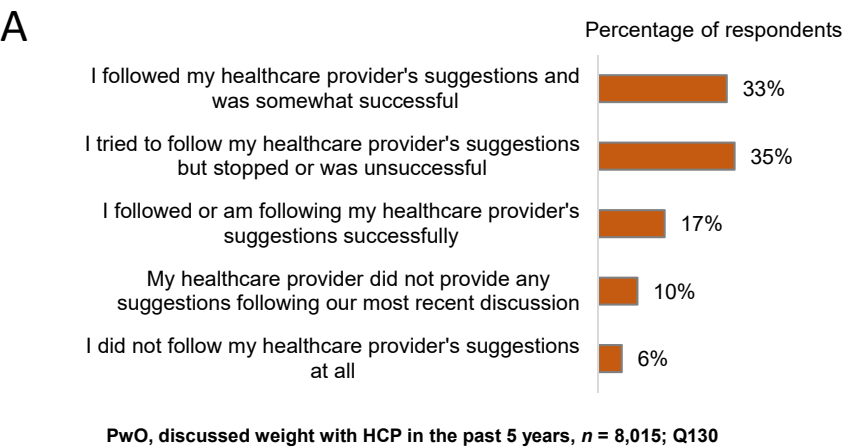
**PwO, discussed weight with HCP in the past 5 years, *n* = 8,015; Q700C**

**SUPPLEMENTARY FIGURE S15** Reasons for not discussing weight with an HCP (PwO responses) or patient (HCP responses)  
 Stars indicate responses with at least 10% difference between PwO and HCPs. HCPs = green; PwO = orange.  
 Abbreviations: HCP, healthcare professional; PwO, people with obesity.

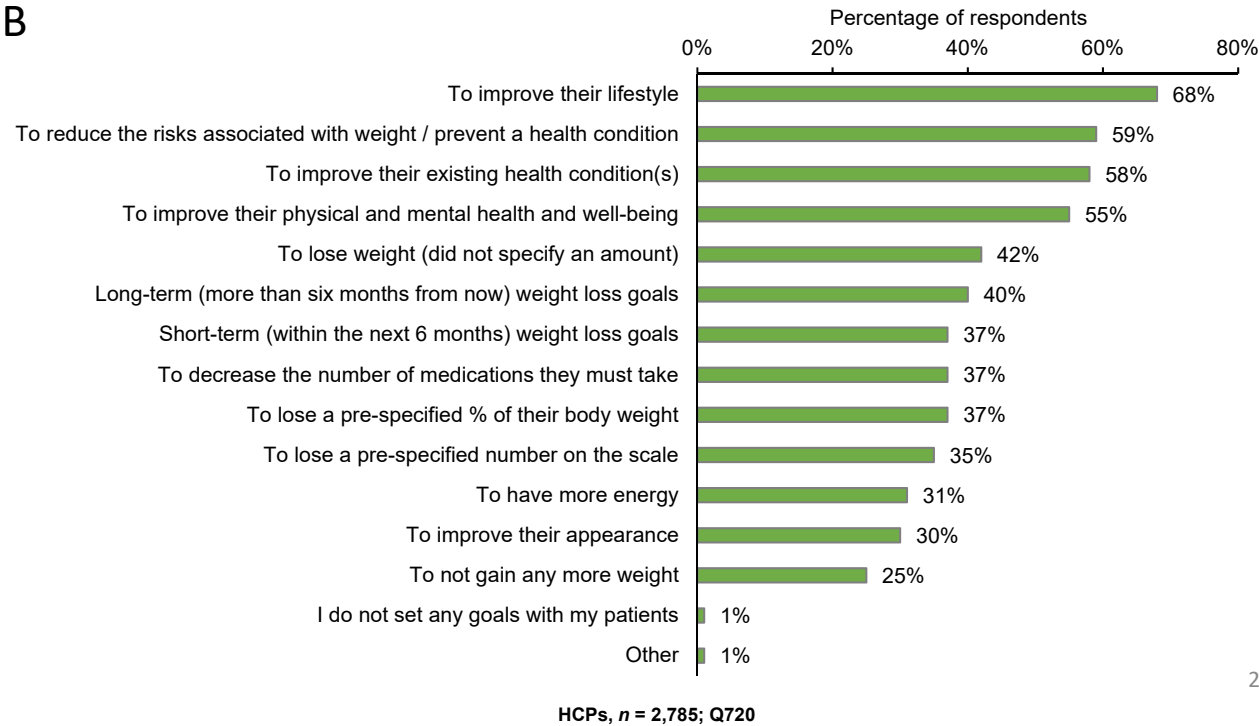
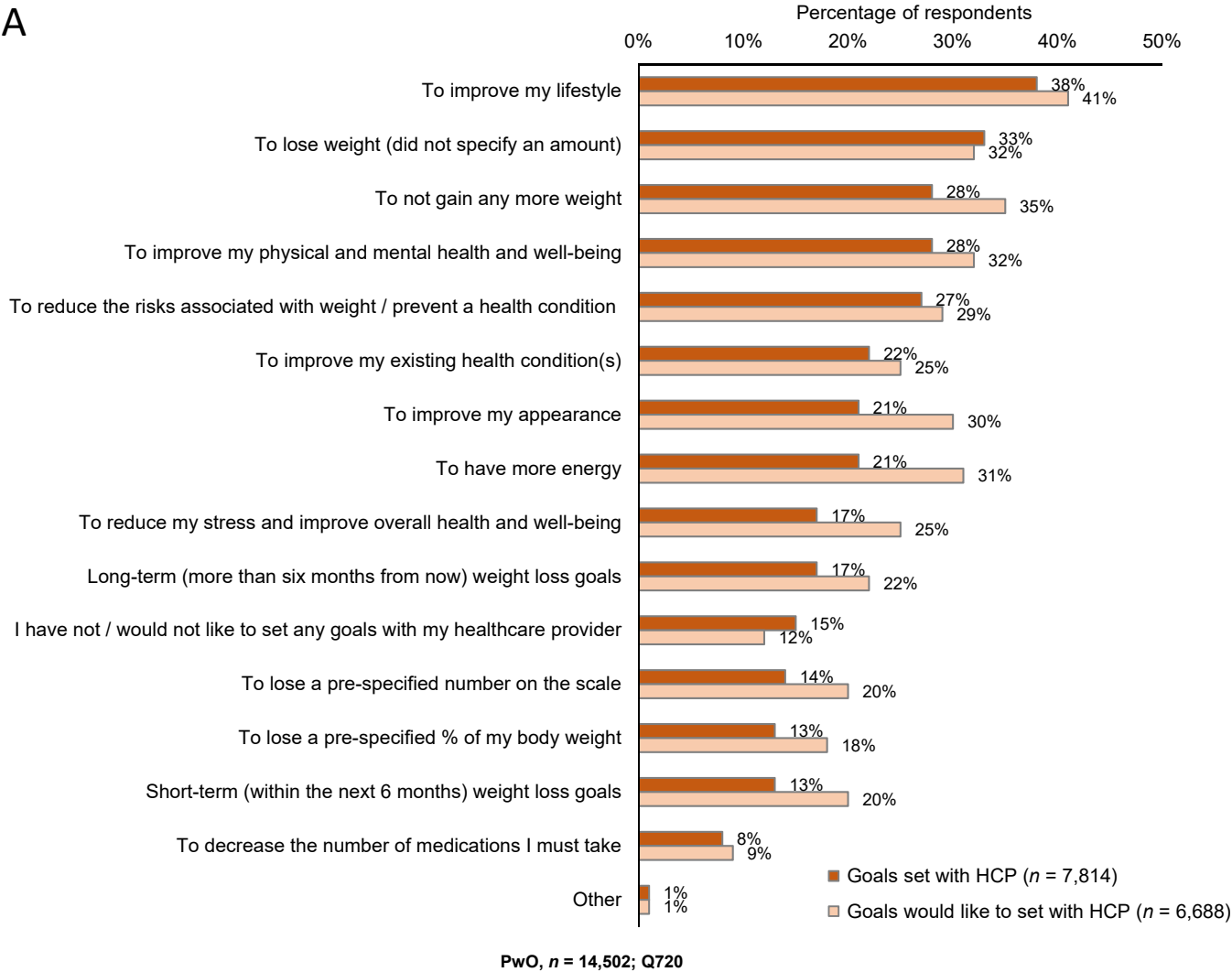


★ Indicates at least 10% difference between PwO and HCP samples.

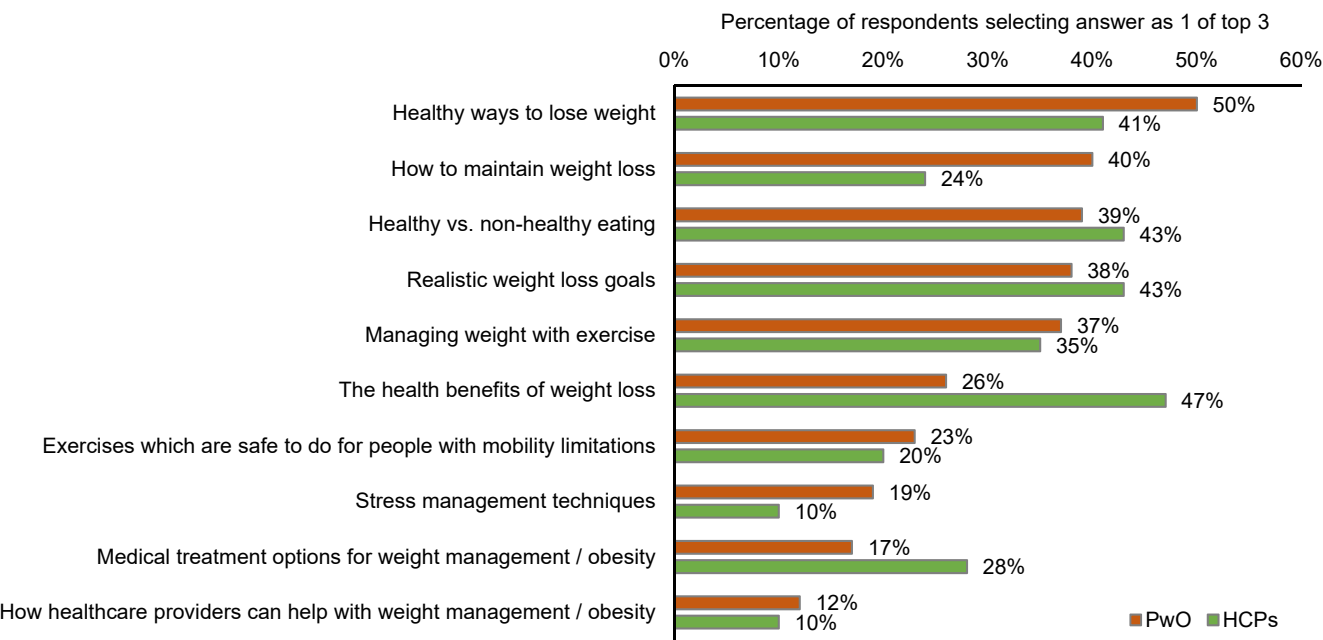
**SUPPLEMENTARY FIGURE S16** Actions taken after weight management discussion and response to intervention (A) PwO actions and response after a weight discussion with an HCP. (B) HCP-reported patient actions and response after a weight discussion. HCPs = green; PwO = orange. Abbreviations: HCP, healthcare professional; PwO, people with obesity.



**SUPPLEMENTARY FIGURE S17** Weight loss goals  
 (A) Weight loss goals PwO set or would like to set with an HCP. (B) HCP-reported weight loss goals set with patients.  
 HCPs = green; PwO = orange. Abbreviations: HCP, healthcare professional; PwO, people with obesity.



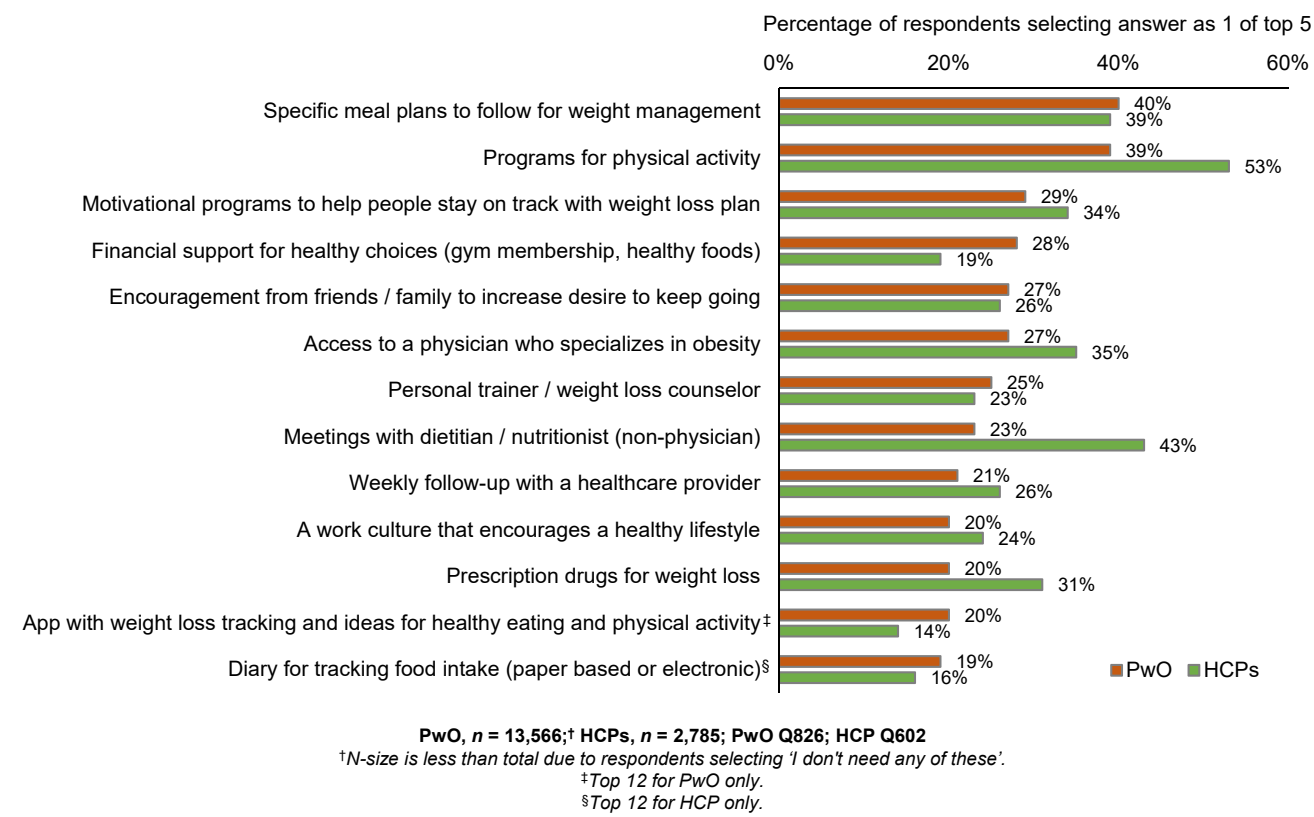
**SUPPLEMENTARY FIGURE S18** Most helpful information for weight management  
HCPs = green; PwO = orange. Abbreviations: HCP, healthcare professional; PwO, people with obesity.



PwO, n = 14,502; HCPs, n = 2,785; PwO Q825; HCP Q760



**SUPPLEMENTARY FIGURE S19** Most helpful support for weight management  
 Top 12 types of support identified by PwO and HCPs, respectively, as most helpful for managing weight. HCPs = green; PwO = orange. Abbreviations: HCP, healthcare professional; PwO, people with obesity.



Dear [FIRST\_NAME] [LAST\_NAME],

To learn more about a health issue in [INSERT COUNTRY NAME], you have been chosen to take part in a survey that includes both people like yourself as well as doctors. The aim of the survey is to learn more about a health condition that impacts millions of people.

Your opinions will help ensure that voices from across your country are heard in this research. We hope you choose to share your views.

The study is led by a group of medical experts [ONLY DISPLAY FOR COUNTRIES THAT REQUIRED IRB APPROVAL: and has been approved by an ethics committee]. It is being conducted by researchers at KJT Group. The results are intended to be published in medical journals and other media, but your individual answers will always stay confidential.

If you qualify for and complete this survey, you will receive a reward of [SAMPLE VENDOR TO SUPPLY BASED ON RESPONDENT TYPE]. This will be sent to you 4 – 6 weeks after your finish the full survey. You will receive payment only once for completing the survey. Please save this invitation until receiving your payment.

This survey should take no longer than 25 minutes.

To start the survey, please enter the following link in your address bar (note: entering the link in a *search engine*, such as Google, Yahoo, etc., will not work). When prompted, please enter your PIN and Invitation Code.

**Web Address:** [INSERT URL]

**PIN:** [INSERT PIN]

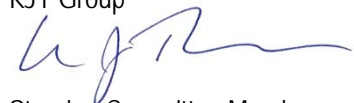
**Invitation Code:** [INSERT INVITE CODE]

Please know that your answers will be kept confidential and only reported together with other participants' answers. Your honest answers are important to this study's success.

Thank you very much for your time.

Sincerely,

Kenneth J. Tomaszewski, PhD, MS  
President and CEO  
KJT Group



Steering Committee Members

Ian Caterson  
Javier Salvador, MD  
Assim Alfadda, MD  
Walimir Coutinho, MD  
Toshimasa Yamauchi, MD

Jason Halford  
Paolo Sbraccia, MD  
Rita Nawar, MD  
Ada Cuevas  
Georgia Rigas, MD

Carly Hughes, MD  
Dror Dicker, MD  
Veronica Vazquez,  
Kang Jae Heon, MD

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*If you have any questions, please do not hesitate to contact us at [help@kjtgroup.com](mailto:help@kjtgroup.com). A member of the KJT Group team will be happy to assist you.*

*If you would like to be removed from future mailings, you may add yourself to our do not mail to list via an online form. To access the online form, please type the link provided below into your internet address bar exactly as it appears. You will then be prompted to enter your name and the mailing address you would like removed. This should take effect within 3 weeks of submitting the form.*

Online form to be removed from future mailings: <http://survey.KJTGROUP.com/DONOTMAIL?2>

J18027

Dear [FIRST\_NAME] [LAST\_NAME],

To investigate the management of obesity in [INSERT NAME OF COUNTRY], you have been selected to participate in this study among community members and physicians like yourself. The aim of the study is to understand experiences and views about the management of people with obesity and generate insights on how to improve weight management.

Your participation is critical to ensure that a representative cross section of physicians is represented in the study. We encourage you to share your perspectives on this important health issue.

The study is led by a Steering Committee of leading experts and medical professionals [ONLY INSERT FOR COUNTRIES REQUIRING IRB APPROVAL "and has been approved by an ethics review board"]. The study is conducted by researchers at KJT Group. The results of this research study are intended for public release and the results will be shared publicly through a series of peer reviewed manuscripts in medical journals and other media channels. It is important to note that your responses will only be reported in combination with other respondents' data, and your individual responses will always remain confidential.

If you qualify for and complete this research, you will receive an honorarium of [SAMPLE VENDOR TO SUPPLY BASED ON RESPONDENT TYPE]. The honorarium will be sent 4-6 weeks after survey completion to all participants who qualify and complete the full survey. Qualified participants will receive payment only once for completing the survey. Please save this invitation until receiving your honorarium.

We know the demands on your time are great, and we would appreciate your participation in this research. The comprehensive survey should take no longer than 25 minutes to complete.

To start the survey, please enter the following link in your address bar (note: entering the link in a search engine, such as Google, Yahoo, etc., will not work). When prompted, please enter your PIN and Invitation Code.

**Web Address:** [INSERT URL]


**PIN:** [INSERT PIN]

**Invitation Code:** [INSERT INVITE CODE]

Please be assured that your responses will be kept strictly confidential and only reported in combination with other respondents' data. Your honest responses are critical to this study's success and helping guide national and international policy.

Thank you very much for your valuable time.

Sincerely,



Kenneth J. Tomaszewski, PhD, MS  
President and CEO  
KJT Group

Steering Committee Members

Ian Caterson  
Javier Salvador, MD  
Assim Alfadda, MD  
Walmir Coutinho, MD  
Toshimasa Yamauchi, MD

Jason Halford  
Paolo Sbraccia, MD  
Rita Nawar, MD  
Ada Cuevas  
Georgia Rigas, MD

Carly Hughes, MD  
Dror Dicker, MD  
Veronica Vazquez,  
Kang Jae Heon, MD



KJT Group, Inc.  
6 East St  
Honeoye Falls, NY, 14472

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## Awareness, Care & Treatment In Obesity Management - An International Observation (ACTION IO) - MASTER PWO QNR

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### KJT Group Contacts:

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### Recruitment:

Target completed interviews: n=16,500

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	Italy	Spain	UK	Brazil	Chile	Mexico	Australia	Israel	Saudi Arabia	UAE	Japan	South Korea
People with Obesity:	n=1500	n=1500	n=1500	n=2000	n=1000	n=2000	n=1000	n=750	n=1000	n=750	n=2000	n=1500

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### Screening Criteria:

- Age 18+
- Current BMI 30+ (Japan and South Korea: BMI 25+), calculated based on self-reported height and weight
- Not currently pregnant
- Does not participate in intense fitness or body building programs
- Targeting based on age, gender, household income, education, ethnicity (in select countries), and region
- Respondents will be further classified according to the following:
  - **Maintaining weight loss:** Lost at least 10% of body weight in the past 3 years and has kept weight off for at least a year
  - **Committed to Action:** Intend to take action to lose weight or committed to/enrolled in a plan to lose weight

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### Data Validation Questions:

**Q435, Q500\_11, Q640\_8**

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### Length of Survey (Target 25-minutes):

Survey timing (based on these current edits): **29-35 minutes**

<b>SECTION S: SCREENER</b>
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[HIDE S1A IF OFFERING IN ONE LANGUAGE]

**ALL RESPONDENTS**

**S1A.** Thank you for taking the time to participate in this important research. For your convenience we are offering this survey in multiple languages. Please select the language that you are most familiar with.

- |                             |                                     |
|-----------------------------|-------------------------------------|
| 1. English (United States)  | [DISPLAY FOR NON-ENGLISH COUNTRIES] |
| 2. English (United Kingdom) | [DISPLAY FOR UK]                    |
| 3. English (Australia)      | [DISPLAY FOR AUSTRALIA]             |
| 4. Italian                  | [DISPLAY FOR ITALY]                 |
| 5. Spanish (Spain)          | [DISPLAY FOR SPAIN]                 |
| 6. Spanish (Chile)          | [DISPLAY FOR CHILE]                 |
| 7. Spanish (Mexico)         | [DISPLAY MEXICO]                    |
| 8. Portuguese (Brazil)      | [DISPLAY FOR BRAZIL]                |
| 9. Arabic (Israel)          | [DISPLAY FOR ISRAEL]                |
| 10. Arabic (Saudi Arabia)   | [DISPLAY FOR SAUDI ARABIA]          |
| 11. Arabic (UAE)            | [DISPLAY FOR UAE]                   |
| 12. Hebrew                  | [DISPLAY FOR ISRAEL]                |
| 13. Korean                  | [DISPLAY FOR SOUTH KOREA]           |
| 14. Japanese                | [DISPLAY FOR JAPAN]                 |

**ALL RESPONDENTS**

**S0.** Thank you for your interest in this survey. We appreciate your willingness to participate in this important research on healthcare issues. The purpose of this study is to determine treatment experiences of patients with a specific condition. Participation in this study consists of completing this 25-minute survey. If you qualify and complete this survey, you will receive online panel credit/the honoraria listed in your invitation. There are no costs to you for your participation.

Your participation is voluntary. You do not have to participate and you do not have to answer any questions you do not want to answer. [DISPLAY FOR ITALY, SPAIN AND UK ONLY: You have the right to withdraw, access, amend, or ask that your data responses be erased, and may do so by contacting us at our helpdesk (contact details below).] You may stop the survey at any time. If you do not qualify for this study, the information you provide will be stored electronically by KJT Group until the end of December 2018.

During the study we will collect information about your health and certain types of personal information. If you decide to stop being in the study, no further data will be collected. KJT Group will take all steps needed to make sure that your study information is kept confidential, as required by the law in your country.

KJT Group will make sure that the study information we have collected about you cannot be looked at by people who are not authorized to do so. To make sure that the study is done correctly and to check the results, the following people will be able to see your study information:

- The Research Ethics Committee/Institutional Review Board
- National medicine authorities from other countries

The laws on personal information in these countries may be less strict than in your country.

After the end of the study, your information will be stored in a database. All information from this study will be stored for at least 5 years after the Study Report is made, or according to local requirements. The study report contains the full results of the study.

A summary of the results from the study will be made publicly available sometime after the study finishes. This may include the Study Report and a summary of the results - this will be available on the homepage of a peer-reviewed scientific journal. **The results will not include any information that will identify you.**

To see if you qualify, we need to ask you some questions about your health habits and lifestyle. DISPLAY FOR ALL COUNTRIES EXCEPT ITALY, SPAIN AND UK: Please click "Continue" if you consent and would like to proceed with the survey.[DISPLAY FOR ITALY, SPAIN AND UK ONLY: Please select below if you consent and would like to proceed with the survey.

- ☐ I consent, and would like to continue with the survey
- ☐ I do not consent (you will not continue with the survey)]

[SHOW ON ITS OWN SCREEN]

[PN: ONLY SHOW TO PRETEST RESPONDENTS, DURING TELEPHONE OR IN-PERSON RECRUITMENT, OR IN-PERSON SURVEY ADMINISTRATION. HIDE FOR ONLINE ONLY SURVEY RESPONDENTS]

This online survey is designed to understand issues relating to health and lifestyle. How you respond will, of course, be treated in confidence. Should you raise safety information (i.e., adverse event(s), medication errors, pregnancy, off label use) and/or product complaints, we will need to report this, even if it has already been reported by you. In such a situation, you will be contacted to ask whether you are willing to waive the confidentiality given to you under the Market Research Codes of Conduct specifically in relation to a medical error, misuse, and/or product complaint. **Everything else you contribute during the course of the interview will continue to remain confidential.**

If you agree to be contacted, then your name and contact details will be forwarded to the sponsor's Product Safety Department *for the sole purpose* of follow-up to the report(s) of an adverse event, pregnancy, medication error, misuse, and/or product complaint.

If you do not agree to be contacted, then we will forward the report(s) of any adverse event, safety information and/or product complaint to the sponsor's Product Safety Department, but you will remain completely anonymous.

1. I agree to be contacted only if I raise safety information and/or product complaints
2. I disagree to be contacted if I raise safety information and/or product complaints

## ALL RESPONDENTS

**S1B.** WILL BE SUBMITTING FOR IRB APPROVAL *IN COUNTRIES WHERE REQUIRED*, HOLD FOR IRB LANGUAGE AFTER PRE-TESTS

## ALL RESPONDENTS

**S3.** Thank you. This survey is focused on your personal experiences, and we very much appreciate your honesty in responding. To begin, we would like to gather some basic information to be used for categorization purposes.

[FOR ALL COUNTRIES EXCEPT SAUDI ARABIA AND UAE: In what year were you born? Please enter as a four-digit number, e.g., 1963.

[RANGE: 1890-2015]

||||

[FOR UAE ONLY:  
What is your current age?

[RANGE 10-99]  
Age |\_|\_|

[arabic translation]  
ما هو عمرك الحالي؟

[RANGE 10-99]  
عمر |\_|\_|

[FOR SAUDI ARABIA ONLY: What is your date of birth? You may enter your date of birth based on either the Hijri or Gregorian calendar. Please indicate which in the box below.

[2 DIGITS FOR DAY, 2 DIGITS FOR MONTH, FOUR DIGITS FOR YEAR]  
|\_|\_| |\_|\_| |\_|\_|\_|\_|\_|

[FOR SAUDI ARABIA AND UAE ONLY DISPLAY:

1. Hijri calendar
2. Gregorian calendar

#### ALL RESPONDENTS

**S4** HIDDEN COMPUTE FOR AGE

[IF AGE 18 OR OLDER (S4>17) ASK S20. ELSE, TERMINATE]

#### AGE 18 OR OLDER (S4>17)

**S5.** Which gender do you identify with?

1. Male
2. Female
3. Other [DO NOT DISPLAY FOR SAUDI ARABIA, UAE AND S. KOREA]

#### AGE 18 OR OLDER (S4>17)

**S10.** In what [INSERT CUSTOM WORDING FOR EACH COUNTRY] is your primary residence located?  
[RESIDENCE LOCATION – VARIES BY COUNTRY, SEE BELOW]

[FOR UK DISPLAY:

In what country is your primary residence located?

[ALPHA SORT]

1. England
2. Northern Ireland
3. Scotland
4. Wales
99. I do not reside in the UK [ANCHOR] [TERMINATE]

[IF RESIDES IN UK (S10/NE99) CONTINUE. ELSE TERMINATE]

[FOR AUSTRALIA DISPLAY:

In which state or territory is your primary residence located?

[ALPHA SORT; INSERT AS DROPDOWN LIST]

1. Australian Capital Territory
2. New South Wales
3. Northern Territory
4. Queensland
5. South Australia
6. Tasmania
7. Victoria
8. Western Australia
99. I do not reside in Australia [ANCHOR] [TERMINATE]

[IF RESIDES IN AUSTRALIA (S10/NE99) CONTINUE. ELSE TERMINATE]

[FOR ITALY DISPLAY:

In what region of Italy is your primary residence located?

[ALPHASORT; INSERT AS DROPDOWN LIST]

1. Abruzzo
2. Aosta Valley
3. Apulia
4. Basilicata
5. Calabria
6. Campania
7. Emilia-Romagna
8. Friuli-Venezia Giulia
9. Lazio
10. Liguria
11. Lombardy
12. Marches
13. Molise
14. Piedmonte
15. Sardinia
16. Sicily
17. Trentino-South Tyrol
18. Tuscany
19. Umbria
20. Veneto
99. I do not reside in Italy [TERMINATE] [ANCHOR]

[IF RESIDES IN ITALY (S10/NE99) CONTINUE. ELSE TERMINATE]

HIDDEN VARIABLE:



S10A [ITALY REGIONAL RECODES]

1. NORTHWEST  
[Aosta valley, Liguria, Lombardy, Piemonte]
2. NORTHEAST  
[Emilia-Romagna, Friuli-Venezia Giulia, Trentino-South Tyrol, Veneto]
3. CENTER  
[Lazio, Marches, Tuscany, Umbria]
4. SOUTH  
[Abruzzo, Apulia, Basilicata, Calabria, Campania, Molise]
5. ISLES  
[Sardinia, Sicily]

[FOR SOUTH KOREA DISPLAY:

In which province is your primary residence located?

[ALPHA SORT; INSERT AS DROPDOWN LIST]

1. Chungcheongbuk-do
2. Chungcheongnam-do
3. Gangwon-do
4. Gyeonggi-do
5. Gyeongsangbuk-do
6. Gyeongsangnam-do
7. Jeollabuk-do
8. Jeollanam-do
9. Jeju Special Self-Governing Province
10. Seoul
11. Busan
12. Daegu
13. Incheon
14. Daejeon
15. Ulsan
16. Gwangju
99. I do not reside in South Korea [ANCHOR, TERMINATE]

[IF RESIDES IN SOUTH KOREA (S10/NE99) CONTINUE. ELSE TERMINATE]

HIDDEN VARIABLE:

S10A [SOUTH KOREA REGIONAL RECODES]

1. CHUNGCHEONG (CODE 1)  
[CHUNGCHEONGBUK-DO, CHUNGCHEONGNAM-DO, DAEJEON (S10/1-2,14 AS REGION CODE 1 FOR DEMO TARGETING)]
2. GYEONGGI & GANGWON (CODE 2)  
[GANGWON-DO, GYEONGGI-DO, SEOUL, GWANGJU (S10/3-4,10,16 AS REGIONAL CODE 2 FOR DEMO TARGETING)]
3. GYEONGSANG (CODE 3)

[GYEONGSANGBUK-DO, GYEONGSANGNAM-DO, BUSAN, DAEGU, ULSAN (S10/5-6,11-12,15 AS REGIONAL CODE 3 FOR DEMO TARGETING)]

4. JEOLLA (CODE 4)

[JEOLLABUK-DO, JEOLLANAM-DO (S10/5-6,11-12,15 AS REGIONAL CODE 4 FOR DEMO TARGETING)]

5. JEJU (CODE 5)

[JEJU SPECIAL SELF-GOVERNING PROVINCE (S10/9 AS REGIONAL CODE 5 FOR DEMO TARGETING)]

[FOR SPAIN DISPLAY:

In what autonomous territory of Spain is your primary residence located?

[ALPHASORT; INSERT AS DROPDOWN LIST]

1. Andalusia
2. Aragon
3. Asturias
4. Balearic Islands
5. Basque Country
6. Canary Islands
7. Cantabria
8. Castilla-La Mancha
9. Castilla and León
10. Catalonia
11. Extremadura
12. Galicia
13. La Rioja
14. Madrid
15. Murcia
16. Navarre
17. Valencia

99. I do not reside in Spain [TERMINATE] [ANCHOR]

[IF RESIDES IN SPAIN (S10/NE99) CONTINUE. ELSE TERMINATE]

HIDDEN VARIABLE:

S10A [SPAIN REGIONAL RECODES]

1. NORTHWEST  
[Galicia, Asturias, Castilla and León, Cantabria, Basque Country, La Rioja]
2. NORTHEAST  
[Navarre, Aragon, Catalonia]
3. CENTRAL  
[Madrid, Castilla-La Mancha]
4. SOUTHWEST  
[Extremadura, Andalusia]
5. SOUTHEAST  
[Valencia, Murcia]
6. ISLES  
[Balearic Islands, Canary Islands]

[FOR UAE DISPLAY:

In what emirate is your primary residence located?

[INSERT DROP DOWN MENU; ALPHA SORT]

1. Abu Dhabi
2. Dubai
3. Sharjah
4. Ajman
5. Umm Al-Quwain
6. Ras Al-Khaimah
7. Fujairah
99. I do not reside in the United Arab Emirates [TERMINATE] [ANCHOR]

[IF RESIDES IN UAE (S10/NE99) CONTINUE. ELSE TERMINATE.]

[FOR CHILE DISPLAY:

In what province / territory is your primary residence located?

[INSERT DROP DOWN MENU, ALPHABETIZE]

1. Tarapacá
2. Antofagasta
3. Atacama
4. Coquimbo
5. Valparaíso
6. O'Higgins
7. Maule
8. Bío Bío
9. Araucanía
10. Los Lagos
11. Aisén
12. Magallanes
13. Santiago
14. Los Ríos
15. Arica and Parinacota
99. I do not reside in Chile [TERMINATE] [ANCHOR]

[IF RESIDES IN CHILE (S10/NE99) CONTINUE. ELSE TERMINATE.]

HIDDEN VARIABLE

S10A [CHILI REGIONAL RECODE]

1. IF ARICA AND PARINACOTA, TARAPACA, OR ANTOFAGASTA = FAR NORTH
2. IF ATACAMA, COQUIMBO, OR VALPARAISO = NEAR NORTH
3. IF SANTIAGO, O'HIGGINS, OR MAULE = CENTRAL
4. IF BIO BIO, ARAUCANIA, LOS RIOS, OR LOS LAGOS = SOUTHERN ZONE
5. IF AISEN OR MAGALLANES = AUSTRAL ZONE

[FOR ISRAEL DISPLAY:

In what district is your primary residence located?

1. Jerusalem
2. Tel Aviv – Gush Dan
3. North and Haifa
4. South
5. Center – Hasharon
99. I do not reside in Israel [ANCHOR, TERMINATE]

[IF RESIDES IN ISRAEL (S10/NE99) ASK S32. ELSE TERMINATE.]

[FOR SAUDI ARABIA DISPLAY:

In what district is your primary residence located?

[INSERT DROP DOWN MENU, ALPHABETIZE]

1. Qassim
2. Riyadh
3. Tabuk
4. Madinah
5. Makkah
6. Northern Borders
7. Jawf
8. Ha'il
9. Bahah
10. Jizan
11. 'Asir
12. Najran
13. Eastern Province
99. I do not reside in the Kingdom of Saudi Arabia [ANCHOR, TERMINATE]

[IF RESIDES IN SAUDI ARABIA (S10/NE99) CONTINUE. ELSE TERMINATE.]

HIDDEN VARIABLE

S10A [SAUDI ARABIA REGIONAL RECODE]

1. NAJD REGION  
[QASSIM, RIYADH]
2. HIJAZ REGION  
[TABUK, MADINAH, MAKKAH]
3. NORTH REGION  
[NORTHERN BORDERS, JAWF, HA'IL]
4. SOUTH REGION  
[BAHAH, JIZAN, 'ASIR, NAJRAN]
5. EAST REGION  
[EASTERN PROVINCE]

:[FOR MEXICO DISPLAY:

In what state is your primary residence located?

[INSERT DROP DOWN MENU, ALPHABETIZE]

1. Aguascalientes
2. Baja California
3. Baja California Sur
4. Campeche
5. Chiapas
6. Chihuahua
7. Coahuila
8. Colima
9. Ciudad de México
10. Durango
11. Estado de México
12. Guanajuato
13. Guerrero
14. Hidalgo
15. Jalisco
16. Michoacán
17. Morelos
18. Nayarit
19. Nuevo León
20. Oaxaca
21. Puebla
22. Querétaro
23. Quintana Roo
24. San Luis Potosí
25. Sinaloa
26. Sonora
27. Tabasco
28. Tamaulipas
29. Tlaxcala
30. Veracruz
31. Yucatán
32. Zacatecas
99. I do not reside in Mexico [TERMINATE] [ANCHOR]

[IF RESIDES IN MEXICO (S10/NE99) CONTINUE. ELSE TERMINATE.]

HIDDEN VARIABLE:

S10A [REGIONAL RECODES]

1. ZONA 1  
[Baja California, Baja California Sur, Chihuahua, Sonora]
2. ZONA 2  
[Coahuila, Durango, Nuevo León, Tamaulipas]
3. ZONA 3  
[Aguascalientes, Colima, Guanajuato, Jalisco, Michoacán, Nayarit, Sinaloa, Zacatecas]
4. ZONA 4  
[Estado de México, Ciudad de México, Guerrero, Hidalgo, Morelos, Querétaro, San Luis Potosí]

5. ZONA 5  
[Oaxaca, Puebla, Tlaxcala, Veracruz]
6. ZONA 6  
[Campeche, Chiapas, Quintana Roo, Tabasco, Yucatán]

[FOR BRAZIL DISPLAY:

In what province / territory is your primary residence located?

[INSERT AS DROPDOWN LIST] [ALPHASORT]

1. Acre
2. Alagoas
3. Amapá
4. Amazonas
5. Bahia
6. Ceará
7. Distrito Federal
8. Espírito Santo
9. Goiás
10. Maranhão
11. Mato Grosso
12. Mato Grosso do Sul
13. Minas Gerais
14. Pará
15. Paraíba
16. Paraná
17. Pernambuco
18. Piauí
19. Rio de Janeiro
20. Rio Grande do Norte
21. Rio Grande do Sul
22. Rondônia
23. Roraima
24. Santa Catarina
25. São Paulo
26. Sergipe
27. Tocantins
99. I do not reside in Brazil [ANCHOR; TERMINATE]

[IF RESIDES IN BRAZIL (S10/NE99) CONTINUE. ELSE TERMINATE]

HIDDEN VARIABLE

S10A [BRAZIL REGIONAL RECODE]

1. IF ACRE, AMAPA, AMAZONAS, PARA, RONDONIA, RORAIMA, OR TOCANTINS = NORTH REGION
2. IF ALAGOAS, BAHIA, CEARA, MARANHAO, PARAIBA, PERNAMBUCO, PIAUI, RIO GRANDE DO NORTE, OR SERGIPE = NORTHEAST REGION
3. IF GOIAS, MATO GROSSO, MATO GROSSO DO SUL, OR DISTRITO FEDERAL = CENTRAL-WEST REGION
4. IF ESPIRITO SANTO, MINAS GERAIS, RIO DE JANEIRO, OR SAO PAULO = SOUTH EAST REGION

5. IF PARANA, RIO GRANDO DO SUL, OR SANTA CATARINA = SOUTH REGION

[FOR JAPAN DISPLAY

In which prefecture is your primary residence located?

[INSERT AS DROPDOWN LIST]

1. Aichi
2. Akita
3. Aomori
4. Chiba
5. Ehime
6. Fukui
7. Fukuoka
8. Fukushima
9. Gifu
10. Gunma
11. Hiroshima
12. Hokkaidō
13. Hyōgo
14. Ibaraki
15. Ishikawa
16. Iwate
17. Kagawa
18. Kagoshima
19. Kanagawa
20. Kōchi
21. Kumamoto
22. Kyōto
23. Mie
24. Miyagi
25. Miyazaki
26. Nagano
27. Nagasaki
28. Nara
29. Niigata
30. Ōita
31. Okayama
32. Okinawa
33. Ōsaka
34. Saga
35. Saitama
36. Shiga
37. Shimane
38. Shizuoka
39. Tochigi
40. Tokushima
41. Tōkyō

- 42. Tottori
- 43. Toyama
- 44. Wakayama
- 45. Yamagata
- 46. Yamaguchi
- 47. Yamanashi
- 99. I do not reside in Japan

[IF RESIDES IN JAPAN (S10/NE99) CONTINUE. ELSE TERMINATE]

HIDDEN VARIABLE:

S10A [JAPAN REGIONAL RECODES]

- 1. HOKKAIDO (CODE 1)  
[HOKKAIDO (S10/12 AS REGION CODE 1 FOR DEMO TARGETING)]
- 2. TOHOKU (CODE 2)  
[AOMORI, AKITA, IWATE, YAMAGATA, MIYAGI, FUKUSHIMA (S10/2-3,8,16,24,45 AS REGION CODE 2 FOR DEMO TARGETING)]
- 3. KANTO (CODE 3)  
[TOCHIGI, GUNMA, IBARAKI, SAITAMA, TOKYO, CHIBA, KANAGAWA (S10/4,10,14,19,35,39,41 AS REGION CODE 3 FOR DEMO TARGETING)]
- 4. CHUBU (CODE 4)  
[NIIGATA, ISHIKAWA, TOYAMA, NEGANO, FUKUI, Gifu, YAMANASHI, AICHI, SHIZUOKA (S10/1,6,9,15,26,29,38,43,47 AS REGION CODE 4 FOR DEMO TARGETING)]
- 5. KANSAI (CODE 5)  
[HYOGO, KYOTO, SHIGA, OSAKA, NARA, MIE, WAKAYAMA (S10/13,22-23,28,33,36,44 AS REGION CODE 5 FOR DEMO TARGETING)]
- 6. CHUGOKU (CODE 6)  
[TOTTORI, SHIMANE, OKAYAMA, HIROSHIMA, YAMAGUCHI (S10/11,31,37,42,46 AS REGION CODE 6 FOR DEMO TARGETING)]
- 7. SHIKOKU (CODE 7)  
[KAGAWA, EHIME, TOKUSHIMA, KOCHI (S10/5,17, 20, 40 AS REGION CODE 7 FOR DEMO TARGETING)]
- 8. KYUSHU & OKINAWA (CODE 8)  
[FUKUOKA, SAGA, NAGASAKI, KUMAMOTO, OITA, MIYAZAKI, KAGOSHIMA, OKINAWA (S10/7,18,21,25,27,30,32,34 AS REGION CODE 8 FOR DEMO TARGETING)]

**RESIDES IN TARGET COUNTRY (S10/NE99)**

**S14.** In 2017, what was your household's total yearly income before taxes?

*Please remember that your individual information will never be shared. These questions are only used to ensure a representative mix of respondents is achieved.*

[FOR UK DISPLAY:

- 1. £6,000 - £9,999
- 2. £10,000 - £19,999
- 3. £20,000 - £29,999
- 4. £30,000- £49,999
- 5. £50,000 - £69,999



6. £70,000 to £99,999
7. £100,000 or more
99. Decline to answer (You will not be able to continue) [TERMINATE]

[IF PROVIDED INCOME (S14/NE99) CONTINUE. ELSE TERMINATE]

[FOR AUSTRALIA DISPLAY:

In 2017, what was your household's total yearly income before taxes?

1. Under AU\$7,800
2. AU\$7,800 - \$15,599
3. AU\$15,600 - \$25,999
4. AU\$26,000 - \$41,599
5. AU\$41,600 - \$51,999
6. AU\$52,000 - \$79,999
7. AU\$80,000 - \$124,999
8. AU\$125,000 - \$155,999
9. AU\$156,000 or more
99. Decline to answer (You will not be able to continue) [TERMINATE]

[IF PROVIDED INCOME (S14/NE99) CONTINUE. ELSE TERMINATE]

HIDDEN VARIABLE:

S14A [AUS INCOME RECODE]

1. UNDER AU\$7,800 (CODE 1)
  2. AU\$7,800 - \$15,599 (CODE 2)
  3. AU\$15,600 - \$25,999 (CODE 3)
  4. AU\$26,000 - \$41,599 (CODE 4)
  5. AU\$41,600 - \$51,999 (CODE 5)
  6. AU\$52,000 - \$79,999 (CODE 6)
  7. AU\$80,000 - \$124,999 (CODE 7)
  8. \$125,000 OR MORE (CODE 8)
- [ \$125,000-\$155,999 & \$156,000 OR MORE (S14/8-9 AS INCOME CODE 8 FOR DEMO TARGETING)]

[FOR ITALY DISPLAY:

In 2017, what was your household's total yearly income before taxes?

1. Under €9.499
2. €9.500 - €15.499
3. €15.500 - €29.999
4. €30.000- €49.999
5. €50.000 - €74.999
6. €75.000 to €99.999
7. €100.000 or more
99. Decline to answer (You will not be able to continue) [TERMINATE]

[IF PROVIDED INCOME (S14/NE99) CONTINUE. ELSE TERMINATE]

[FOR ISRAEL DISPLAY:

In 2017, what was your household's total **monthly** income before taxes?

1. Under NIS 5,000
2. NIS 5,000 – NIS 8,000
3. NIS 8,001 – NIS 12,000
4. NIS 12,001 – NIS 19,900
5. NIS 19,901 – NIS 41,00
6. NIS 41,101 – NIS 53,000
7. NIS 53,301 or more
99. Decline to answer (You will not be able to continue) [TERMINATE]

[IF PROVIDED INCOME (S14/NE99) CONTINUE. ELSE TERMINATE]

HIDDEN VARIABLE

S14A [ISRAEL INCOME RECODE]

1. UNDER NIS 5,000 TO NIS 8,000 = CODE 1 (S14/1-2)
2. NIS 8,001 – NIS 12,000 = CODE 2 (S14/3)
3. NIS 12,001 AND OVER = CODE 3 (S14/4-7)

[FOR MEXICO DISPLAY:

In 2017, what was your household's total yearly income before taxes?

1. Less than 50,000 Mexican pesos
2. 50,000 to 74,999 Mexican pesos
3. 75,000 to 99,999 Mexican pesos
4. 100,000 to 149,999 Mexican pesos
5. 150,000 to 199,999 Mexican pesos
6. 200,000 to 249,999 Mexican pesos
7. 250,000 to 299,999 Mexican pesos
8. 300,000 to 399,999 Mexican pesos
9. 400,000 to 499,999 Mexican pesos
10. 500,000 to 999,999 Mexican pesos
11. 1,000,000 Mexican pesos or more
99. Decline to answer

HIDDEN VARIABLE

S14A [MEXICO INCOME RECODE]

1. 199,999 OR LESS (S14/1-5)
2. 200,000 TO 499,999 MEXICAN PESOS (S14/6-9)
3. 500,000 TO 999,999 MEXICAN PESOS (S14/10)
4. 1,000,000 MEXICAN PESOS OR MORE (S14/11)

[FOR BRAZIL DISPLAY:

In 2017, what was your household's total **monthly** income before taxes?

*Please remember that your individual information will never be shared. These questions are only used to ensure a representative mix of respondents is achieved.*

1. Less than 333 real
2. 334 to 999 real
3. 1,000 to 1,667 real
4. 1,668 to 3,332 real
5. 3,333 to 6,249 real
6. 6,250 to 8,333 real
7. 8,334 real or more
99. Decline to answer (You will not be able to continue) [TERMINATE]

[IF PROVIDED INCOME (S14/NE99) CONTINUE. ELSE TERMINATE]

HIDDEN VARIABLE

S14A [BRAZIL INCOME RECODE]

1. LESS THAN 333 REAL (S14/1)
2. 334 TO 999 REAL (S14/2)
3. 1,000 TO 1,667 REAL (S14/3)
4. 1,668 TO 6,249 REAL (S14/4,5)
5. 6,250 OR MORE (S14/6,7)

[FOR CHILE DISPLAY;

In 2017, what was your household's total **monthly** income before taxes?

*Please remember that your individual information will never be shared. These questions are only used to ensure a representative mix of respondents is achieved.*

1. Less than 300.000 chilean pesos
2. between 300.000 and 499,999 chilean pesos
3. between 500,000 and 999,999 chilean pesos
4. between 1.000.000 and 2,999,999 chilean pesos
5. between 3,000,000 and 4,999,999 chilean pesos
6. more than 5,000,000 chilean pesos
99. Decline to answer (You will not be able to continue) [TERMINATE]

[IF PROVIDED INCOME (S14/NE99) CONTINUE. ELSE TERMINATE]

HIDDEN VARIABLE

S14A [CHILI INCOME RECODE]

1. INCOME CODE 1 = S14/1 (Less than 300.000 chilean pesos)
2. INCOME CODE 2 = S14/2 (between 300.000 and 499,999 chilean pesos)
3. INCOME CODE 3 = S14/3 (between 500,000 and 999,999 chilean pesos)
4. INCOME CODE 3 = S14/4 (between 1.000.000 and 2,999,999 chilean pesos)
5. INCOME CODE 4 = S14/5 (between 3,000,000 and 4,999,999 chilean pesos)
6. INCOME CODE 5 = S14/6 (more than 5,000,000 chilean pesos)

[FOR SAUDI ARABIA DISPLAY:

In 2017, what was your household's total **monthly** income?

*Please remember that your individual information will never be shared. These questions are only used to ensure a representative mix of respondents is achieved.*

1. Less than 5,000 SAR
2. 5,001 – 10,000 SAR
3. 10,001 – 15,000 SAR
4. 15,001 – 20,000 SAR
5. 20,001 – 30,000 SAR
6. 30,001 SAR or more
99. Decline to answer (You will not be able to continue) [TERMINATE]

[IF PROVIDED INCOME (S14/NE99) CONTINUE. ELSE TERMINATE]

HIDDEN VARIABLE

S14A [SAUDI ARABIA INCOME RECODE]

1. INCOME CODE 1  
LESS THAN 5K (S14/1)
2. INCOME CODE 2  
5K TO 15K (S14/2-3)
3. INCOME CODE 3  
15K TO 20K (S14/4)
4. INCOME CODE 4  
20K+ (S14/5-6)

[FOR SOUTH KOREA DISPLAY:

In 2017, what was your household's total yearly income before taxes?

1. Under ₩12,000,000
2. ₩12,000,000 - ₩39,999,999
3. ₩40,000,000 - ₩59,999,999
4. ₩60,000,000 - ₩79,999,999
5. ₩80,000,000 - ₩99,999,999
6. ₩100,000,000 or more
99. Decline to answer (You will not be able to continue) [TERMINATE]

[IF PROVIDED INCOME (S14/NE99) CONTINUE. ELSE TERMINATE]

[FOR SPAIN DISPLAY:

In 2017, what was your household's total yearly income before taxes?

1. Under €9.499
2. €9.500 - €15.499
3. €15.500 - €29.999
4. €30.000- €49.999
5. €50.000 - €74.999
6. €75.000 to €99.999

7. €100.000 or more

99. Decline to answer (You will not be able to continue) [TERMINATE]

[IF PROVIDED INCOME (S14/NE99) CONTINUE. ELSE TERMINATE]

[FOR UAE DISPLAY:

In 2017, what was your household's total monthly income before taxes?

1. Less than AED 5,000

2. AED 5,000 – 9,999

3. AED 10,000 – 14,999

4. AED 15,000 – 19,000

5. AED 20,000 – 29,999

6. AED 30,000 or more

99. Decline to answer (you will not be able to continue) [TERMINATE]

[IF PROVIDED INCOME (S14/NE99) CONTINUE. ELSE TERMINATE]

[FOR JAPAN DISPLAY:

In 2017, what was your household's total yearly income before taxes?

1. Under ¥3,000,000

2. ¥3,000,000 - ¥5,499,999

3. ¥5,500,000 - ¥8,499,999

4. ¥8,500,000 - ¥11,499,999

5. ¥11,500,000 - ¥16,999,999

6. ¥17,000,000 or more

99. Decline to answer (You will not be able to continue) [TERMINATE]

[IF PROVIDED INCOME (S14/NE99) CONTINUE. ELSE TERMINATE]

HIDDEN VARIABLE:

S14A [JAPAN INCOME RECODE]

1. UNDER ¥3,000,000 (CODE 1)

2. ¥3,000,000 - ¥5,499,999 (CODE 2)

3. ¥5,500,000 - ¥8,499,999 (CODE 3)

4. ¥8,500,000 OR MORE (CODE 4)

[¥8,500,000 - ¥11,499,999, ¥11,500,000 - ¥16,999,999 & ¥17,000,000 OR MORE (S14/4-6 AS INCOME CODE 4 FOR DEMO TARGETING)]

IF AUSTRALIA, ISRAEL OR UAE, ASK S15B. ALL OTHER COUNTRIES JUMP TO S15C.]

**HCP: Q905A/B**

**AUSTRALIA OR UAE AND PROVIDED INCOME (S14/NE99)**

**S15B.** Do you consider yourself...?

Please select all that apply.

[ASKED IN AUSTRALIA AND UAE ONLY]

[FOR AUSTRALIA DISPLAY:

[ALPHA SORT; MULTISELECT]

1. Caucasian/Anglo
2. Indigenous/Aboriginal Torres Strait Islander
3. Chinese
4. Indian
5. South East Asian
6. Pacific Islander
7. Korean
8. Japanese
9. Middle Eastern
10. Other [ANCHOR]
99. Decline to answer [TERMINATE] [ANCHOR, EXCLUSIVE]

[IF SELECTS ETHNICITY (\$15B/NE99) CONTINUE. ELSE TERMINATE]

AUSTRALIA HIDDEN VARIABLE:

S15A [ETHNICITY RECODE]

1. OTHER ETHNICITY (CODE 5)  
[SOUTH EAST ASIAN, PACIFIC ISLANDER, KOREAN, JAPANESE, MIDDLE EASTERN & OTHER (\$15B/5-10 AS  
ETHNICITY CODE 5 FOR DEMO TARGETING)]

[FOR UAE DISPLAY:

[ALPHA SORT; MULTISELECT]

1. Emirati
2. Arabic, but not Emirati
3. South Asian
4. Egyptian
5. Filipino
6. Some other ethnicity [ANCHOR]
99. Decline to answer [ANCHOR] [EXCLUSIVE] TERMINATE

[IF SELECTS ETHNICITY (\$15B/NE99) CONTINUE. ELSE TERMINATE]

HIDDEN VARIABLE:

S15A [UAE ETHNICITY RECODE]

1. Emirati
2. Non-Emirati Arabic or South Asian  
[Arabic, but not Emirati; South Asian]
3. Egyptian
4. Filipino

5. Other  
[Some other ethnicity]

**AUSTRALIA OR ISRAEL OR UAE AND SELECTS ETHNICITY (S15B/NE99) OR ALL OTHER COUNTRIES AND PROVIDED INCOME (S14/NE99)**

**S15C.** What is the highest level of education you have completed, or the highest degree you have received?

[FOR UK DISPLAY:

1. Vocational qualifications (=NVQ1/NVQ2)
2. GCSE/O-Level/CSE
3. A-Level/Scottish Higher or equivalent (=NVQ3)
4. Bachelor Degree or equivalent (=NVQ4)
5. Master's/PhD or equivalent
6. Other
7. No formal qualifications

HIDDEN VARIABLE:

S15A [UK EDUCATION RECODE]

1. GCSE/O-Level/CSE [S15C/2]
2. A-Level/Scottish Higher or equivalent (=NVQ3) [S15C/3]
3. Bachelor Degree or equivalent (=NVQ4) [S15C/4]
4. Master's/PhD or equivalent [S15C/5]
5. Other [S15C/1+6]
6. No formal qualifications [S15C/7]

[FOR AUSTRALIA DISPLAY:

1. Less than High School
2. High School
3. Tertiary Education
4. Bachelor's Degree
5. Master's Degree
6. Doctorate
7. Other tertiary qualification or fellowship

[FOR ITALY DISPLAY:

1. [removed]
2. Elementare
3. Media inferiore
4. Diploma
5. Studi universitari, ma senza il raggiungimento della laurea
6. Laurea breve (corsi biennali o triennali)
7. Laurea (corsi quadriennali o quinquennali)
8. Dottorato
9. Sto ancora studiando
10. Nessun titolo di studio formale
11. Other

HIDDEN VARIABLE:

S15A [ITALY EDUCATION RECODE]

1. Elementare [S15C/2]
2. Media inferior [S15C/3]
3. Diploma [S15C/4]
4. Laurea breve (corsi biennali o triennali) [S15C/6]
5. Laurea (corsi quadriennali o quinquennali) [S15C/7]
6. Dottorato [S15C/8]
7. Other [S15C/1+5+9+10+11]

[DISPLAY FOR ISRAEL:

1. Part high school
2. Full high school
3. Tertiary education
4. Academic – Bachelor
5. Academic – MA and above

HIDDEN VARIABLE

S15A [ISRAEL EDUCATION RECODE]

1. LESS THAN SECONDARY (S15C/1-3)  
[Less than high school, Some high school, High school or equivalent]
2. SECONDARY (S15C/4)  
[Bachelor's degree]
3. ADVANCED (S15/5-6)  
[Some graduate school, but no degree; Graduate school]

[DISPLAY FOR CHILE:

1. Never attended
2. Differential
3. Basic or preparatory school
4. Humanist Scientific Media or Humanities
5. Technical Media Professional, Commercial, Industrial or Normalist
6. Higher Level Technician
7. Professional
8. Post-title
9. Master's
10. Doctorate's

HIDDEN VARIABLE:

S15A [CHILI EDUCATION RECODE]

CHILE EDUCATION RECODES

1. IF NEVER ATTENDED, DIFFERENTIAL, OR BASIC OR PREPARATORY SCHOOL (CODES 1-3) = BELOW SECONDARY EDUCATION
2. IF HUMANIST SCIENTIFIC MEDIA OR HUMANITIES, TECHNICAL MEDICA PROFESSIONAL, COMMERCIAL, INDUSTRIAL OR NORMALIST, OR HIGHER-LEVEL TECHNICIAN (CODES 4-6) = SECONDARY EDUCATION
3. IF PROFESSIONAL, POST-TITLE, MASTER'S, OR DOCTORATE'S (CODES 7-10) = TERTIARY EDUCATION



[DISPLAY FOR MEXICO:

1. Less than high
2. High school
3. Preparatory school or baccalaureate
4. Normal basic
5. Technical or commercial studies after primary school
6. Technical or commercial studies after high school
7. Technical or commercial studies after preparatory school
8. Bachelor degree
9. Master's degree
10. Doctorate

HIDDEN VARIABLE:

S15A [MEXICO EDUCATION RECODE]

1. IF LESS THAN HIGH SCHOOL OR NORMAL BASIC (CODES 1,4) = BELOW SECONDARY EDUCATION
2. IF HIGH SCHOOL OR PREPARATORY SCHOOL OR BACCALAUREATE (CODES 2-3) = SECONDARY EDUCATION
3. IF TECHNICAL OR COMMERCIAL STUDIES AFTER PRIMARY SCHOOL, TECHNICAL OR COMMERCIAL STUDIES AFTER HIGH SCHOOL, TECHNICAL OR COMMERCIAL STUDIES AFTER PREPARATORY SCHOOL, BACHELOR DEGREE, MASTER'S DEGREE, OR DOCTORATE'S DEGREE (CODES 5-10) = TERTIARY EDUCATION

[DISPLAY FOR BRAZIL:

1. Less than youth and adult literacy
2. Youth and adult literacy
3. Regular basic education
4. Youth and adult basic education
5. Regular upper secondary education
6. Youth and adult upper secondary education
7. Higher education
8. Higher education specialization (at least 360 hours)
9. Master Degree
10. Doctorate (PhD)

[DISPLAY FOR JAPAN:

1. Less than lower secondary school
2. Lower secondary school
3. Upper secondary school
4. Some college, but no degree
5. Associate's degree
6. Technical college graduation diploma
7. Special training school advanced course certificate of completion
8. Bachelor's degree (e.g., B.A., B.S.)

9. Some graduate school, but no degree
10. Graduate school (e.g., M.S., M.D., Ph.D.)

HIDDEN VARIABLE:

S15A [EDUCATIONAL RECODES]

1. LOWER SECONDARY OR LESS (CODE 1)  
[LESS THAN LOWER SECONDARY SCHOOL, LOWER SECONDARY SCHOOL (S15C/1-2 AS EDUCATION CODE 1 FOR DEMO TARGETING)]
2. UPPER SECONDARY SCHOOL (CODE 2)  
[UPPER SECONDARY SCHOOL, SOME COLLEGE BUT NO DEGREE (S15C/3-4 AS EDUCATION CODE 2 FOR DEMO TARGETING)]
3. ADVANCED DEGREE (CODE 3)  
[ASSOCIATE'S DEGREE, TECHNICAL COLLEGE GRAD DIPLOMA, SPECIAL TRAINING SCHOOL ADVANCED COURSE CERTIFICATE OF COMPLETION, BACHELOR'S DEGREE, SOME GRAD SCHOOL BUT NO DEGREE, GRADUATE SCHOOL (S15C/5-10 AS EDUCATION CODE 3 FOR DEMO TARGETING)]

[DISPLAY FOR SAUDI ARABIA:

1. Less than high school
2. High school
3. Diploma degree
4. Bachelor's degree (e.g., B.A., B.S.)
5. Graduate degree (e.g., M.S., M.D., Ph.D.)

HIDDEN VARIABLE

S15A [SAUDI ARABIA EDUCATION RECODE]

1. LESS THAN SECONDARY  
[Less than high school, high school]
2. SECONDARY  
[Diploma degree, bachelor's degree]
3. ADVANCED  
[Graduate degree]

[DISPLAY FOR SOUTH KOREA:

1. Less than middle school
2. Middle school
3. High school
4. Some college, but no degree
5. Associate's degree
6. Bachelor's degree (e.g., B.A., B.S.)
7. Some graduate school, but no degree
8. Graduate school (e.g., M.S., M.D., Ph.D.)

HIDDEN VARIABLE:

S15A [EDUCATIONAL RECODES]

1. LESS THAN MIDDLE SCHOOL (CODE 1)
2. MIDDLE SCHOOL (CODE 2)

3. HIGH SCHOOL & SOME COLLEGE BUT NO DEGREE (CODE 3)  
[HIGH SCHOOL & SOME COLLEGE BUT NO DEGREE (S15C/3-4 AS EDUCATION CODE 3 FOR DEMO TARGETING)]
4. ADVANCED DEGREE (CODE 4)  
[ASSOCIATE'S DEGREE, BACHELOR'S DEGREE, SOME GRAD SCHOOL BUT NO DEGREE, GRADUATE SCHOOL (S15C/5-7 AS EDUCATION CODE 4 FOR DEMO TARGETING)]

[DISPLAY FOR SPAIN:

1. Sin titulación formal
2. Secundaria (eso)
3. Bachillerato
4. Estudios universitarios no finalizados
5. Diplomatura
6. Licenciatura
7. Master/postgraduado/ doctorado/phd
8. Aún cursa estudios
9. Other

HIDDEN VARIABLE:

S15A [SPAIN EDUCATION RECODE]

1. Sin titulación formal [S15C/1]
2. Secundaria (eso) [S15C/2]
3. Bachillerato [S15C/3]
4. Estudios universitarios no finalizados [S15C/4]
5. Diplomatura [S15C/5]
6. Licenciatura [S15C/6]
7. Master/postgraduado/ doctorado/phd [S15C/7]
8. Other [S15C/8 +9]

[DISPLAY FOR UAE:

1. Less than high school
2. Some high school
3. High school or equivalent (e.g., GED)
4. Some college, but no degree
5. Associate's degree
6. Bachelor's degree (e.g., B.A., B.S.)
7. Some graduate school, but no degree
8. Graduate school (e.g., M.S., M.D., Ph.D.)

HIDDEN VARIABLE

S15A [UAE EDUCATION RECODE]

1. LESS THAN SECONDARY  
[Less than high school or Some high school or High school]

## 2. SECONDARY

[Some college or Bachelor's degree or Associate's degree]

## 3. ADVANCED

[Some graduate school, but no degree, Graduate school]

**S50. DEMOGRAPHIC TARGETS (%)**

(Yellow cells indicate variables that will not be used for targeting due to absence of available data.)

**DEMOGRAPHIC TARGETS (%) - Updated 5.24.18**

Country	Italy	Spain	UK	Brazil	Chile	Mexico**	Australia	Israel	Saudi Arabia	UAE	Japan	South Korea
Region code 1	27%	20%	84%	6%	6%	9%	2%	11%	30%	34%	4%	13%
Region code 2	19%	21%	3%	8%	16%	11%	33%	32%	35%	32%	8%	49%
Region code 3	20%	18%	8%	20%	51%	22%	1%	26%	5%	19%	33%	22%
Region code 4	23%	20%	5%	11%	24%	32%	19%	22%	16%	5%	17%	14%
Region code 5	11%	14%		55%	2%	16%	8%	9%	15%	1%	18%	2%
Region code 6		7%				10%	2%			5%	6%	
Region code 7							25%			3%	3%	
Region code 8							10%				11%	
Male	48%	49%	48%	49%	48%	49%	50%	50%	57%	68%	48%	50%
Female	52%	51%	52%	51%	52%	51%	50%	50%	43%	32%	52%	50%
Income code 1			13%	3%	39%	27%	1%	35%	16%	15%	32%	20%
Income code 2			39%	23%	30%	33%	2%	41%	35%	20%	30%	18%
Income code 3			22%	23%	20%	19%	12%	24%	29%	15%	21%	17%
Income code 4			18%	25%	9%	21%	15%		20%	21%	18%	16%
Income code 5			4%	26%	1%		8%			13%		15%
Income code 6			2%		1%		18%			16%		14%
Income code 7			2%				22%					
Income code 8							22%					

## ACTION IO Study – People with Obesity Questionnaire

18-24 years	8%	9%	9%	16%	15%	19%	12%	16%	20%	14%	10%	11%
25-34 years	15%	18%	17%	24%	21%	24%	18%	21%	32%	39%	17%	16%
35-44 years	18%	21%	19%	20%	18%	21%	18%	19%	23%	28%	16%	19%
45-54 years	18%	18%	18%	17%	19%	16%	17%	16%	13%	13%	15%	19%
55-64 years	15%	13%	15%	12%	14%	10%	15%	12%	7%	4%	18%	18%
65 and over	26%	21%	22%	11%	14%	10%	19%	17%	5%	1%	24%	17%
Edu code 1	6%	3%	18%		35%	63%	20%	10%	45%	56%	17%	5%
Edu code 2	32%	31%	10%		42%	20%	36%	25%	32%	43%	49%	8%
Edu code 3	41%	22%	23%		23%	17%	12%	22%	23%	2%	34%	40%
Edu code 4	4%	1%	13%				25%	32%				47%
Edu code 5	14%	11%	17%				5%	11%				
Edu code 6	1%	10%	19%				1%					
Edu code 7	2%	12%					1%					
Edu code 8		10%										
Edu code 9												
ER code 1							74%			12%		
ER code 2							5%			59%		
ER code 3							3%			10%		
ER code 4							1%			6%		
ER code 5							16%			13%		
ER code 6												
ER code 7												
ER code 8												

Socio-Eco Level* (ONLY for RN/SSI sample targeting, for Mexico)						27% (low, lowest class (D,E)						
						33% (lower mid class, D+)						
						19% (middle class, C)						
						21% (upper mid, upper class A,B,C)						

\* source from RN: <http://www.city-data.com/forum/mexico/573620-distribution-socio-economic-levels-mexico.html>

\*\* NOTE: income targets for Mexico *are approximate, not verifiable*, so we should **not** use income targets when we do the weighting calculation for Mexico.

[IF FEMALE OR OTHER (S5/2-3) ASK S15E. ELSE CONTINUE]

**FEMALE (S5/2)**

**S15E.** Are you currently pregnant?

- |        |           |
|--------|-----------|
| 1. Yes | TERMINATE |
| 2. No  | CONTINUE  |

**PROVIDED INCOME (S14/NE99)**

**S15G.** Do you participate in intense fitness or body building programs and consider yourself extremely fit?

- |        |           |
|--------|-----------|
| 1. Yes | TERMINATE |
| 2. No  | CONTINUE  |

**PROVIDED INCOME (S14/NE99)**

**S16.** What is your height?

*Your best estimate will do.*

[DO NOT ALLOW ZERO FOR BOTH OPTIONS]

[FOR UK DISPLAY BOTH OPTIONS:

[RANGE 1-9]

Feet: | |

[RANGE 0-11]

Inches: | |

[FOR ALL OTHER COUNTRIES ONLY DISPLAY:

Please enter your height in meters and centimeters (e.g., if your height is 1.50 m, please enter 1 in the meter box and 50 in the centimeter box)

[RANGE 0-3]

Meters: | |

[RANGE 0-99]

Centimeters: | |

[FEET/INCHES AND METER/CM SECTIONS ARE MUTUALLY EXCLUSIVE]

**PROVIDED INCOME (S14/NE99)**

**S17.** What is your current weight?

*Please be as exact as possible.*

[IF UK DISPLAY POUNDS, STONE, AND KILOGRAMS, ONLY ALLOW INPUT AT STONE AND POUNDS **OR** KILOGRAMS]

[RANGE 50-1000]

Pounds: | | | |

[RANGE 3-70]

Stone: |\_|\_|\_|

[FOR UK ONLY DISPLAY HERE: OR]

[ALL OTHER COUNTRIES ONLY DISPLAY:

[RANGE 1-999]

Kilograms: |\_|\_|\_|

[STONE, POUNDS AND KILOGRAM SECTIONS ARE MUTUALLY EXCLUSIVE]

#### S18. HIDDEN QUESTION FOR BMI CALCULATION

FOR INTERNATIONAL SYSTEM

S16 convert to m, where 1 m = 100 cm

$BMI = S17 \text{ kg} / [S16 \text{ m}^2]$

*Example: S17 Weight = 68 kg, S16 Height = 165 cm (1.65 m)*

*Calculation:  $68 \div (1.65)^2 = 24.98$*

FOR IMPERIAL (POUNDS) SYSTEM

S16 – convert to in, where 1 ft = 12 in

$[BMI = [(S17 \text{ lbs}) / (S16 \text{ in}^2)] \times 703]$

*Example: S17 Weight = 150 lbs, S16 Height = 5'5" (65")*

*Calculation:  $[150 \div (65^2)] \times 703 = 24.96$*

FOR STONE SYSTEM

S16 – convert to in, where 1 ft = 12 in

$[BMI = [(S17 \text{ stone}) \times 14 / (S16 \text{ in}^2)] \times 703]$

#### S19. HIDDEN QUESTION FOR WEIGHT CLASSIFICATION

[FOR ALL COUNTRIES, EXCEPT JAPAN AND S. KOREA:

1. Underweight (S18 < 18.5)
2. Normal Range (S18 ≥ 18.5 AND S18 < 25)
3. Overweight (S18 ≥ 25 AND S18 < 30)
4. Obese Class I (S18 ≥ 30 AND S18 < 35)
5. Obese Class II (S18 ≥ 35 AND S18 < 40)
6. Obese Class III (S18 ≥ 40)

[FOR JAPAN AND S. KOREA:

1. Underweight (S18 < 18.5)
2. Normal Weight (S18 ≥ 18.5 AND S18 < 25)
3. Obese Class 1 (S18 ≥ 25 AND S18 < 30)
4. Obese Class 2 (S18 ≥ 30 AND S18 < 35)
5. Obese Class 3 (S18 ≥ 35 AND S18 < 40)
6. Obese Class 4 (S18 ≥ 40)



[IF NOT JAPAN OR SOUTH KOREA AND CURRENT BMI 30+ ( $S18 \geq 30$ ) ASK S20B. IF JAPAN OR SOUTH KOREA AND BMI 25+ ( $S18 \geq 25$ ) ASK S20B. ELSE, TERMINATE.]

**[IF PREGNANT S15E/1 TERMINATE; IF PARTICIPATES IN BODY BUILDING/EXTREMELY FIT S15G/1, TERMINATE]**

**BMI 30+ ( $S18 \geq 30$ ) OR JAPAN OR SOUTH KOREA AND BMI 25+ ( $S18 \geq 25$ )**

**S20B.** What is the least you have weighed in the past 3 years?

*Your best estimate will do.*

[IF UK DISPLAY METRIC CHOSEN AT S17; ONLY ALLOW INPUT AT STONE AND POUNDS OR KILOGRAMS]

[RANGE 0-S17-1]

Pounds: |\_|\_|\_|

[RANGE S17-70]

Stone: |\_|\_|\_|

[ALL OTHER COUNTRIES ONLY DISPLAY:

[RANGE S17-999]

Kilograms: |\_|\_|\_|

99.     [ ] I currently weigh the least I've weighed in the past 3 years [EXCLUSIVE]

[IF CURRENTLY MIN WEIGHT (S20B/99) AUTO FILL S20B WITH S17]

**BMI 30+ ( $S18 \geq 30$ ) OR JAPAN OR SOUTH KOREA AND BMI 25+ ( $S18 \geq 25$ )**

**S20.** What is the most you have weighed in the past 3 years?

*[IF FEMALE OR OTHER (S5/2-3) show: "Please do not consider pregnancy."]*

*Your best estimate will do.*

[IF UK DISPLAY METRIC CHOSEN AT S17]

[RANGE S17 +1 -1000]

Pounds: |\_|\_|\_|

[RANGE S17 +1 -70]

Stone: |\_|\_|\_|

[ALL OTHER COUNTRIES ONLY DISPLAY:

[RANGE S17 +1 -999]

Kilograms: |\_|\_|\_|

99.     [ ] I currently weigh the most I've weighed in the past 3 years [EXCLUSIVE]

[IF CURRENTLY MAX WEIGHT (S20/99) AUTO FILL S20 WITH S17]

**BMI 30+ (S18  $\geq$  30) OR JAPAN OR SOUTH KOREA AND BMI 25+ (S18  $\geq$  25)**

**S15F.** In the past 6 months have you had significant weight loss due to major injury or illness (e.g., cancer, accident)?

1. Yes
2. No

**BMI 30+ (S18  $\geq$  30) OR JAPAN OR SOUTH KOREA AND BMI 25+ (S18  $\geq$  25)**

**S21.** HIDDEN QUESTION FOR PERCENT WEIGHT LOSS

$$\text{PERCENT WEIGHT LOSS} = ((S20 - S17) / S20) * 100$$

[IF AT LEAST 3% WEIGHT LOSS (S21 $\geq$ 3) ASK S22. ELSE JUMP TO S25]

**AT LEAST 3% WEIGHT LOSS (S21 $\geq$ 3)**

**S22.** You indicated your current weight is less than your maximum weight within the past 3 years. For how long would you say you've been able to maintain your weight loss?

1. 6 months or less
2. More than 6 months but less than a year
3. A year or more
4. I have not been able to maintain weight loss

**AT LEAST 3% WEIGHT LOSS (S21 $\geq$ 3)**

**S22B.** You indicated your current weight is less than your maximum weight within the past 3 years. How successful do you feel you have been in losing weight?

1. Not at all successful
2. Not very successful
3. Somewhat successful
4. Very successful
5. Extremely successful

**BMI 25+ (S18  $\geq$  25)**

**S25.** HIDDEN QUESTION FOR WEIGHT LOSS STATUS

1. MAINTAINING WEIGHT LOSS (GET IF 10%+ LOSS AND MORE THAN 1 YEAR SUCCESS AND NOT ILLNESS/INJURY (S21  $\geq$  10 AND S22/3 AND S15F/2))
2. NOT CURRENTLY MAINTAINING WEIGHT LOSS (GET IF LESS THAN 10% LOSS OR NOT MORE THAN 1 YEAR SUCCESS (S21 < 10 OR S22/1,2,4 OR S15F/1))

**BMI 30+ (S18  $\geq$  30) OR JAPAN OR SOUTH KOREA AND BMI 25+ (S18  $\geq$  25)**

**S27.** Which of the following statements best describes you today?

1. I am **not** concerned about my weight, and I **have no plans** for weight loss within the next 6 months
2. I am concerned about my weight, but I **have no plans** for weight loss within the next 6 months

3. I am aware I have excess weight, and am **seriously considering** taking action to lose weight
4. I am aware I have excess weight, and I intend to take action to lose weight **within the next month**
5. I am committed to/enrolled in a plan to lose weight
6. I have lost weight in the past year and have been able to keep it off
7. I have lost weight in the past year, but have **not** been able to keep it off

**BMI 30+ (S18  $\geq$  30) OR JAPAN OR SOUTH KOREA AND BMI 25+ (S18  $\geq$  25)**

**S28.** Have you spoken to your healthcare provider about a weight loss plan within the past 6 months?

1. Yes
2. No

**FINAL QUOTA QUESTIONS**

**S100**

**TOTAL N =XXX**

1. PERSON WITH OBESITY N = XXX
  - a. AGE 18+ (S4>17)
  - b. LIVES IN THE TARGET MARKET (S10/NE99)
  - c. NOT PREGNANT (S5/1 or (S5/2-3 AND S15E/2))
  - d. DOES NOT PARTICIPATE IN INTENSE FITNESS OR BODY BUILDING PROGRAMS (S15G/2)
  - e. CURRENT BMI 30+ OR 25+ (S18  $\geq$  30 IN ALL COUNTRIES EXCEPT JAPAN AND S. KOREA, OR S18  $\geq$  25 IN JAPAN OR S. KOREA)
  - f. PROVIDED INCOME (S14/NE99)
  - g. IF AUSTRALIA, ISRAEL OR UAE, SELECTS ETHNICITY (S15B/NE99)
2. NOT QUALIFIED N=9999

**SOFT QUOTAS QUESTION**

**S102 COMMITTED TO ACTION**

1. COMMITTED TO ACTION N = XXX
  - a. INTEND TO TAKE ACTION TO LOSE WEIGHT OR COMMITTED TO/ENROLLED IN A PLAN TO LOSE WEIGHT (S27/4-5)
2. NOT COMMITTED TO ACTION N = XXX
  - a. NOT ACTIVELY COMMITTED OR TAKING ACTION TO LOSE WEIGHT (S27/NE 4-5)

**SOFT QUOTAS QUESTION**

**S120 – MAINTAINING WEIGHT LOSS SUCCESS**

1. MAINTAINING WEIGHT LOSS (S25/1) N=9999
2. NOT CURRENTLY MAINTAINING WEIGHT LOSS (S25/2) N=9999

**SOFT QUOTAS QUESTION**

**S125 WEIGHT CLASSIFICATION**

[FOR ALL COUNTRIES, EXCEPT JAPAN AND S. KOREA:

ACTION IO Study – People with Obesity Questionnaire

- |    |                 |                                  |        |
|----|-----------------|----------------------------------|--------|
| 1. | Obese Class I   | ( $S18 \geq 30$ AND $S18 < 35$ ) | N=9999 |
| 2. | Obese Class II  | ( $S18 \geq 35$ AND $S18 < 40$ ) | N=9999 |
| 3. | Obese Class III | ( $S18 \geq 40$ )                | N=9999 |

[FOR JAPAN AND KOREA:

- |    |               |                                  |        |
|----|---------------|----------------------------------|--------|
| 1. | Obese Class 1 | ( $S18 \geq 25$ AND $S18 < 30$ ) | N=9999 |
| 2. | Obese Class 2 | ( $S18 \geq 30$ AND $S18 < 35$ ) | N=9999 |
| 3. | Obese Class 3 | ( $S18 \geq 35$ AND $S18 < 40$ ) | N=9999 |
| 4. | Obese Class 4 | ( $S18 \geq 40$ )                | N=9999 |

<b>SECTION 100: PATIENT WEIGHT HISTORY / DEMOGRAPHICS</b>
---

**ALL RESPONDENTS (S100/1)**

**Q100.** Thank you so much for your willingness to participate in this important research study. Please be aware that we may be asking some sensitive questions about your personal health. This is to ensure that we have participants from a wide range of backgrounds and economic circumstances, so it is more reflective of the general wider community. We appreciate your open and honest feedback and want to assure you that your responses will be kept strictly confidential and only reported in summary with other respondents' data.

We have a few more demographic questions for you. Which of the following best describes your current employment status?

1. Employed full-time
2. Employed part-time
3. Self-employed
4. Not employed, but looking for work
5. Not employed and not looking for work
6. Retired [HIDE FOR AUS]
7. Student
8. Permanent disability
9. Government pension [ONLY DISPLAY FOR AUSTRALIA]
10. Retired – self funded [ONLY DISPLAY FOR AUSTRALIA]
11. Other
12. Decline to answer

**ALL RESPONDENTS (S100/1)**

**Q101.** What is your marital status?

1. Married / [FOR ALL COUNTRIES EXCEPT UK INSERT: "Common-law"] [FOR UK INSERT: "Civil Partnership"]
2. Single
3. Divorced / Separated
4. Living with partner in same household [DO NOT DISPLAY FOR SAUDI ARABIA]
5. In a serious relationship but not living in the same household [DO NOT DISPLAY FOR SAUDI ARABIA]
6. Widowed
7. Other

**ALL RESPONDENTS (S100/1)**

**Q102A.** In general, would you say your health is:

[DO NOT SHOW #S ON SCREEN]

- |           |           |      |      |      |
|-----------|-----------|------|------|------|
| Excellent | Very Good | Good | Fair | Poor |
| 1         | 2         | 3    | 4    | 5    |

**ALL RESPONDENTS (S100/1)**

**Q103.** Which of the following do you believe best describes your current weight?

1. Underweight
2. Normal weight

3. Overweight
4. Obese
5. Extremely obese

HCP: Q105

**ALL RESPONDENTS (S100/1)**

**Q110.** Which of the following best describes how your weight changed over time?

*Your best estimate will do.*

[DISPLAY AS GRID]

[COLUMNS]

1. I have generally lost weight
2. My weight has been generally stable (no change)
3. I have generally gained weight
4. My weight has generally fluctuated (gone up and down)

[ROWS]

1. Past year
2. Past 10 years

**ALL RESPONDENTS (S100/1)**

**Q120.** Have you **discussed** your weight or talked about losing weight with a healthcare provider (IF NOT AUSTRALIA INSERT “physician” IF AUSTRALIA INSERT “doctor”), nurse [FOR MEXICO ONLY, DO NOT DISPLAY NURSE], etc.) in the past 5 years?

[COLUMNS]

- A. Yes
- B. No

[ROWS]

1. Discussed your excess weight
2. Discussed losing weight

**HAS DISCUSSED WITH HCP AND HAD SUCCESSFUL WEIGHT LOSS EFFORT (S120/1 AND (Q120/1 OR 2 = A))**

**Q120A.** Based on your previous responses, you indicated that you have lost weight and maintained it in the past 3 years. Which of the following best describes your approach to maintaining weight loss?

*Please select all that apply.*

[MULTISELECT]

1. I used recommendations from my healthcare provider
2. I used recommendations from a wellness/fitness program or a personal trainer
3. I found resources/strategies on my own on how to best lose weight
4. I used recommendations from family or friends
5. Other

**ALL RESPONDENTS (S100/1)**

**Q121A.** [IF DISCUSSED (Q120/1 OR 2 = A) “Which of the following healthcare providers have you ever discussed your weight with?”]

*Please consider all weight related conversations, regardless of who initiated the conversation.”]*

IF HASN'T DISCUSSED (Q120/1 AND 2 = B) “Which of the following healthcare providers would you consider discussing your weight with?”]

[AUS: SHOW PHYSICIAN AS “doctor”]

*Please select all that apply.*

[ALPHABETICAL ORDER, WITH PRIMARY CARE PHYSICIAN ANCHORED AT TOP; SELECT ALL THAT APPLY]

1. Cardiologist
2. Diabetes Educator [DO NOT DISPLAY FOR ITALY]
3. Endocrinologist [ONLY DISPLAY “Endocrinologist/Diabetologist” FOR CHILE]
4. Internal Medicine Physician [DO NOT DISPLAY FOR UK, CHILE]
5. Physician specializing in obesity
6. Nurse
7. Obstetrician / Gynecologist (OB/GYN) [ONLY DISPLAY IF FEMALE OR OTHER (S5/1-3)]
8. Orthopedic specialist
9. Pharmacist
10. Primary care physician [ANCHOR AS FIRST OPTION]
11. Psychologist / Behavioral therapist
12. Dietitian, Nutritionist (non-physician)
13. Rheumatologist
14. Sleep specialist
15. Surgeon
16. Physician who specializes in nutrition
17. Psychiatrist
18. Diabetologist [DISPLAY ONLY FOR JAPAN, THEY CONSIDER ENDO AND DIAB SEPARATE]

[IF ONLY SPOKE WITH 1 HCP (Q121A/ONE RESPONSE) AUTOFILL Q121B AND SKIP]

**ALL RESPONDENTS (S100/1)**

**Q121B.** [IF DISCUSSED (Q120/1 OR 2 = A) “With which of the following healthcare providers have you discussed your weight most often?”]

IF HASN'T DISCUSSED (Q120/1 AND 2 = B) “With which of the following healthcare providers would you most like to discuss your weight?”]

*Please select only one response.*

[DISPLAY ONLY THOSE SELECTED AT Q121A]

**ALL RESPONDENTS (S100/1)**

**Q121C.** [IF DISCUSSED (Q120/1 OR 2 = A) “Overall, how helpful do you believe your [INSERT Q121B RESPONSE] is in finding solutions to assist with your weight management and/or weight loss efforts?”]

IF HASN'T DISCUSSED (Q120/1 AND 2 = B) "Overall, how helpful do you believe a(an) [INSERT Q121B RESPONSE] would be in finding solutions to assist with your weight management and/or weight loss efforts?"

1. Not at all helpful
2. A little helpful
3. Somewhat helpful
4. Very helpful
5. Extremely helpful

**ALL RESPONDENTS (S100/1)**

**Q122A.** Approximately how old were you when you first remember struggling with excess weight or obesity?

*Your best estimate will do.*

[RANGE 0-S4]

Age |\_|\_|

[IF DISCUSSED (Q120/1 OR 2 = A) ASK Q122. ELSE JUMP TO Q200]

**HAS DISCUSSED WITH HCP (Q120/1 OR 2 = A)**

**Q122.** Approximately how old were you when a healthcare provider first discussed your excess weight or recommended that you lose weight?

*Your best estimate will do.*

[RANGE Q122A-43]

Age |\_|\_|

**HAS DISCUSSED WITH HCP (Q120/1 OR 2 = A)**

**Q124.** When was the most recent time you discussed your weight in relation to your health with a healthcare professional?

*Please consider the most recent time this was discussed, whether or not this was the main reason for your visit.*

1. Within the past 6 months
2. More than 6 months ago, but within the past year
3. More than a year ago, but within the past 3 years
4. More than 3 years ago, but within the past 5 years
5. More than 5 years ago

**HCP: Q235**

**HAS DISCUSSED WITH HCP (Q120/1 OR 2 = A)**

**Q130.** Which of the following best describes your actions after your most recent discussion with your [INSERT Q121B SELECTION] regarding your weight?

1. I followed or am following my healthcare provider's suggestions successfully.
2. I followed my healthcare provider's suggestions and was somewhat successful.
3. I tried to follow my healthcare provider's suggestions but stopped or was unsuccessful.
4. I did not follow my healthcare provider's suggestions at all.
5. My healthcare provider did not provide any suggestions following our most recent discussion.



**SECTION 200: READINESS TO CHANGE / PREVIOUS SUCCESS**

**ALL RESPONDENTS (S100/1)**

**Q200.** Now, we would like to understand your overall goals concerning your weight and health. Please select the top 3 most important goals for you to personally achieve as part of your weight management, if any.

*Please select only 3 items.*

[SELECT 3] [RANDOMIZE]

1. Maintain current weight without gaining more
2. To lose (any amount of) weight
3. To lose a pre-specified % of my body weight
4. To lose a pre-specified number on the scale
5. To decrease the number of medications I must take
6. To improve my existing health condition(s)
7. To reduce the risks associated with excess weight / prevent a health condition
8. To have more energy
9. To improve my appearance
10. To buy / wear clothing that I like
11. To feel more confident / less judged by other people
12. To improve my sex life
13. To improve chances for career progression
14. To stay active with my family
15. To live a longer life
16. Other [ANCHOR]
17. None, I do not have any weight management goals [EXCLUSIVE] [ANCHOR]

HCP: Q225

**ALL RESPONDENTS (S100/1)**

**Q203.** Which of the following, if any, have motivated you the most to lose weight?

*Please select all that apply.*

[MULTIPLE RESPONSE] [RANDOMIZE WITHIN GROUP. RANDOMIZE GROUP ORDER, DON'T SHOW HEADINGS]

**Physical Health**

1. Having general health concerns
2. Wanting to stop or not need to take medication for a weight-related health condition
3. Reaching the upper end of the weight range I am comfortable with
4. A specific personal medical event (heart attack, stroke, etc.) or diagnosis (diabetes, liver disease, sleep apnea, etc.)

**Support**

5. Encouragement, support, recommendations from family or friends
6. Encouragement, support, recommendations from a healthcare provider
7. Encouragement, support, recommendations from wellness/fitness programs or a personal trainer
8. Encouragement, support from others who are trying to lose weight (losing weight with a spouse, work, health or fitness competition, etc.)

**Appearance**

9. Wanting to fit into a smaller clothing size
10. Wanting to be more fit/in better shape

**Goals**

11. Wanting to feel better physically, have more energy or be more active
12. Wanting to be more confident/improve my self-esteem
13. Wanting to improve my job performance
14. Wanting to improve my sex life
15. Wanting to be a positive role model for my family/children

**Life Events**

16. A major life change such as retirement, divorce, break-up, starting a family
17. An upcoming special occasion or event
18. A specific medical event (heart attack, stroke, etc.) or diagnosis (diabetes, liver disease, sleep apnea, etc.) in a family member/close friend
19. Other [ANCHOR]
20. None of the above/I have no desire to lose weight [EXCLUSIVE] [ANCHOR]

**HCP: Q215**

**ALL RESPONDENTS (\$100/1)**

**Q205.** How many times in your adult life (after age 18) have you made a serious weight loss effort (e.g., followed a program, set goals, put your mind to it, or worked with a qualified healthcare professional), whether or not you were successful?

*Please enter 0 if you have never made a serious weight loss effort.*

*Please provide your best estimate.*

[RANGE 0-99]

# weight loss effort(s) |\_|\_|\_|

[IF MADE WEIGHT LOSS EFFORT (Q205/ >0) ASK Q210A. ELSE JUMP TO Q245.]

**HCP: Q515**

**MADE WEIGHT LOSS EFFORT (Q205/ >0)**

**Q210A.** Which of the following methods for managing your weight **have you ever discussed with a healthcare provider?**

*Please select all that apply.*

[AUS: SHOW PHYSICIAN AS “doctor”]

[MULTI-SELECT, RANDOMIZE ROWS WITHIN GROUP, RANDOMIZE GROUP ORDER EXCEPT 16 AND 99 ITEMS, DON'T SHOW HEADINGS]

**Diet / Healthy Eating**

1. General improvement in eating habits / reducing calories
2. Specific diet or diet program [INSERT COUNTRY SPECIFIC CONTENT PER LIST BELOW]
3. [DISPLAY FOR ALL COUNTRIES EXCEPT JAPAN: Elimination diets; DISPLAY FOR JAPAN: Restricted diets (avoiding fats, sugary beverages, carbohydrates, etc.)]

[COUNTRY SPECIFIC INSERTS FOR CODE 2:

[FOR AUSTRALIA (e.g., Get Healthy Line, Weight Watchers, CSIRO Diet)

[FOR BRAZIL (e.g., Vigilantes do Peso (Weight Watchers); dieta da proteina; dieta orthomolecular)  
[FOR CHILE (e.g., Multidisciplinary program, Gres method, meal replacement with protein shakes, Genotype's diet)  
[FOR ISRAEL HIDE "(e.g.,)"  
[FOR ITALY (e.g., Dieta chetogenica, dieta zona, dieta Atkins)  
[FOR JAPAN (e.g., Tokutei-Hoken-Shido)  
[FOR MEXICO (e.g., Weight Watchers, Pronokal, Jenny Craig)  
[FOR SAUDI ARABIA (e.g., Diet Watchers, Cambridge Weight Plan, Diet World, Slim Diet, Diet Center, Green Apples)  
[FOR SOUTH KOREA (e.g., Herbal Life, slimming dietary supplements)  
[FOR SPAIN (e.g., Weight Watchers, Herbal Life, Naturhouse, Pronokal, Dukan, Montignac)  
[FOR UAE (e.g., Dukan diet, Cambridge diet, paleo diet, 5:2 diet and catered food diets (lively, Right Bite))  
[FOR UK (e.g., Weight Watchers, Slimming World, Lighter Life, Rosemary Connelly)

#### Exercise

4. Generally, be more active / increase physical activity
5. A formal exercise program / Gym membership / Personal trainer

#### Tracking

6. Meal / nutrient tracking (on paper or an app)
7. Exercise tracking (on paper or app such as smartphone apps, wearable fitness tracker, etc.)

#### Medical Treatment / Medication

8. Over-the-counter (non-prescription) weight loss medication (vitamins, supplements, etc.)
9. Prescription weight loss medication
10. Visiting a nutritionist / dietitian (non-physician)
11. Visiting an obesity specialist
12. Behavior therapy or psychotherapy such as counseling or behavior modification
13. Weight loss surgery / bariatric surgery

#### Quality of life management

14. Stress management
15. Sleep quality management
16. Other [ANCHOR]
17. None of the above [EXCLUSIVE][ANCHOR]

#### MADE WEIGHT LOSS EFFORT (Q205/ >0)

**Q210B.** Which of the following methods for managing your weight **have you ever tried?**

*Please select all that apply.*

[INSERT LIST FROM Q210A. SHOW IN SAME ORDER]

#### MADE WEIGHT LOSS EFFORT (Q205/ >0)

**Q210C.** Which of the following methods for managing your weight **are you currently trying?**

*Please select all that apply.*

[INSERT LIST FROM Q210A. SHOW IN SAME ORDER. ONLY SHOW THOSE SELECTED AT Q210B]

100. ☐ I am not currently trying any of these methods [EXCLUSIVE]

**MADE WEIGHT LOSS EFFORT (Q205/ >0)**

**Q210D.** Which of the following methods for managing your weight **have you found to be effective for weight loss?**

*Please select all that apply.*

[INSERT LIST FROM Q210A. SHOW IN SAME ORDER. ONLY SHOW THOSE SELECTED AT Q210B]

100. ☐ I have not found any of these methods to be effective for weight loss [EXCLUSIVE]

**MADE WEIGHT LOSS EFFORT (Q205/ >0)**

**Q213.** Have you ever had what you'd consider a successful weight loss effort, but later regained the weight after keeping it off for at least 6 months?

1. Yes
2. No

[IF REGAINED WEIGHT (Q213/1) ASK Q214]

**REGAINED WEIGHT (Q213/1)**

**Q214.** Which of the following do you feel most contributed to regaining weight after your weight loss effort?

*Please select all that apply.*

[RANDOMIZE]

1. It was difficult to stay motivated
2. I no longer followed my eating plan after losing the weight
3. I no longer exercised after losing the weight
4. I stopped taking a weight loss medication [ONLY SHOW IF SELECT Q210B/8-9 OR Q210C/8-9 OR Q210D/8-9]
5. A major life change (e.g. change of residence, death of relative, etc.)
6. It was difficult to maintain the changes I had made to lose the weight
7. I no longer felt the weight loss was worth the effort
8. Medical reasons (e.g., thyroid problems, new medication caused weight gain)
9. Cost of treatment options
10. Cost of wellness/fitness programs/memberships or personal trainers
11. My job demands [SHOW IF EMPLOYED (Q100/1-3)]
12. Other [ANCHOR]

[SHOW Q245 AND Q245B ON THE SAME SCREEN]

**ALL RESPONDENTS (S100/1)**

**Q245.** Ideally, what weight would you like to be, if you could choose to be any weight you wanted?

[IF UK DISPLAY METRIC CHOSEN AT S17]

[RANGE 50-1000]

Pounds |\_|\_|\_|

[RANGE 3-70]

Stone: |\_|\_|\_|

[ALL OTHER COUNTRIES ONLY DISPLAY:

[RANGE 1-999]

Kilograms: |\_|\_|\_|

**ALL RESPONDENTS (S100/1)**

Q245A HIDDEN CALCULATION FOR % WEIGHT LOSS

$$[Q245A = (100 * S17 - Q245) / S17]$$

**ALL RESPONDENTS (S100/1)**

**Q245B.** As an outcome of a weight loss effort, what weight would you set for yourself as a goal? This might not be as low as your “ideal” weight.

[IF UK DISPLAY METRIC CHOSEN AT S17]

[RANGE 50-1000]

Pounds |\_|\_|\_|

[RANGE 3-70]

Stone: |\_|\_|\_|

[ALL OTHER COUNTRIES ONLY DISPLAY:

[RANGE 1-999]

Kilograms: |\_|\_|\_|

[IF Q245B < Q245, SHOW ERROR MESSAGE:

*“Please check your response. The weight you indicated is lower than your ideal weight you mentioned.”]*

**ALL RESPONDENTS (S100/1)**

Q245C HIDDEN CALCULATION FOR % WEIGHT LOSS

$$[Q245C = (100 * S17 - Q245B) / S17]$$

**ALL RESPONDENTS (S100/1)**

**Q246.** How much do you agree with the following statements?

Strongly disagree  
1

Disagree  
2

Neutral  
3

Agree  
4

Strongly agree  
5

[RANDOMIZE, DON'T SHOW HEADINGS]

**COPD Helplessness Index - ADAPTED**

1. No matter what I do or how hard I try, I just can't seem to overcome my weight issues
2. When it comes to managing my weight, I feel I can only do what my doctor tells me to do
3. My weight is controlling my life
4. It seems as though fate and other factors beyond my control affect my weight

**Dietary Helplessness and Disinhibition in Weight**

5. No matter how hard I try to change, I end up falling back into some of my old eating habits

<b>SECTION 400: OBESITY AWARENESS AND PERCEPTIONS</b>
---

**ALL RESPONDENTS (S100/1)**

**Q400.** Considering someone of your gender, height and body type (general bone structure, build), at what weight would you consider them...

[FOR UK DISPLAY LIST FOR METRIC CHOSEN AT S17]

- |  |                          |       |
|--|--------------------------|-------|
| 1. An ideal weight (in pounds)           | [RANGE 0-1000]           | _ _ _ |
| 2. Overweight, but not obese (in pounds) | [RANGE Q400/1 +1 – 1000] | _ _ _ |
| 3. Obese (in pounds)                     | [RANGE Q400/2 +1 – 1000] | _ _ _ |
| 4. Not sure/I don't know [EXCLUSIVE]     |                          |       |
|  |                          |       |
| 1. An ideal weight (in stone)            | [RANGE 0-1000]           | _ _ _ |
| 2. Overweight, but not obese (in stone)  | [RANGE Q400/1 – 70]      | _ _ _ |
| 3. Obese (in stone)                      | [RANGE Q400/2 – 70]      | _ _ _ |
| 4. Not sure/I don't know [EXCLUSIVE]     |                          |       |

[ALL OTHER COUNTRIES ONLY DISPLAY:

- |                                      |                       |       |
|--------------------------------------|-----------------------|-------|
| 1. An ideal weight (in kg)           | [RANGE 0-1000]        | _ _ _ |
| 2. Overweight, but not obese (in kg) | [RANGE Q400/1 – 1000] | _ _ _ |
| 3. Obese (in kg)                     | [RANGE Q400/2 – 1000] | _ _ _ |
| 4. Not sure/I don't know [EXCLUSIVE] |                       |       |

[POUNDS/STONE AND KILOGRAM SECTIONS ARE MUTUALLY EXCLUSIVE]

**ALL RESPONDENTS (S100/1)****Q400A.** HIDDEN QUESTION FOR BMI CALCULATION

CALCULATE BMI FOR EACH RESPONSE ABOVE:

## FOR INTERNATIONAL SYSTEM

S16 convert to m, where 1 m = 100 cm

BMI = Q400 kg / [S16 m ^2]

*Example: Q400 Weight = 68 kg, S16 Height = 165 cm (1.65 m)*

*Calculation:  $68 \div (1.65)^2 = 24.98$*

## FOR IMPERIAL SYSTEM

S16 – convert to in, where 1 ft = 12 in

[BMI = [(Q400 lbs) / (S16 in ^2)] x 703

*Example: Q400 Weight = 150 lbs, S16 Height = 5'5" (65")*

*Calculation:  $[150 \div (65^2)] \times 703 = 24.96$*

FOR STONE SYSTEM

S16 – convert to in, where 1 ft = 12 in

$[BMI = [(S17 \text{ stone}) * 14 / (S16 \text{ in } ^2)] * 703]$

HCP: Q405

**ALL RESPONDENTS (S100/1)**

**Q405.** In general, how large of an impact do you believe the following health conditions have on a person's overall health?

*Use a scale where 1 means "Very little impact" and 5 means "An extreme impact."*

1 - Very little impact      2      3      4      5 - An extreme impact      99 - Not familiar with this condition

[RANDOMIZE]

1. Diabetes
2. Chronic obstructive pulmonary disease (COPD)
3. Cancer
4. Stroke
5. Obesity (FOR ALL COUNTRIES EXCEPT JAPAN AND SOUTH KOREA INSERT "BMI of 30 or greater" FOR JAPAN AND S. KOREA INSERT "BMI of 25 or greater")]

**ALL RESPONDENTS (S100/1)**

**Q415.** Assuming you remain at your current weight, how much do you worry that your weight may affect your health in the future?

1. Not at all
2. A little
3. Somewhat
4. A lot
5. An extreme amount

**ALL RESPONDENTS (S100/1)**

**Q420.** Do you believe your excess weight decreases your life expectancy?

1. Yes
2. No

**ALL RESPONDENTS (S100/1)**

**Q435.** For quality control purposes, please select No.

1. Yes
2. No
3. Maybe

<b>SECTION 500: OBESITY ATTITUDINAL QUESTIONS</b>
---

HCP: Q503

**ALL RESPONDENTS (S100/1)**

**Q500.** Please indicate how much you agree with each of the following...



Use a scale where 1 means “Do not agree at all” and 5 means “Completely agree.”

1 - Do not agree at all      2      3      4      5 - Completely agree

[RANDOMIZE, CAROUSEL]

1. It is easy for me to lose weight.
2. I could lose weight if I really set my mind to it.
3. If I lost weight, it would be easy for me to keep the weight off.
4. I know how to lose weight.
5. My healthcare provider has a responsibility to actively contribute to a successful weight loss effort.
6. My weight loss is completely my responsibility.
7. For me to lose weight, I would need to completely change my lifestyle.
8. I am happy with my current weight.
9. I am past the point where I can lose weight on my own.
10. I am motivated to lose weight.
11. For quality control purposes, please select 1.
12. Obesity is less important to me than other diseases.
13. I do not feel comfortable bringing up my weight unless my healthcare provider mentions it first.
14. There is nothing my doctor can do to help me manage my weight.
15. I know how to keep the weight off. [SHOW AFTER CODE 4]

HCP: Q507

**ALL RESPONDENTS (\$100/1)**

**Q507.** How much do you agree that each of the following is a barrier to you losing weight?

Please use a scale where 1 means “Do not agree at all” and 5 means “Completely agree.”

1 - Do not agree at all      2      3      4      5 - Completely agree

[RANDOMIZE, CAROUSEL]

1. My preference for unhealthy food
2. Lack of exercise
3. My genes (e.g., inherited from my family)
4. The nature of my job / employment [SHOW IF EMPLOYED (Q100/1-3)]
5. A lack of time to cook healthy meals
6. My other health conditions
7. My friends and family
8. My healthcare provider
9. My finances
10. My lack of motivation
11. My lack of ability to control my hunger
12. The cost of healthy food
13. Limited access to healthy food
14. My mental health / emotional status
15. Fear of failure
16. Limited coverage for health care costs
17. Limited mobility due to physical health problems
18. The possibility of regaining the weight

19. My unhealthy eating habits (large portion sizes, excessive snacking)
20. My lack of understanding of what obesity is
21. The cost of weight management medications, programs and services
22. My metabolism
23. my age

**HCP: Q521**

**ALL RESPONDENTS (S100/1)**

**Q520.** Please indicate how much you agree with the following regarding prescription medications for weight loss...

*Use a scale where 1 means “Do not agree at all” and 5 means “Completely agree.”*

[CAROUSEL]

[KEEP ROW ITEMS 8 AND 9 TOGETHER]

[AUS: SHOW PHYSICIAN AS “doctor”]

1 - Do not agree at all      2      3      4      5 - Completely agree      9 Don't know/ Not sure

1. A weight loss medication available by prescription from my physician would be more effective than other treatment options for weight loss.
2. If I heard of a new prescription weight loss medication, I would ask my physician to prescribe it to me.
3. I would rather take a prescription medication than have a surgery (bariatric) to lose weight.
4. I am concerned about the side effects associated with prescription weight loss medications.
5. I would like my healthcare provider to offer me a prescription weight loss medication to help me with my weight loss efforts. [ONLY DISPLAY IF NOT CURRENTLY TRYING (Q210C/9=0)]
6. I trust my healthcare provider to recommend a prescription weight loss medication that is right for me.
7. There are good options available today for prescription weight loss medications.
8. Cost is a major barrier for me to consider using prescription weight loss medications.
9. I would rather lose weight myself than depend on medication.
10. I am concerned about the long-term safety associated with prescription weight loss medications.

**HCP: Q525**

**ALL RESPONDENTS (S100/1)**

**Q525.** Please indicate how much you agree with the following regarding weight loss surgery...

*Note that weight loss surgery is also known as bariatric surgery.*

[CAROUSEL]

*Use a scale where 1 means “Do not agree at all” and 5 means “Completely agree”*

1 - Do not agree at all      2      3      4      5 - Completely agree      99 Don't know/ Not sure

1. Weight loss surgery is more effective than other treatment options for weight loss.
2. I would rather have weight loss surgery than change my lifestyle to lose weight.
3. I have concerns about the safety of having weight loss surgery.
4. I trust my healthcare provider to recommend weight loss surgery if it is right for me.
5. There are good options available today for weight loss surgery.
6. Cost is a major barrier for me when considering weight loss surgery.

7. My healthcare provider is likely to review weight loss surgery options with me.
8. The wait time for weight loss surgery is too long.
9. Having weight loss surgery also means having a permanent change in lifestyle.
10. I would rather lose weight with diet and exercise than have weight loss surgery.
11. Having weight loss surgery is the “easy” way out.
12. After weight loss surgery, the weight may come back.

<b>SECTION 600: SUPPORT STRUCTURE</b>
---------------------------------------

**ALL RESPONDENTS (S100/1)**

**Q600.** Which of the following have you used as a source of information for managing your weight?

*Please select all that apply.*

[AUS: SHOW PHYSICIAN AS “doctor”]

[RANDOM, MULTI-SELECT]

1. The Internet (Google, Social media, Websites)
2. Family and friends
3. Information from a healthcare provider
4. [REMOVED]
5. Wellness coach or personal trainer
6. Books or magazines
7. [REMOVED]
8. Weight loss programs
9. Dietitian or nutritionist (non-physician)
10. [REMOVED]
11. Peer support group
12. [REMOVED]
13. [REMOVED]
14. [REMOVED]
15. Smartphone apps
16. [REMOVED]
17. Television programs
18. None of the above [ANCHOR, EXCLUSIVE]

HCP: Q650

**ALL RESPONDENTS (S100/1)**

**Q640.** Please indicate how much you agree with the following statements regarding obesity and weight management:

*Use a scale where 1 means “Do not agree at all” and 5 means “Completely agree.”*

1 - Do not agree at all      2      3      4      5 - Completely agree      99 - Does not apply

[RANDOMIZE]

1. Maintaining a healthy weight is a priority for our country’s healthcare system.
2. Cost of obesity therapy / treatment is a barrier to me losing weight.
3. I feel the healthcare system (doctor’s offices, hospitals, etc.) is a good resource for those looking to lose weight.

4. [DISPLAY IF CURRENTLY EMPLOYED BUT NOT SELF-EMPLOYED (Q100/1-2)] My employer is an important partner in my efforts to manage my weight.
5. Obesity is a chronic disease.
6. A loss of 5-10% body weight would be extremely beneficial to my overall health.
7. The treatment of obesity should be a team effort between different medical professionals.
8. For quality control purposes, please select 3.

<b>SECTION 700: INTERACTION WITH HCP</b>
--

[IF HAS DISCUSSED EXCESS/LOSING WEIGHT WITH AN HCP (Q120/1 OR 2 = A) ASK Q700. ELSE JUMP TO Q702.]

**HAS DISCUSSED EXCESS/LOSING WEIGHT WITH HCP (Q120/1 OR 2 = A)**

**Q700.** Have you ever been diagnosed with obesity by a medical doctor or qualified healthcare professional?

1. Yes
2. No

**HAS DISCUSSED EXCESS/LOSING WEIGHT WITH HCP (Q120/1 OR 2 = A)**

**Q700B.** How many interactions (visits or calls) have you had with a doctor or healthcare professional **during which you discussed your weight in the past year?**

[RANGE 0-999]

[\_ \_] # of interactions with a medical doctor or healthcare professional about my weight in the past year

[HCP: Q702](#)

**HAS DISCUSSED EXCESS/LOSING WEIGHT WITH HCP (Q120/1 OR 2 = A)**

**Q701.** Who typically brings up your weight during your appointments with your [INSERT Q121B RESPONSE]?

1. I usually start the conversation.
2. My [INSERT Q121B RESPONSE] usually starts the conversation.

**HAS DISCUSSED EXCESS/LOSING WEIGHT WITH HCP (Q120/1 OR 2 = A)**

**Q700C.** Overall, how helpful do you feel your conversations with your [INSERT Q121B RESPONSE] about weight management are?

1. Not at all helpful
2. A little helpful
3. Somewhat helpful
4. Very helpful
5. Extremely helpful

[HCP: Q702](#)

**ALL RESPONDENTS (S100/1)**

**Q702.** [IF HCP HAS BROUGHT UP WEIGHT (Q701/2) "Do you like that your [INSERT Q121B RESPONSE] brings up your weight during appointments?"]

[IF HCP HAS NOT BROUGHT UP WEIGHT (Q701/NE2 OR Q120/1 & 2 = B) "Would you like for your [INSERT Q121B RESPONSE] to bring up your weight during appointments?"]

1. Yes

2. No

**ALL RESPONDENTS (S100/1)**

**Q703A.** Please select the top 5 actions that a healthcare professional **should take** when discussing weight management with you.

*Please select up to 5 items only*

**My healthcare professional should...**

[RANDOMIZE] [SELECT TOP 5]

1. Consider **my preferences** when it comes to treatments or approaches
2. Discuss **pros and cons** of each treatment or approach
3. **Explain the effect** my weight has on my overall health
4. Maintain a **healthy weight** themselves
5. Help me set **realistic goals** to improve my weight
6. Help me set **specific goals** to improve my weight
7. Help me understand **why** I have excess weight
8. **Listen carefully** to what I have to say about my weight
9. Make me **comfortable** to talk about my weight
10. Make me **confident** in my ability to manage my weight
11. Make me **trust them** when it comes to weight management
12. **Prescribe me medications** that will help me lose weight
13. Provide me with **helpful and respectful advice**
14. Provide me with **helpful resources** specific to my situation
15. **Recognize** my previous weight management efforts
16. Refer me to a **dietitian**
17. Refer me to a specialized **weight loss program**
18. Show an **understanding** of the physical, mental, and social challenges of **living with obesity**
19. Show an **understanding** of the challenges of **losing weight**
20. **Make me aware** of medications that will help me lose weight
21. Refer me for **bariatric surgery**
22. Refer me to a psychologist
23. Other [ANCHOR]

**HAS DISCUSSED WEIGHT WITH HCP (Q120/1 OR 2 = A)**

**Q703B.** Which of the following actions has your [INSERT Q121B RESPONSE] **taken** when discussing weight management with you?

*Please select all that apply.*

**My healthcare professional currently does/recently did...**

[INSERT SAME LIST FROM Q703A]

[IF HAS DISCUSSED WITH WEIGHT WITH AN HCP (Q120/1 OR 2 = A) ASK Q710. ELSE JUMP TO Q717.]

**HCP: Q725**

**HAS DISCUSSED WEIGHT WITH HCP (Q120/1 OR 2 = A)**

**Q710.** Thinking about your most recent discussion, how did you feel after discussing your weight with your [INSERT Q121B RESPONSE]?

*Please select all that apply.*

[MULTI-SELECT] [RANDOMIZE]

1. Motivated
2. Hopeful
3. Supported
4. Embarrassed
5. Discouraged
6. Blamed
7. Offended
8. Confused
9. Relieved
10. Indifferent
11. Rushed
12. Other [ANCHOR]

**HCP: Q745**

**ALL RESPONDENTS (S100/1)**

**Q717.** [IF DISCUSSED (Q120/1 OR 2 = A) "Has your [INSERT Q121B RESPONSE] ever discussed your recorded weight over a period of time with you?"]

IF HASN'T DISCUSSED (Q120/1 AND 2 = B) "Would you like for your [INSERT Q121B RESPONSE] to discuss your recorded weight over a period of time with you?"

1. Yes
2. No

[

**HCP: Q720**

**ALL RESPONDENTS (S100/1)**

**Q720.** [IF DISCUSSED (Q120/1 OR 2 = A) "What types of weight management goals have you set with your healthcare provider?"]

IF HASN'T DISCUSSED (Q120/1 AND 2 = B) "What types of weight management goals would you like to set with your healthcare provider?"

*Please select all that apply.*

[RANDOMIZE]



1. To not gain any more weight
2. To lose weight (did not specify an amount)
3. To lose a pre-specified % of my body weight
4. To lose a pre-specified number on the scale
5. To decrease the number of medications I must take
6. To improve my existing health condition(s)
7. To reduce the risks associated with weight / prevent a health condition
8. To have more energy
9. To improve my appearance
10. Short-term (within the next 6 months) weight loss goals
11. Long-term (more than six months from now) weight loss goals
12. To improve my lifestyle
13. To reduce my stress and improve overall health and well-being
14. To improve my physical and mental health and well-being
15. Other [ANCHOR]
16. [IF DISCUSSED (Q120/1 OR 2 = A) "I have not set any goals with my healthcare provider" IF HASN'T DISCUSSED (Q120/1 AND 2 = B) "I would not like to set any goals with my healthcare provider"] [EXCLUSIVE][ANCHOR]

IF DISCUSSED AND HCP RECOMMENDED LOSS OF PERCENT BODY WEIGHT ((Q120/1 OR 2 = A) AND Q720/3) ASK Q725. ELSE JUMP TO PN BEFORE Q726]

**DISCUSSED AND HCP RECOMMENDED LOSS OF PERCENT BODY WEIGHT ((Q120/1 OR 2 = A) AND Q720/3)**

**Q725.** You mentioned your healthcare provider suggested you lose a percentage of your body weight., What percent did they suggest you try to lose?

[Range 1-100]

Percent of body weight |\_|\_|\_|%

IF DISCUSSED AND HCP RECOMMENDED LOSING WEIGHT ((Q120/1 OR 2 = A) AND Q720/4) ASK Q726. ELSE JUMP TO Q742]

**DISCUSSED AND HCP RECOMMENDED TARGET WEIGHT LOSS ((Q120/1 OR 2 = A) AND Q720/4)**

**Q726.** You mentioned your healthcare provider suggested you lose a certain number of [IF UK INSERT: "pounds, stones or kilograms"] [FOR ALL OTHER COUNTRIES INSERT: "kilograms"]. How many [IF UK INSERT: "pounds, stones or kilograms"] [ALL OTHER COUNTRIES INSERT: "kilograms"] did they suggest you try to lose?

[IF UK DISPLAY METRIC CHOSEN AT S17]

[RANGE 0-1000]

Pounds |\_|\_|\_|

[RANGE 0-70]

Stone |\_|\_|\_|

[ALL OTHER COUNTRIES ONLY DISPLAY:

[RANGE 1-999]

Kilograms: |\_|\_|\_|

[POUNDS/STONE AND KILOGRAM SECTIONS ARE MUTUALLY EXCLUSIVE]

**ALL RESPONDENTS (S100/1)**

**Q742.** Please indicate how much you agree with the following statements:

*Use a scale where 1 means “Do not agree at all” and 5 means “Completely agree.”*

1 - Do not agree at all      2      3      4      5 - Completely agree

[RANDOMIZE] [SHOW 1-6 IF DISCUSSED (Q120/1 OR 2 = A)]

1. I feel comfortable talking to my [INSERT Q121B RESPONSE] about my weight.
2. My [INSERT Q121B RESPONSE] listens carefully to what I have to say about my weight.
3. My [INSERT Q121B RESPONSE] understands the difficulties of weight management.
4. I trust my [INSERT Q121B RESPONSE]'s advice when it comes to weight management.
5. I follow my [INSERT Q121B RESPONSE]'s advice about weight management.
6. It is important to me that my [INSERT Q121B RESPONSE] is at a healthy weight.

[RANDOMIZE] [SHOW 7-12 IF HASN'T DISCUSSED (Q120/1 AND 2 = B)]

7. I would feel comfortable talking to my [INSERT Q121B RESPONSE] about my weight.
8. I expect my [INSERT Q121B RESPONSE] would listen carefully to what I have to say about my weight.
9. I expect my [INSERT Q121B RESPONSE] would understand the difficulties of weight management.
10. I would trust my [INSERT Q121B RESPONSE]'s advice when it comes to weight management.
11. I would follow my [INSERT Q121B RESPONSE]'s advice about weight management.
12. It is important to me that my [INSERT Q121B RESPONSE] is at a healthy weight.

]

HCP: Q740

**ALL RESPONDENTS (S100/1)**

**Q759.** [IF DISCUSSED (Q120/1 OR 2 = A) “Did your [INSERT Q121B RESPONSE] schedule a follow-up appointment or call related to your weight after your last visit?”]

[IF HASN'T DISCUSSED (Q120/1 AND 2 = B) “Would you like your [INSERT Q121B RESPONSE] to schedule a follow-up appointment or call related to your weight after you visit?”]

1. Yes
2. No

IF DISCUSSED AND SCHEDULED FOLLOW UP ((Q120/1 OR 2 = A) AND Q759/1) ASK Q760]

HCP: Q740

**DISCUSSED AND SCHEDULED FOLLOW UP ((Q120/1 OR 2 = A) AND Q759/1)**

**Q760.** Did you attend the follow-up appointment with your [INSERT Q121B RESPONSE] related to your weight, as scheduled?

1. Yes
2. No, and I don't intend to
3. No, but I am planning to

HCP: Q708

**ALL RESPONDENTS (S100/1)**

**Q770.** Which of the following are/would be the **top five** reasons for which you **might not** discuss managing your weight with your healthcare provider?

*Please select up to 5 items only.*

[MULTISELECT 5 ANSWERS, RANDOMIZE]

1. The appointment is not long enough / I'm rushed
2. There are more important health issues / concerns to discuss
3. I do not feel comfortable bringing it up
4. I do not trust and/or do not have a close relationship with my healthcare provider
5. I do not see my weight as a significant medical issue
6. I am in good health and do not have weight-related health problems
7. I believe it is my responsibility to manage my weight
8. I am not interested in losing weight
9. I do not feel motivated to lose weight
10. I do not believe I am able to lose weight
11. Even if I were to lose weight, I would just gain it back
12. I already know what I need to do to manage my weight
13. There is nothing my healthcare provider can do to help me manage my weight
14. I do not think my healthcare provider is interested in / concerned about my weight
15. I have had previous bad experience discussing weight with a healthcare provider
16. I do not have the financial means to support a weight loss effort
17. My healthcare provider does not have training to provide weight management services
18. My healthcare provider's office is not set up to treat patients with excess weight / obesity
19. Other [ANCHOR]

**SECTION 800: SOLUTION REVIEW**

**HCP: Q800**

**ALL RESPONDENTS (S100/1)**

**Q800.** Please rank the top 3 factors from the following list based on how important they are in improving outcomes for people with obesity.

*Please click or drag the top 3 factors in order of importance, with the most important factor on top, the second most important next, and the third most important last.*

[RANDOMIZE]

1. Increasing the number of people that view obesity as a medical disease that requires long-term management.
2. Increasing the number of healthcare providers that manage obesity as a chronic disease.
3. Changing the public's judgmental views of people with obesity.
4. Changing healthcare providers' judgmental views of people with obesity.
5. Providing solutions to help healthcare providers treat patients for obesity.
6. Providing solutions directly to patients to help with weight management.
7. Reducing misinformation around obesity and ineffective/bogus treatments.
8. [REMOVED]

**HCP: Q805**

**ALL RESPONDENTS (S100/1)**

**Q805.** To what extent is our society/our healthcare system currently meeting the needs of people with obesity?

*Please use a scale where 1 means our society/our healthcare system is “Not at all meeting the needs” and 5 means “Completely meeting the needs.”*

1 - Not at all meeting the needs    2    3    4    5 – Completely meeting the needs    99 Not sure/Not applicable

**HCP: Q815**

**ALL RESPONDENTS (S100/1)**

**Q815.** Please rank the top 3 individuals/organizations in order of responsibility for improving the health of people with obesity:

*Please click or drag the top 3 individuals./ organizations in order of importance, with the most important on top, the second most important next, and the third most important last.*

[RANDOMIZE]

1. Healthcare professionals
2. [FOR BRAZIL, CHILE, MEXICO, UK, SPAIN, ITALY, UAE WHO HAVE A MIX OF PRIVATE/PUBLIC HEALTH INSURANCE: “Government-funded health insurance and/or private health insurance”] [FOR SAUDI ARABIA, JAPAN, S. KOREA, ISRAEL: “Government-funded health insurance”] [FOR AUSTRALIA: “Government-funded health insurance (Medicare) and/or private health insurance”]
3. [REMOVED]
4. The [IF UK INSERT: “UK”] government [IF AUSTRALIA INSERT: “(Federal and State Departments of Health)”]
5. People with obesity / myself

6. Pharmaceutical manufacturers (companies that make medications)
7. Non-profit healthcare societies (e.g. INSERT COUNTRY SPECIFIC PER LIST BELOW)
8. Employers
9. Family and friends of people with obesity
10. Schools and universities
11. Professional associations (e.g. INSERT COUNTRY SPECIFIC PER LIST BELOW)
12. The food industry

[COUNTRY SPECIFIC INSERTS FOR CODE 7:

[FOR AUSTRALIA (e.g., Australian and New Zealand Obesity Society (ANZOS), Dieticians Association of Australia)

[FOR BRAZIL (e.g., ABESO (Brazilian Association of Obesity)

[FOR CHILE (e.g., Chilean Society of Nutrition, Chilean Society of Obesity, Chilean Medical Society)

[FOR ISRAEL HIDE "(e.g.,)"

[FOR ITALY (e.g., Fondazione ADI, Fondazione IBDO)

[FOR JAPAN (e.g., Japan Association for the Prevention of Obesity Disease)

[FOR MEXICO (e.g., Fundación Mexicana para la Salud (FUNSALUD)

[FOR SAUDI ARABIA (e.g., Saudi Charitable Association of Diabetes, Charitable Health Society for Patients Care (ENAYAH))

[FOR SOUTH KOREA (e.g., NGOs for healthcare or consumers)

[FOR SPAIN HIDE "(e.g.,)"

[FOR UAE (e.g., Diabetes UAE, Mubadala Healthcare)

[FOR UK (e.g., BHF, DUK NHS, RCP, RCGP, National Obesity Forum, Cancer Research UK, Association for the Study of Obesity)

[COUNTRY SPECIFIC INSERTS FOR CODE 11:

[FOR AUSTRALIA (e.g., Australian Medical Association, Royal Australian College of General Practitioners, Royal Australian College of Physicians, Australian Nurses Association, Dietitians Association of Australia, Australian College of Psychologists, Practice Nurses Association, Exercise Physiologists)

[FOR BRAZIL (e.g., SBEM (Brazilian Society of Endocrinology and Metabolism)

[FOR CHILE (e.g., Colegio Medico de Chile, Colegio de Nutricionistas)

[FOR ISRAEL (e.g., Israel Medical Association)

[FOR ITALY (e.g., e.g. Società Italiana dell'Obesità - SIO, Associazione Italiana di Dietetica e Nutrizione Clinica - ADI)

[FOR JAPAN (e.g., Japan Society for Study of Obesity (JASSO), The Japan Diabetes Society (JDS), The Japan Endocrine Society, The Japanese Society of Internal Medicine)

[FOR MEXICO (e.g., Sociedad Mexicana de Nutrición y Endocrinología (SMNE), Colegio de Medicina Interna de México, etc.)

[FOR SAUDI ARABIA (e.g., Saudi Heart Association, Saudi Gastroenterology Association, Saudi Society for Food and Nutrition)

[FOR SOUTH KOREA (e.g., Korea Medical Association, Medical Academic Societies, Korea Dietetic Association, etc.)

[FOR SPAIN (e.g., Sociedad Española de Endocrinología y Nutrición (SEEN), Sociedad Española para el Estudio de la Obesidad (SEEDO), Sociedad Española de Endocrinología Pediátrica (SEEP))

[FOR UAE (e.g., Emirates Diabetes Society, Dubai Health Authority specialty centers and clinical nutrition services)

[FOR UK (e.g., British Medical Association, Association for the Study of Obesity (ASO), Royal College of Nursing, Nutrition Society, BDA, RCP, RCGP, DUK)

HCP: Q760

**ALL RESPONDENTS (S100/1)**

**Q825.** Please select top 3 types of information that would be most helpful for you personally in managing your weight.

*Please select only three items.*

**Information on...**

[SELECT 3 ONLY]

[RANDOMIZE]

1. Healthy ways to lose weight
2. The health benefits of weight loss
3. Medical treatment options for weight management
4. Managing weight with exercise
5. How to maintain weight loss
6. How healthcare providers can help with weight management
7. Stress management techniques
8. Realistic weight loss goals
9. Exercises which are safe to do for people with mobility limitations
10. Healthy vs. non-healthy eating

[HCP: Q602](#)

**ALL RESPONDENTS (\$100/1)**

**Q826.** What are the **top 5 types of support that would be most helpful for you personally** to be successful with managing your weight?

*Select your top 5.*

[5 SELECTIONS] [RANDOMIZE]

[AUS: SHOW PHYSICIAN AS “doctor”]

1. Resources for family and friends to help understand how to be supportive
2. Specific meal plans to follow for weight management
3. Online support groups for those trying to lose weight
4. Local in-person support groups for those trying to lose weight
5. Motivational programs to help people stay on track with weight loss plan
6. More programs offered at work to help people lose weight
7. Encouragement from friends/family to increase desire to keep going
8. Financial support for healthy choices (gym membership, healthy foods)
9. Diary for tracking weight over time (paper based or electronic)
10. Diary for tracking food intake (paper based or electronic)
11. Diary for tracking physical activity (paper based or electronic)
12. App with weight loss tracking and ideas for healthy eating and physical activity
13. Programs for physical activity
14. Prescription drugs for weight loss
15. Over-the-counter drugs for weight loss
16. Personal trainer / weight loss counselor
17. Weekly follow-up with a healthcare provider
18. Meetings with dietitian / nutritionist (non-physician)
19. [REMOVED]
20. A work culture that encourages a healthy lifestyle
21. Access to mental health support

- 22. Access to stress management support
- 23. Access to a physician who specializes in obesity
- 24. Other [ANCHOR]
- 25. I don't need any of these types of support [EXCLUSIVE, ANCHOR]

**ALL RESPONDENTS (S100/1)**

**Q860.** Which of the following do you think improve the chances of success for your weight loss or weight management efforts?

*Please select all that apply.*

[MULTISELECT][RANDOMIZE]

- 1. Setting realistic goals which seem possible to reach
- 2. Support from family/friends
- 3. Support from healthcare providers
- 4. Wanting to reduce the negative health consequences of your weight
- 5. An ad campaign about the reduction of life expectancy and health risks of obesity
- 6. Wanting to be happier with the way you look
- 7. Wanting to be able to fit into your clothes
- 8. Wanting to reduce emotional problems associated with your weight
- 9. Wanting to reduce physical limitations caused by your weight
- 10. A desire to improve your job performance
- 11. Using prescription medications
- 12. Having the motivation or determination to lose weight
- 13. Adherence/sticking to your regimen or weight management plan
- 14. Being energized by the success of your weight loss/management
- 15. Prioritizing to be able to fit your weight management activities into your daily life
- 16. Understanding the physiology of obesity (what happens in the body)

<b>SECTION 900: DEMOGRAPHICS</b>
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HCP: Q906

**ALL RESPONDENTS (S100/1)**

**Q900.** Thank you again for your time so far. As we noted at the beginning of this survey, your personal information will never be shared with other organizations for any purpose. Your honest answers are very much appreciated. To finish, we would like to gather some additional information used for categorization purposes.

Which of the following medical conditions have you ever been diagnosed with by a healthcare provider?

*Please select all that apply.*

[ALPHA SORT]

1. Cardiovascular Diseases: Coronary artery disease/coronary heart diseases/congestive heart failure, pulmonary embolism, stroke
2. Depression/Anxiety
3. High cholesterol (Dyslipidemia / triglycerides)
4. High blood pressure (Hypertension)
5. Infertility
6. Liver disease (e.g., Non-alcoholic fatty liver disease)
7. Obstructive Sleep Apnea
8. Osteoarthritis
9. Metabolic syndrome
10. Stomach or intestinal problems
11. Pre-diabetes
12. Diabetes (Type II)
13. [REMOVED]
14. Cancer
15. Polycystic Ovary Syndrome (PCOS) [ONLY SHOW IF FEMALE OR OTHER (S5/2-3)]
16. Eating disorder (e.g. binge eating disorder, night eating syndrome)
17. Other condition [ANCHOR]
18. None of these [EXCLUSIVE] [ANCHOR]

**ALL RESPONDENTS (S100/1)**

**Q930.** Have you ever had bariatric surgery?

1. Yes
2. No

**EVER HAD BARIATRIC SURGERY (Q930/1)**

**Q932.** How many years ago did you have bariatric surgery?

*If you have had bariatric surgery less than one year ago, please enter "1" (one)*

[RANGE 1-S4]

|\_|\_| # of years ago had bariatric surgery



**ALL RESPONDENTS (S100/1)**

**Q901.** How frequently do you weigh yourself?

*Please select the answer that best applies.*

1. Every day
2. 2-3 times a week
3. Once a week
4. Once every two weeks
5. Once a month
6. Once every two months
7. A few times a year
8. Never

**ALL RESPONDENTS (S100/1)**

**Q902.** In a typical week, how frequently do you exercise for at least a 20-minute period?

1. Never
2. Less than once a week
3. 1 to 2 times a week
4. 3 to 4 times a week
5. 5 to 6 times a week
6. 7 or more times a week

**HCP: Q920**

**ALL RESPONDENTS (S100/1)**

**Q929.** Which of the following best describes the size of the area in which you live?

[FOR UK DISPLAY:

1. Rural (Population of less than 10,000)
2. Small Town (Population from 10,000 to just under 100,000)
3. Medium City (Population from 100,000 to just under 500,000)
4. Large City (Population of 500,000 or greater)

[FOR AUSTRALIA DISPLAY:

1. Rural (Population of less than 3,000)
2. Small Town (Population from 3,000 to 20,000)
3. Medium City (Population from 20,000 to 150,000)
4. Large City (Population of 150,000 or greater)

[FOR ISRAEL DISPLAY:

1. Peripheral (Population of less than 10,000)
2. Small Town (Population from 10,000 to just under 100,000)
3. Medium City (Population from 100,000 to just under 500,000)
4. Large City (Population of 500,000 or greater)

[FOR CHILE DISPLAY:

1. Rural (Population of less than 3,000)
2. Small Town (Population from 3,000 just under 20,000)
3. Medium City (Population from 20,000 to just under 150,000)
4. Large City (Population of 150,000 or greater)

[FOR ITALY DISPLAY:

1. Rural (Population of less than 10,000)
2. Small Town (Population from 10,000 to just under 100,000)
3. Medium City (Population from 100,000 to just under 500,000)
4. Large City (Population of 500,000 or greater)

[FOR SOUTH KOREA DISPLAY:

1. Rural (Population of less than 10,000)
2. Small Town (Population from 10,000 to just under 50,000)
3. Medium City (Population from 50,000 to just under 500,000)
4. Large City (Population of 500,000 or greater)

[FOR SPAIN DISPLAY:

1. Rural (Population of less than 10,000)
2. Small Town (Population from 10,000 to just under 100,000)
3. Medium City (Population from 100,000 to just under 500,000)
4. Large City (Population of 500,000 or greater)

[FOR UAE DISPLAY:

1. Rural (Population of less than 10,000)
2. Small Town (Population from 10,000 to just under 100,000)
3. Medium City (Population from 100,000 to just under 500,000)
4. Large City (Population of 500,000 or greater)

[FOR SAUDI ARABIA DISPLAY:

1. Rural (Population of less than 10,000)
2. Small Town (Population from 10,000 to just under 100,000)
3. Medium City (Population from 100,000 to just under 500,000)
4. Large City (Population of 500,000 or greater)

[FOR MEXICO DISPLAY:

1. Rural or small town, population <30,000
2. Small town, population between 30,000 and 100,000
3. Suburb of a large city, population >100,000
4. Urban area, population between 100,000 and 500,000
5. Urban area, population between 500,000 and 1 million
6. Major metropolitan area, population of 1 million or more

[FOR BRAZIL DISPLAY:

1. Rural or small town, population <30,000
2. Small town, population between 30,000 and 100,000
3. Suburb of a large city, population >100,000
4. Urban area, population between 100,000 and 500,000
5. Urban area, population between 500,000 and 1 million
6. Major metropolitan area, population of 1 million or more

[FOR JAPAN DISPLAY:

1. Rural or small town, population <30,000
2. Small town, population between 30,000 and 100,000
3. Suburb of a large city, population >100,000
4. Urban area, population between 100,000 and 500,000
5. Urban area, population between 500,000 and 1 million
6. Major metropolitan area, population of 1 million or more



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## Awareness, Care & Treatment In Obesity Management - An International Observation (ACTION IO) MASTER HCP QUESTIONNAIRE

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### Recruitment:

Target completed interviews: n=3,200

Respondent Group	Italy	Spain	UK	Brazil	Chile	Mexico	Australia	Israel	Saudi Arabia	UAE	Japan	South Korea
PCPs	n=150	n=150	n=150	n=200	n=100	n=200	n=100	n=100	n=100	n=100	n=150	n=100
Non-PCP Specialties	n=150	n=150	n=150	n=200	n=100	n=200	n=100	n=100	n=100	n=100	n=150	n=100
<b>Total HCPs</b>	<b>n=300</b>	<b>n=300</b>	<b>n=300</b>	<b>n=400</b>	<b>n=200</b>	<b>n=400</b>	<b>n=200</b>	<b>n=200</b>	<b>n=200</b>	<b>n=200</b>	<b>n=300</b>	<b>n=200</b>

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### Screening Criteria:

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#### All HCPs:

- Physician
- Specialty is **NOT** plastic surgeon, general surgeon, or bariatric surgeon
- Spends at least 50% of time in patient medical management (as opposed to surgical procedures, office procedures or research/administrative tasks)
- Practices in one of the participating countries: Italy, Spain, UK, Brazil, Chile, Mexico, Australia, Israel, Saudi Arabia, UAE, Japan, South Korea
- In practice 2+ years
- Has seen at least 100 patients in past month

- Has seen/treated at least 10 patients (may vary by country) in past month who have obesity: defined as a patient with a Body Mass Index (BMI)  $\geq 30$  (BMI  $\geq 25$  in Japan and South Korea) with or without comorbidities

**Specialty Quota (Hard Quota):**

- **Primary Care Providers**
  - Specialty is Family Practice, General Practice, Internal Medicine (as applicable in each country)
- **Non-PCP Specialties**
  - Specialty is Obstetrics/Gynecologists, Endocrinologist, Cardiologist, Bariatrics, or Other (as applicable in each country)

**Obesity Specialist Definition (will fall out naturally):**

- 50% or more of patients are seen for obesity/weight management (S35), **OR**
- Have had advanced formal training in the treatment of obesity/weight management beyond medical school training (S19) **OR**
- Works in an obesity service clinic or is actively involved as an obesity expert (S18)

Targeting based on practice setting, years in practice, region, and title

Data Validation Questions:

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**Q240, Q503\_11, Q640\_8**

<b>SECTION S: SCREENER</b>
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[HIDE S1A IF OFFERING IN ONE LANGUAGE]

**ALL RESPONDENTS**

**S1A** Thank you for taking the time to participate in this important research. For your convenience we are offering this survey in multiple languages. Please select a language that you are most familiar with.

- |                             |                                     |
|-----------------------------|-------------------------------------|
| 1. English (United States)  | [DISPLAY FOR NON-ENGLISH COUNTRIES] |
| 2. English (United Kingdom) | [DISPLAY FOR UK]                    |
| 3. English (Australia)      | [DISPLAY FOR AUSTRALIA]             |
| 4. Italian                  | [DISPLAY FOR ITALY]                 |
| 5. Spanish (Spain)          | [DISPLAY FOR SPAIN]                 |
| 6. Spanish (Chile)          | [DISPLAY FOR CHILE]                 |
| 7. Spanish (Mexico)         | [DISPLAY MEXICO]                    |
| 8. Portuguese (Brazil)      | [DISPLAY FOR BRAZIL]                |
| 9. Arabic (Israel)          | [DISPLAY FOR ISRAEL]                |
| 10. Arabic (Saudi Arabia)   | [DISPLAY FOR SAUDI ARABIA]          |
| 11. Arabic (UAE)            | [DISPLAY FOR UAE]                   |
| 12. Hebrew                  | [DISPLAY FOR ISRAEL]                |
| 13. Korean                  | [DISPLAY FOR SOUTH KOREA]           |
| 14. Japanese                | [DISPLAY FOR JAPAN]                 |

**ALL RESPONDENTS**

**S0** Thank you for your interest in this survey. We appreciate your willingness to participate in this important research on healthcare issues. The purpose of this study is to determine treatment experiences of patients with a specific condition. . Participation in this study consists of completing this 25-minute survey. If you qualify and complete this survey, you will receive the incentive amount listed in your invitation. There are no costs to you for your participation.

Your participation is voluntary. You do not have to participate and you do not have to answer any questions you do not want to answer. [DISPLAY FOR ITALY, SPAIN AND UK ONLY: You have the right to withdraw, access, amend, or ask that your data responses be erased, and may do so by contacting us at our helpdesk (contact details below).] You may stop the survey at any time. If you do not qualify for this study, the information you provide will be stored electronically by KJT Group until the end of December 2018.

During the study we will collect information about your health and certain types of personal information. If you decide to stop being in the study, no further data will be collected. KJT Group will take all steps needed to make sure that your study information is kept confidential, as required by the law in your country.

KJT Group will make sure that the study information we have collected about you cannot be looked at by people who are not authorized to do so. To make sure that the study is done correctly and to check the results, the following people will be able to see your study information:

- The Research Ethics Committee/Institutional Review Board
- National medicine authorities from other countries

The laws on personal information in these countries may be less strict than in your country. After the end of the study, your information will be stored in a database. All information from this study will be stored for at least 5 years after the Study Report is made, or according to local requirements. The study report contains the full results of the study.

A summary of the results from the study will be made publicly available sometime after the study finishes. This may include the Study Report and a summary of the results - this will be available on the homepage of a peer-reviewed scientific journal. **The results will not include any information that will identify you.**

To see if you qualify, we need to ask you some questions about your medical practice. [DISPLAY FOR ALL COUNTRIES EXCEPT ITALY, SPAIN AND UK: Please click "Continue" if you consent and would like to proceed with the survey. [DISPLAY FOR ITALY, SPAIN AND UK ONLY: Please select below if you consent and would like to proceed with the survey.

- ☐ I consent, and would like to continue with the survey
- ☐ I do not consent (you will not continue with the survey)]

[SHOW ON ITS OWN SCREEN]

[PN: ONLY SHOW TO PRETEST RESPONDENTS, DURING TELEPHONE OR IN-PERSON RECRUITMENT, OR IN-PERSON SURVEY ADMINISTRATION. HIDE FOR ONLINE ONLY SURVEY RESPONDENTS]

This online survey is designed to uncover the issues relating to health and lifestyle. How you respond will, of course, be treated in confidence. Should you raise safety information (i.e., adverse event(s), medication errors, pregnancy, off label use, etc.) and/or product complaints reported in a patient/group of patients, even if no specific patient is mentioned, we will need to report this, even if it has already been reported by you directly to the company or the regulatory authority. In such a situation you will be contacted to ask whether you are willing to waive the confidentiality given to you under the Market Research Codes of Conduct specifically in relation to that adverse event, safety information and/or product complaint. **Everything else you contribute during the course of the interview will continue to remain confidential.**

If you agree to be contacted, then your name and contact details will be forwarded to the sponsor's Product Safety Department *for the sole purpose* of follow-up to the report(s) of an adverse event, pregnancy, medication error, misuse, and/or product complaint.

If you do not agree to be contacted, then we will forward the report(s) of any adverse event, safety information and/or product complaint to the sponsor's Product Safety Department, but you will remain completely anonymous.

1. I agree to be contacted only if I raise safety information and/or product complaints
2. I disagree to be contacted if I raise safety information and/or product complaints

## ALL RESPONDENTS

**S1B** WILL BE SUBMITTING FOR IRB APPROVAL *IN COUNTRIES WHERE REQUIRED*, HOLD FOR IRB LANGUAGE AFTER PRE-TESTS

## ALL RESPONDENTS

**S3** To begin, we would like to gather some basic information to be used for categorization purposes.

Are you...?

- 1 Male
- 2 Female
- 3 Other [DO NOT DISPLAY FOR SAUDI ARABIA, UAE AND S. KOREA]

**ALL RESPONDENTS**

**S5** [FOR ALL COUNTRIES EXCEPT SAUDI ARABIA AND UAE: In what year were you born?

*Please enter as a four-digit number, e.g., 1963.*

[RANGE: 1890-2015]

\_|\_|\_|\_|

[FOR SAUDI ARABIA AND UAE ONLY: What is your date of birth? You may enter your date of birth based on either the Hijri or Gregorian calendar. Please indicate which in the box below.

[2 DIGITS FOR DAY, 2 DIGITS FOR MONTH, FOUR DIGITS FOR YEAR]

\_|\_|\_|\_|\_|\_|\_|\_|

[FOR SAUDI ARABIA ONLY DISPLAY:

1. Hijri calendar
2. Gregorian calendar

**ALL RESPONDENTS**

**S6** HIDDEN COMPUTE FOR AGE

[IF AGE 18 OR OLDER (S6>17) ASK S20. ELSE, TERMINATE]

**OLDER THAN 18 (S6>17)**

**S20** In what [INSERT CUSTOM WORDING FOR EACH COUNTRY] is the practice where you spend most of your time located?

[FOR UK DISPLAY:

In what country is the practice where you spend most of your time located?

[ALPHA SORT]

1. England
2. Northern Ireland
3. Scotland
4. Wales
99. I do not practice in the UK [ANCHOR] [TERMINATE]

[IF PRACTICES IN UK (S20/NE99) CONTINUE. ELSE TERMINATE]

[FOR AUSTRALIA DISPLAY:



In which state or territory is the practice where you spend most of your time located?

[INSERT DROP DOWN MENU; ALPHA SORT]

1. Australian Capital Territory
2. New South Wales
3. Northern Territory
4. Queensland
5. South Australia
6. Tasmania
7. Victoria
8. Western Australia
99. I do not practice in Australia [ANCHOR] [TERMINATE]

[IF PRACTICES IN AUSTRALIA (S20/NE99) CONTINUE. ELSE TERMINATE]

[FOR ITALY DISPLAY:

In what region of Italy is the practice where you spend most of your time located?

[INSERT DROP DOWN MENU; ALPHA SORT]

1. Abruzzo
2. Aosta Valley
3. Apulia
4. Basilicata
5. Calabria
6. Campania
7. Emilia-Romagna
8. Friuli-Venezia Giulia
9. Lazio
10. Liguria
11. Lombardy
12. Marches
13. Molise
14. Piedmonte
15. Sardinia
16. Sicily
17. Trentino-South Tyrol
18. Tuscany
19. Umbria
20. Veneto
99. I do not practice in Italy [TERMINATE] [ANCHOR]

[IF PRACTICES IN ITALY (S20/NE99) CONTINUE. ELSE TERMINATE]

[FOR SOUTH KOREA DISPLAY:

In which province do you currently practice the majority of the time?

[INSERT DROP DOWN MENU; ALPHA SORT]

1. Chungcheongbuk-do

2. Chungcheongnam-do
3. Gangwon-do
4. Gyeonggi-do
5. Gyeongsangbuk-do
6. Gyeongsangnam-do
7. Jeollabuk-do
8. Jeollanam-do
9. Jeju Special Self-Governing Province
10. Seoul
11. Busan
12. Daegu
13. Incheon
14. Daejeon
15. Ulsan
16. Gwangju
99. I do not practice in South Korea [ANCHOR, TERMINATE]

[IF PRACTICES IN SOUTH KOREA (S20/NE99) CONTINUE. ELSE TERMINATE]

[FOR SPAIN DISPLAY:

In what autonomous territory of Spain is the practice where you spend most of your time located?

[INSERT DROP DOWN MENU; ALPHA SORT]

1. Andalusia
2. Aragon
3. Asturias
4. Balearic Islands
5. Basque Country
6. Canary Islands
7. Cantabria
8. Castilla-La Mancha
9. Castilla and León
10. Catalonia
11. Extremadura
12. Galicia
13. La Rioja
14. Madrid
15. Murcia
16. Navarre
17. Valencia
99. I do not practice in Spain [TERMINATE] [ANCHOR]

[IF PRACTICES IN SPAIN (S20/NE99) CONTINUE. ELSE TERMINATE]

[FOR UAE DISPLAY:

In what emirate is the practice where you spend most of your time located?

[INSERT DROP DOWN MENU; ALPHA SORT]

ACTION IO Study – Healthcare Provider Master Questionnaire

1. Abu Dhabi
2. Dubai
3. Sharjah
4. Ajman
5. Umm Al-Quwain
6. Ras Al-Khaimah
7. Fujairah
99. I do not practice in the United Arab Emirates [TERMINATE] [ANCHOR]

[IF PRACTICES IN UAE (S20/NE99) CONTINUE. ELSE TERMINATE.]

[FOR CHILE DISPLAY:

In what province / territory is the practice where you spend most of your time located?

[INSERT DROP DOWN MENU, ALPHABETIZE]

1. Tarapacá
2. Antofagasta
3. Atacama
4. Coquimbo
5. Valparaíso
6. O'Higgins
7. Maule
8. Bío Bío
9. Araucanía
10. Los Lagos
11. Aisén
12. Magallanes
13. Santiago
14. Los Ríos
15. Arica and Parinacota
99. I do not practice in Chile [TERMINATE] [ANCHOR]

[IF PRACTICE IS IN CHILE (S20/NE99) ASK CONTINUE. ELSE TERMINATE.]

[FOR ISRAEL DISPLAY:

In what district is the practice where you spend most of your time located?

[ALPHASORT]

1. Jerusalem District
2. Northern District
3. Haifa District
4. Central District
5. Tel Aviv District
6. Southern District
7. Judea and Samaria Area
99. I do not practice in Israel [ANCHOR, TERMINATE]

[IF PRACTICE IS IN ISRAEL (S20/NE99) ASK CONTINUE. ELSE TERMINATE.]

[FOR SAUDI ARABIA DISPLAY:

In what district is the practice where you spend most of your time located?

[INSERT DROP DOWN MENU; ALPHA SORT]

1. Qassim
2. Riyadh
3. Tabuk
4. Madinah
5. Makkah
6. Northern Borders
7. Jawf
8. Ha'il
9. Bahah
10. Jizan
11. 'Asir
12. Najran
13. Eastern Province
99. I do not practice in the Kingdom of Saudi Arabia [ANCHOR, TERMINATE]

[IF PRACTICE IS IN SAUDI ARABIA (S20/NE99) ASK CONTINUE. ELSE TERMINATE.]

[FOR MEXICO DISPLAY:

In what province / territory is the practice where you spend most of your time located?

[INSERT DROP DOWN MENU; ALPHA SORT]

1. Aguascalientes
2. Baja California
3. Baja California Sur
4. Campeche
5. Chiapas
6. Chihuahua
7. Coahuila
8. Colima
9. Ciudad de México
10. Durango
11. Estado de México
12. Guanajuato
13. Guerrero
14. Hidalgo
15. Jalisco
16. Michoacán
17. Morelos
18. Nayarit
19. Nuevo León
20. Oaxaca
21. Puebla

22. Querétaro
23. Quintana Roo
24. San Luis Potosí
25. Sinaloa
26. Sonora
27. Tabasco
28. Tamaulipas
29. Tlaxcala
30. Veracruz
31. Yucatán
32. Zacatecas
99. My practice is not located in Mexico [TERMINATE] [ANCHOR]

[IF PRACTICE IS IN MEXICO (S20/NE99) CONTINUE. ELSE TERMINATE.]

HIDDEN VARIABLE:  
[REGIONAL RECODES]

1. ZONA 1

[Baja California, Baja California Sur, Chihuahua, Sonora]

2. ZONA 2

[Coahuila, Durango, Nuevo León, Tamaulipas]

3. ZONA 3

[Aguascalientes, Colima, Guanajuato, Jalisco, Michoacán, Nayarit, Sinaloa, Zacatecas]

4. ZONA 4

[Estado de México, Ciudad de México, Guerrero, Hidalgo, Morelos, Querétaro, San Luis Potosí]

5. ZONA 5

[Oaxaca, Puebla, Tlaxcala, Veracruz]

6. ZONA 6

[Campeche, Chiapas, Quintana Roo, Tabasco, Yucatán]

[FOR BRAZIL DISPLAY:

In what province / territory is the practice where you spend most of your time located?

[INSERT DROP DOWN MENU; ALPHA SORT]

1. Acre
2. Alagoas
3. Amapá
4. Amazonas
5. Bahia
6. Ceará
7. Distrito Federal

8. Espírito Santo
9. Goiás
10. Maranhão
11. Mato Grosso
12. Mato Grosso do Sul
13. Minas Gerais
14. Pará
15. Paraíba
16. Paraná
17. Pernambuco
18. Piauí
19. Rio de Janeiro
20. Rio Grande do Norte
21. Rio Grande do Sul
22. Rondônia
23. Roraima
24. Santa Catarina
25. São Paulo
26. Sergipe
27. Tocantins
99. I do not practice in Brazil [EXCLUSIVE] [ANCHOR]

[IF PRACTICES IN BRAZIL (S20/NE99) CONTINUE. ELSE TERMINATE]

[FOR JAPAN DISPLAY:

In which prefecture is the practice where you spend most of your time located?

[INSERT DROP DOWN MENU; ALPHA SORT]

1. Aichi
2. Akita
3. Aomori
4. Chiba
5. Ehime
6. Fukui
7. Fukuoka
8. Fukushima
9. Gifu
10. Gunma
11. Hiroshima
12. Hokkaidō
13. Hyōgo
14. Ibaraki
15. Ishikawa
16. Iwate
17. Kagawa
18. Kagoshima
19. Kanagawa
20. Kōchi
21. Kumamoto
22. Kyōto

23. Mie
24. Miyagi
25. Miyazaki
26. Nagano
27. Nagasaki
28. Nara
29. Niigata
30. Ōita
31. Okayama
32. Okinawa
33. Ōsaka
34. Saga
35. Saitama
36. Shiga
37. Shimane
38. Shizuoka
39. Tochigi
40. Tokushima
41. Tōkyō
42. Tottori
43. Toyama
44. Wakayama
45. Yamagata
46. Yamaguchi
47. Yamanashi
99. I do not practice in Japan

[IF PRACTICES IN JAPAN (S20/NE99) CONTINUE. ELSE TERMINATE]

**PRACTICES IN TARGET COUNTRY (S20/NE99)**

**S9** Which of the following best describes your title?

1. Physician
2. Nurse
3. Pharmacist (Pharm.D.)
4. Other [ANCHOR]

CONTINUE  
TERMINATE  
TERMINATE  
TERMINATE

[PHYSICIAN (S9/1) CONTINUE]

**PHYSICIAN (S9/1)**

**S15** What best describes your primary medical [AUS: INSERT: role] [ALL OTHER COUNTRIES: specialty]?

[ALPHA SORT]

1. Family Practice
2. General Practice
3. Internal Medicine
4. Bariatric Surgery
5. General Surgery
6. Obstetrics and Gynecology

- |                                 |  |
|---------------------------------|--|
| 7. Gynecology Only              | [DO NOT DISPLAY FOR AUSTRALIA, SAUDI ARABIA, SPAIN]  |
| 8. Endocrinology                | [DISPLAY “Endocrinology/Diabetology” FOR CHILE]  |
| 9. Cardiology                   |  |
| 10. Gastroenterology            |  |
| 11. Bariatrics/Obesity Medicine |  |
| 12. Nutriologist                | [ONLY DISPLAY IN ITALY AND CHILE]  |
| 13. Plastic Surgery             |  |
| 14. Hepatology                  | [ONLY DISPLAY IN AUSTRALIA]  |
| 15. Other                       | [ANCHOR]   |
| 16. Diabetology                 | [ONLY DISPLAY FOR JAPAN; IN JAPAN ENDO AND DIABETOLOGIST ARE CONSIDERED TWO DIFFERENT SPECIALTIES] |

**QUALIFY IF:**

ITALY: GP, IM, ENDO, CARD, NUTRITIOLOGIST  
SPAIN: GP, FP, IM, ENDO  
UK: GP, OB/GYN, ENDO, CARD  
BRAZIL: GP, FP, IM, ENDO, CARD, OB/GYN  
CHILE: GP, ENDO/DIABETOLOGIST, OB/GYN, NUTRIOLOGIST  
MEXICO: GP, FP, IM, ENDO, CARD, OB/GYN, IM  
ISRAEL: GP, FP, IM, ENDO, GASTRO  
SAUDI ARABIA: GP, IM, ENDO, GASTRO, OB/GYN  
UAE: GP, FP, IM, ENDO, GASTRO  
AUSTRALIA: GP, IM, ENDO, CARD, HEPATOLOGIST  
JAPAN: GP, FP, IM, ENDOCRINOLOGIST, DIABETOLOGIST, CARD, BARIATRICS/OBESITY MEDICINE  
SOUTH KOREA: ENDO, GASTRO, CARD, BARIATRICS/OBESITY, FP

[IF SOUTH KOREA DISPLAY OR PRIMARY SPECIALTY IS INTERNAL MEDICINE (S15/3), ASK S16.  
ELSE JUMP TO S17.]

**SOUTH KOREA RESPONDENTS OR PRIMARY SPECIALTY IS INTERNAL MEDICINE (S15/3)**

**S16** What percentage of your time do you spend working in a primary care or family practice setting?

1.

\_\_|\_|%

[IF >50% (S16>50) CODE AS PCP]

**PHYSICIAN (S9/1)**

**S17** What percentage of your professional time is spent performing each of the following activities?

*Your best estimate will do. Your responses must sum to 100%.*

[SHOW TOTAL SUM INDICATOR; MUST TOTAL TO 100]

1. Patient care/medical management

[RANGE 0-100]

\_\_|\_|\_|%



- |   |   |
|---|---|
| 2. Surgical procedures                            | % |
| 3. Office procedures (endoscopies, imaging, etc.) | % |
| 4. Research or administrative tasks               | % |

[AT LEAST 50% TIME IN PATIENT CARE/MEDICAL MANAGEMENT (S17\_1 >49) CONTINUE, OTHERWISE TERMINATE]

**SPENDS 50%+ OF TIME IN PATIENT CARE (S17/1 > 49)**

**S18** Do you consider yourself to be an expert in obesity/weight loss management or do you work in an obesity service clinic?

1. Yes
2. No

**SPENDS 50%+ OF TIME IN PATIENT CARE (S17/1 > 49)**

**S19** Have you received any advanced formal training in the treatment of obesity/weight management beyond medical school training?

1. Yes
2. No

**SPENDS 50%+ OF TIME IN DIRECT PATIENT CARE (S17/1>49)**

**S40** How many years have you been in practice beyond your [FOR AUSTRALIA: hospital training years] [FOR JAPAN: training period] [FOR ALL OTHER COUNTRIES: residency or fellowship]?

*If you are still in your residency, are currently a [FOR AUSTRALIA: registrar,] [FOR ALL OTHER COUNTRIES: fellow,] or have not been in practice for at least one year, please enter "0" (zero).*

[RANGE: 0-50]

Years in practice |||

[IF IN PRACTICE 2+ YEARS (S40/2+) ASK S42, ELSE TERMINATE]

**IN PRACTICE 2+ YEARS (S40/2+)**

**S42 HIDDEN QUESTION FOR SOFT QUOTA**

1. Less than 5 years
2. 5 to less than 15 years
3. 15 to less than 25 years
4. 25 to less than 35 years
5. 35+ years

**IN PRACTICE 2+ YEARS (S40/2+)**

**S30** In the past month, approximately how many total adults (age 18 and older) did you personally see/treat across all conditions and across all care settings (hospitals, outpatient clinics, etc.)?

*Your best estimate is fine.*

[RANGE: 0-9999]

Patient(s) in past month [ \_ | \_ | \_ | \_ ]

[IF SEEN AT LEAST 100 PATIENTS (S30/>99) ASK S31. ELSE TERMINATE]

**SEEN AT LEAST 100 PATIENTS (S30/>99)**

**S31** In the past month, approximately how many total adults (age 18 and older) with obesity did you personally see/treat as defined below?

*Please consider all persons that had obesity, whether or not their weight was discussed during their visit.*

Please use the following definition for the remainder of this survey:

**A person with obesity is:**

[FOR COUNTRIES EXCEPT JAPAN AND S. KOREA USE: "A person with a Body Mass Index (BMI) 30 or greater with or without comorbidities."]

[IF JP OR SK, INSTEAD USE: "A person with a Body Mass Index (BMI) 25 or greater with or without comorbidities. (It does not matter if the person has or does not have comorbidities, only consider their BMI.)"]

*Your best estimate is fine.*

[RANGE: 0-S30]

Persons with obesity in past month

[ \_ | \_ | \_ | \_ ]

[IF SEEN AT LEAST 10 PERSONS WITH OBESITY (S31/>9) ASK S35. ELSE TERMINATE]

**SEEN AT LEAST 10 PERSONS WITH OBESITY (S31/>9)**

**S35** Considering all of your adult patients, what percentage do you see primarily for obesity?

[RANGE 0-100]

[ \_ | \_ | \_ | \_ ]%

**SOFT QUOTAS QUESTION FOR TARGETING**

**Ensure Age, Gender, Practice type Mix**

**ALL RESPONDENTS**

**S100 HIDDEN QUOTA QUESTIONS**

**1. QUALIFIED PCPS**

**[N=XXX]**

- PHYSICIAN (S9/1)
- SPECIALTY IS PCP: FAMILY PRACTICE OR GENERAL PRACTICE OR INTERNAL MEDICINE AND PRIMARY CARE OR S. KOREA & PRIMARY CARE (S15/1-2) OR (S15/3 AND S16/1) OR (S. KOREA AND S16/1)
- SPENDS AT LEAST 50% OF TIME IN PATIENT MEDICAL MANAGEMENT (S17\_1>49)
- PRACTICES IN PARTICIPATING COUNTRY (S20/NE99)
- IN PRACTICE 2+ YEARS (S40/2+)
- SEEN AT LEAST 100 PATIENTS IN PAST MONTH (S30/>99)
- SEEN/TREATED AT LEAST 10 PERSONS WITH OBESITY IN PAST MONTH (S31/>9)

- FOR SOUTH KOREA ONLY, IF >50% (S16>50) CODE AS PCP

**2. QUALIFIED SPECIALISTS****[N=XXX]**

- PHYSICIAN (S9/1)
- SPECIALTY IS OBSTETRICS/GYNECOLOGY, ENDOCRINOLOGY, CARDIOLOGY, BARIATRICS, OR OTHER OR INTERNAL MEDICINE AND NOT PRIMARY CARE OR S. KOREA AND NOT PRIMARY CARE OR AUSTRALIA AND HEPATOLOGIST (S15/6-12,14) OR (S15/3 AND S16/2) OR (S. KOREA AND S16/2) OR (AUSTRALIA AND S15/14)
- SPENDS AT LEAST 50% OF TIME IN PATIENT MEDICAL MANAGEMENT (S17\_1>49)
- PRACTICES IN PARTICIPATING COUNTRY (S20/NE99)
- IN PRACTICE 2+ YEARS (S40/2+)
- SEEN AT LEAST 100 PATIENTS IN PAST MONTH (S30/>99)
- SEEN/TREATED AT LEAST 10 PERSONS WITH OBESITY IN PAST MONTH (S31/>9)
- FOR SOUTH KOREA ONLY, IF 50% OR LESS (S16<51) CODE AS SPECIALIST

**3. UNQUALIFIED HCPS****[N=9999]****ALL RESPONDENTS****S105 SOFT QUOTA FOR OBESITY SPECIALISTS****1. OBESITY SPECIALIST****[N=9999]**

- QUALIFIED HCP (S100/1-2)
- 50% OR MORE PATIENTS SEEN FOR OBESITY/WEIGHT MANAGEMENT (S35/>49%)  
**OR**
- HAS ADVANCED FORMAL TRAINING IN TREATMENT OF OBESITY/WEIGHT MANAGEMENT BEYOND MEDICAL SCHOOL (S19/1); **OR**
- WORKS IN OBESITY SERVICE CLINIC OR IS ACTIVELY INVOLVED AS OBESITY EXPERT (S18/1)

**ALL RESPONDENTS****S110 SPECIALTY SOFT QUOTAS**

PN: SAMPLING SHOULD BE DONE TO ENSURE REPRESENTATION ACROSS SPECIALTIES.

Specialty	Italy	Spain	UK	Brazil	Chile	Mexico	Aus.	Israel	Saudi Arabia	UAE	Japan	South Korea
Family Practice	--	Max n=75	--	Max n=100	--	Max n=125	--	Max n=70	--	Max n=70	Max n=75	Max n=70*
General Practice	Max n=100	Max n=75	Max n=150	Max n=100	Max n=100	Max n=125	Max n=75	Max n=70	Max n=75	Max n=70	Max n=75	Max n=70*
Internal Medicine*	Max n=100	Max n=75	--	Max n=100	--	Max n=125	Max n=75	Max n=70	Max n=75	Max n=70	Max n=75	--
<b>PCP Total</b>	<b>N=150</b>	<b>N=150</b>	<b>N=150</b>	<b>N=200</b>	<b>N=100</b>	<b>N=200</b>	<b>N=100</b>	<b>N=100</b>	<b>N=100</b>	<b>N=100</b>	<b>N=150</b>	<b>N=100</b>
OB/GYN	--	--	Max n=75	Max n=50	Max n=50	Max n=50	--	--	Max n=50	--	--	--
Gyn	--	--	--	--	--	--	--	--	--	--	--	--
Endocrinology	Max n=100	Max n=125	Max n=100	Max n=125	Max n=75	Max n=100	Max n=100	Max n=75	Max n=75	Max n=75	Max n=100	Max n=70**
Cardiology	Max n=70	--	Max n=75	Max n=50	--	Max n=50	Max n=50	--	--	--	Max n=50	Max n=50**

ACTION IO Study – Healthcare Provider Master Questionnaire

Gastroenterology	--	--	--	--	--	--	--	Max n=50	Max n=50	Max n=50	Max n=50	Max n=50**
Bariatrics/ Obesity Medicine	--	--	--	--	--	--	--	--	--	--	Max n=100	Max n=70**
Nutritionist (MD)	Max n=70	--	--	--	--	--	--	--	--	--	--	--
Hepatologist	--	--	--	--	--	--	Max n=70	--	--	--	--	--
Internal Medicine**	Max n=70	Max n=100	--	Max n=50	--	Max n=50	Max n=50	Max n=50	Max n=50	Max n=50	Max n=50	--
Family Practice**	--	--	--	--	--	--	--	--	--	--	--	Max n=70**
Other	Max n=50	Max n=50	Max n=50	Max n=50	Max n=50	Max n=70	Max n=50	Max n=50	Max n=50	Max n=50	Max n=50	Max n=50
<b>Non-PCP Total</b>	<b>N=150</b>	<b>N=150</b>	<b>N=150</b>	<b>N=200</b>	<b>N=100</b>	<b>N=200</b>	<b>N=100</b>	<b>N=100</b>	<b>N=100</b>	<b>N=100</b>	<b>N=100</b>	<b>N=150</b>
<b>Total HCPs</b>	<b>n=300</b>	<b>n=300</b>	<b>n=300</b>	<b>n=400</b>	<b>n=200</b>	<b>n=400</b>	<b>n=200</b>	<b>n=200</b>	<b>n=200</b>	<b>n=200</b>	<b>n=200</b>	<b>n=300</b>

\*Qualifies if spends the majority of your time working in a primary care or family practice setting (S16/1)

\*\* Qualifies if does NOT spend the majority of your time working in a primary care or family practice setting (S16/2)

**SECTION 100: Patient Weight History / Demographics****ALL RESPONDENTS****Q120** Thank you for your responses. You have qualified for this research.Thinking only of your patients with obesity, in what percentage of appointments do you discuss each of the following ...?*Your best estimate will do.*

[RANGE 0-100]

- |   |         |
|---|---------|
| 1. Impact of the patient's weight on their health | _ _ _ % |
| 2. Weight management                              | _ _ _ % |
| 3. Obesity co-morbidities and their treatments    | _ _ _ % |

**ALL RESPONDENTS****Q100** Considering your entire patient population, what proportion of your patients fall into each of the following groups? If none fit into a category, please enter "0" (zero).*Your best estimate will do. Your responses should sum to 100%.*

[INSERT CONSTANT SUM INDICATOR. TOTAL MUST SUM TO 100]

[FOR ALL COUNTRIES EXCEPT JAPAN AND SOUTH KOREA:]

[RANGE 0-100]

- |                                      |          |
|--------------------------------------|----------|
| 1. Not overweight (BMI < 25)         | _ _ _  % |
| 2. Overweight (BMI 25 to 29.9)       | _ _ _  % |
| 3. Obesity class I (BMI 30 to 34.9)  | _ _ _  % |
| 4. Obesity class II (BMI 35 to 39.9) | _ _ _  % |
| 5. Obesity class III (BMI 40+)       | _ _ _  % |

[FOR JAPAN AND SOUTH KOREA ONLY:]

[RANGE 0-100]

- |                                     |          |
|-------------------------------------|----------|
| 1. Not overweight (BMI < 25)        | _ _ _  % |
| 2. Obesity class 1 (BMI 25 to 29.9) | _ _ _  % |
| 3. Obesity class 2 (BMI 30 to 34.9) | _ _ _  % |
| 4. Obesity class 3 (BMI 35 to 39.9) | _ _ _  % |
| 5. Obesity class 4 (BMI 40+)        | _ _ _  % |

**PwO: Q110****ALL RESPONDENTS****Q105** As a reminder, throughout this survey, we are defining persons with obesity as those with a Body Mass Index (BMI) of [FOR ALL COUNTRIES EXCEPT JAPAN AND S. KOREA INSERT: 30] [FOR JAPAN AND S. KOREA INSERT: 25] or greater with or without comorbidities.

What percentage of your persons with obesity, would you categorize as each of the following?

*Please consider all persons with obesity that you see in your practice, whether or not you are currently treating them for their weight. Your best estimate will do. Your responses must sum to 100%.*

[INSERT CONSTANT SUM INDICATOR. TOTAL MUST SUM TO 100]

- [RANGE 0-100]
1. Losing weight for at least 6 months %
  2. At a stable weight for at least 6 months (+/- 10 lbs or 4.5 kgs ) %
  3. Consistently gaining weight for at least 6 months %
  4. Weight is fluctuating (going up and down) %

**SECTION 200: READINESS TO CHANGE / PREVIOUS SUCCESS**

PwO: Q205

**ALL RESPONDENTS**

**Q215** To the best of your knowledge, what percentage of your patients with obesity have made what you consider a serious attempt to lose weight (e.g., followed a program, set goals, put their mind to it, or worked with a qualified healthcare professional), whether or not it was successful?

*Please provide your best estimate.*

[RANGE 0-100]

Percentage of patients with obesity that have made a serious attempt to lose weight |\_|\_|\_|%

**ALL RESPONDENTS**

**Q217** In general, what percentage of your patients who made a serious attempt to lose weight within the past year would you define as successful?

*Your best estimate will do.*

[RANGE 0-100]

Percentage of patients |\_|\_|\_|%

PwO: Q203

**ALL RESPONDENTS**

**Q225** In your experience, which of the following most motivates people to lose weight?

*Select all that apply.*

[MULTIPLE RESPONSE, RANDOMIZE WITHIN GROUPS. RANDOMIZE GROUP ORDER, SELECT ALL THAT APPLY], DON'T SHOW HEADINGS]

**Physical Health**

1. Having general health concerns
2. Wanting to stop or not need to take medication for a weight-related health condition
3. Reaching the upper end of the weight range they are comfortable with
4. A specific, personal medical event (heart attack, stroke, etc.) or diagnosis (diabetes, liver disease, sleep apnea, etc.)

**Support**

5. Encouragement, support, recommendations from family or friends
6. Encouragement, support, recommendations from a healthcare provider
7. Encouragement, support, recommendations from wellness / fitness programs or a personal trainer
8. Encouragement, support from others who are trying to lose weight (losing weight with a spouse, health or fitness competition, etc.)

**Appearance**

9. Wanting to fit into a smaller clothing size
10. Wanting to be more fit / in better shape

**Goals**

11. Wanting to feel better physically, have more energy or be more active

12. Wanting to be more confident / improve their self-esteem
13. Wanting to improve job performance
14. Wanting to improve their sex life
15. Wanting to be a positive role model for family / children

**Life Events**

16. A major life change such as retirement, divorce, break-up, starting a family
17. An upcoming special occasion or event
18. A specific medical event (heart attack, stroke, etc.) or diagnosis (diabetes, liver disease, sleep apnea, etc.) in a family member / close friend
19. Other [ANCHOR]
20. None of the above [EXCLUSIVE, ANCHOR]

**ALL RESPONDENTS**

**Q230** How do you monitor the effectiveness of a weight management strategy or treatment for your patients with obesity?

*Please select all that apply.*

[RANDOMIZE]

1. Amount of weight loss by % body weight
2. Reduction in BMI
3. Reduction in waist circumference
4. Decrease or cessation of patient's weight loss efforts
5. Changes/improvements in patient's quality of life
6. Patient feedback / satisfaction
7. Patient adherence to lifestyle modifications
8. Changes/improvements in patient's comorbidities
9. Comparing patient results against obesity management guidelines / algorithms
10. Amount of weight loss in [FOR ALLCOUNTRIES EXCEPT UK SHOW: "kilograms" IF UK SHOW "pounds or kilograms"]
11. Prevention of further weight gain or weight stabilization
12. Amount of visceral fat loss measured by CT or MRI
13. I do not monitor effectiveness [ANCHOR, EXCLUSIVE]

**ALL RESPONDENTS**

**Q235A** For what proportion of your patients with obesity do you actually discuss their weight?

[RANGE 1-100]

[\_]\_[\_] % of patients with obesity with whom I discuss their weight

PwO: Q130

**ALL RESPONDENTS**

**Q235** Considering your patients with obesity with whom you actually discuss their weight, what proportion...

*Your best estimate is fine. Your responses must sum to 100%.*

[INSERT CONSTANT SUM INDICATOR. TOTAL MUST SUM TO 100]

[RANGE 0-100]



- |  |         |
|--|---------|
| 1. Follow your suggestions successfully                        | _ _ _ % |
| 2. Follow your suggestions and were somewhat successful        | _ _ _ % |
| 3. Try to follow your suggestions but stop or are unsuccessful | _ _ _ % |
| 4. Do not follow your suggestions at all                       | _ _ _ % |

**ALL RESPONDENTS**

**Q240** For quality control purposes, select “Completely agree” from the list of options below.

1. Completely disagree
2. Somewhat disagree
3. Neutral
4. Somewhat agree
5. Completely agree

<b>SECTION 300: CURRENT HEALTH STATE AND QOL</b>
--

PwO: Q300/Q301

**ALL RESPONDENTS**

**Q300** Based on your own perceptions, how much does obesity (IF S. KOREA OR JAPAN INSERT: “(BMI 25 or greater)” ALL OTHERS INSERT: “(BMI 30 or greater)”) impact the following **quality of life factors**?

*Please use a scale where 1 means “No negative impact at all” and 5 means “A severe negative impact.”*

1 - No negative impact at all                      2              3              4              5 - A severe negative Impact

1. Physical health (energy, pain, discomfort, sleep and rest)
2. Psychological (body image, self-esteem, learning, memory and concentration)
3. Level of independence (mobility, activities of daily living, dependence on medication)
4. Social relationships (personal relationships, social support, sexual activity)

<b>SECTION 400: OBESITY AWARENESS AND PERCEPTIONS</b>
---

**ALL RESPONDENTS (S100/1-2)**

**Q400** Based on your personal medical opinion, what is the greatest BMI at which a patient is considered...

[COLUMN]

[RANGE 0-60]

BMI |\_|\_|

[ROWS]

1. Not at risk of negative health outcomes due to their current weight [RANGE 0-60]
2. At minor risk of negative health outcomes due to their weight, and should be careful to avoid gaining additional weight [RANGE Q400/1 – 60]
3. At moderate risk of negative health outcomes due to their weight, and should take steps to lose weight [RANGE Q400/2 – 60]
4. At serious risk of negative health outcomes due to their weight and should take immediate steps to lose weight [RANGE Q400/3 – 60]

**ALL RESPONDENTS**

**Q420** Thinking generally, what do you believe is the average decrease in life expectancy (in years) for persons with obesity [FOR ALL COUNTRIES EXCEPT JAPAN AND SOUTH KOREA: (BMI 30 or greater); FOR JAPAN AND SOUTH KOREA: (BMI 25 or greater)] compared to persons of healthy weight?

*Please consider the relative impact of all obesity related comorbidities.*

[COLUMN]

[RANGE 0-99]

|\_|\_| years

[ROWS]

[FOR ALL COUNTRIES EXCEPT JAPAN AND S KOREA DISPLAY:

1. Overweight (BMI 25 to 29.9)
2. Obesity class I (BMI 30-34.9)
3. Obesity class II (BMI 35-39.9)
4. Obesity class III (BMI 40+)

[FOR JAPAN AND S KOREA DISPLAY:

1. Obesity class 1 (BMI 25 to 29.9)
2. Obesity class 2 (BMI 30 to 34.9)
3. Obesity class 3 (BMI 35 to 39.9)
4. Obesity class 4 (BMI 40+)

PwO: Q405

**ALL RESPONDENTS**

**Q405** In general, how large of an impact do you believe the following health conditions have on a person's overall health?

*Use a scale where 1 means “Very little impact” and 5 means “An extreme impact.”*

1 - *Very little impact*      2      3      4      5 - *An extreme impact*

[RANDOMIZE,]

1. Diabetes
2. Chronic obstructive pulmonary disease (COPD)
3. Cancer
4. Stroke
5. Obesity (FOR ALL COUNTRIES EXCEPT JAPAN AND SOUTH KOREA INSERT “BMI of 30 or greater” FOR JAPAN AND S. KOREA INSERT “BMI of 25 or greater”)

**ALL RESPONDENTS**

**Q405A HIDDEN QUESTION**

[RECODE Q405 ATTRIBUTES 1-4 BASED ON IF THEY'RE GREATER OR LESS THAN Q405\_5]

OBEISITY IS MORE SERIOUS (Q405\_ATTRIBUTE < Q405\_5)

OBEISITY IS AS SERIOUS (Q405\_ATTRIBUTE = Q405\_5)

OBEISITY IS LESS SERIOUS (Q405\_ATTRIBUTE > Q405\_5)

<b>SECTION 500: OBESITY ATTITUDINAL QUESTIONS</b>
---

PwO: Q500

**ALL RESPONDENTS**

**Q503** Thinking of your patients with obesity as a whole, please indicate how much you agree with each of the following...

*Use a scale where 1 means “Do not agree at all” and 5 means “Completely agree.”*

1 - Do not agree at all      2      3      4      5 - Completely agree

[RANDOMIZE,CAROUSEL]

1. It is easy for my patients to lose weight.
2. My patients could lose weight if they really set their mind to it.
3. If my patients lost weight, it would be easy for them to keep the weight off.
4. My patients know what they need to do to lose weight.
5. I have a responsibility to actively contribute to my patients' weight loss effort.
6. My patients' weight loss is completely their responsibility.
7. For my patients to lose weight, they would need to completely change their lifestyles.
8. My patients are happy with their current weight.
9. My patients are past the point where they can lose weight on their own.
10. My patients are motivated to lose weight.
11. For quality control purposes, please select 1.
12. Obesity is less important than many of the other diseases I treat.
13. I do not feel comfortable bringing up a patient's weight unless they mention it first.
14. There is nothing I can do to help patients manage their weight.
15. Treating patients with obesity is a productive use of my time.
16. I feel motivated to help patients with obesity lose weight.
17. I support/empower my patients with obesity to make healthy changes.
18. My patients know how to keep the weight off

PwO: Q507

**ALL RESPONDENTS**

**Q507** How much do you agree that each of the following is a barrier to your patients losing weight?

*Please use a scale where 1 means “Do not agree at all” and 5 means “Completely agree.”*

1 - Do not agree at all      2      3      4      5 - Completely agree

[RANDOMIZE, CAROUSEL]

1. Their preference for unhealthy food
2. Lack of exercise
3. Their genes
4. The nature of their job / employment
5. A lack of time to cook healthy meals

6. Their other health conditions
7. Their friends and family
8. Me, their healthcare provider
9. Their finances
10. Their lack of motivation
11. Their lack of ability to control their hunger
12. The cost of healthy food
13. Limited access to healthy food
14. Their mental health/emotional state
15. Fear of failure
16. Limited coverage for health care costs
17. Limited mobility due to physical health problems
18. The possibility of regaining the weight
19. Their unhealthy eating habits (large portions sizes, excessive snacking)
20. Their lack of understanding of what obesity is
21. The cost of obesity medications, programs and services
22. Their metabolism
23. Their age

Answer list is same as Q210 in PwO, and repeats in HCP at 515

**DISCUSSES WEIGHT MANAGEMENT WITH PATIENTS (Q120\_2>0)**

**Q128** Still thinking of your patients with obesity, for what percentage do you **recommend** each of the following methods for weight management when discussing their weight (whether or not the patient followed your recommendation)?

*Your responses may sum to more than 100% to account for instances where you may make more than one treatment recommendation.*

[RANGE 0-100, RANDOMIZE ROWS WITHIN GROUP, RANDOMIZE GROUP ORDER EXCEPT 16 AND 99 ITEMS, DON'T SHOW HEADINGS] [NUMERIC BOX NEXT TO EACH ROW ITEM]  
[MAKE NONE OF THE ABOVE EXCLUSIVE] [ANCHOR]

**Diet / Healthy Eating**

1. General improvement in eating habits / reducing calories
2. Specific diet or diet program [INSERT COUNTRY SPECIFIC TEXT PER LIST BELOW:]
3. Elimination diets (avoiding fats, sugary beverages, carbohydrates, etc.)

[FOR AUSTRALIA (e.g., Get Healthy Line, Weight Watchers, CSIRO Diet)

[FOR BRAZIL (e.g., Vigilantes do Peso (Weight Watchers); dieta da proteina; dieta orthomolecular)

[FOR CHILE (e.g., Multidisciplinary program, Gres method, meal replacement with protein shakes, Genotype's diet)

[FOR ISRAEL (e.g.,) [NO EXAMPLES TO SHOW, HIDE "(e.g.,)"]

[FOR ITALY (e.g., Dieta chetogenica, dieta zona, dieta Atkins)

[FOR JAPAN [ (e.g., Tokutei-Hoken-Shido)

[FOR MEXICO (e.g., Weight Watchers, Pronokal, Jenny Craig)

[FOR SAUDI ARABIA (e.g., Diet Watchers, Cambridge Weight Plan, Diet World, Slim Diet, Diet Center, Green Apples)

[FOR SOUTH KOREA (e.g., Herbal Life, slimming dietary supplements)

[FOR SPAIN (e.g., Weight Watchers, Herbal Life, Naturhouse, Pronokal, Dukan, Montignac)

[FOR UAE (e.g., Dukan diet, Cambridge diet, paleo diet, 5:2 diet and catered food diets (lively, Right Bite)

[FOR UK (e.g., Weight Watchers, Slimming World, Lighter Life, Rosemary Connelly)

**Exercise**

4. Generally be more active / increase physical activity
5. A formal exercise program / Gym membership / Personal trainer

**Tracking**

6. Meal / nutrient tracking (on paper or an app)
7. Exercise tracking (on paper or app such as smartphone apps, wearable fitness tracker, etc.)

**Medical Treatment / Medication**

8. Over-the-counter (non-prescription) weight loss medication (vitamins, supplements, etc.)
9. Prescription weight loss medication
10. Visiting a nutritionist / dietitian (non-physician)
11. Visiting an obesity specialist
12. Behavior therapy or psychotherapy such as counseling or behavior modification
13. Weight loss surgery / bariatric surgery

**Quality of life management**

14. Stress management
15. Sleep quality management

16. Other [ANCHOR]
17. None of the above [EXCLUSIVE][ANCHOR]

PwO: Q210

**DISCUSSES WEIGHT MANAGEMENT WITH PATIENTS (Q120\_2>0)**

**Q515** Which of the following do you believe are **most effective for long-term weight management**?

*Please select all that apply.*

[MULTI SELECT]

[INSERT ENTIRE LIST FROM Q128. SHOW IN SAME ORDER AS Q128]

**ALL RESPONDENTS**

**Q520** Which of the following health professionals do you feel would be / are most effective in helping your patients with obesity achieve their weight loss goals?

*Select all that apply.*

1. Cardiologist
2. Diabetes Educator [DO NOT DISPLAY FOR ITALY]
3. Endocrinologist [DISPLAY "Endocrinologist/Diabetologist" FOR CHILE]
4. Internal Medicine Physician [DO NOT DISPLAY FOR UK, CHILE]
5. Physician specializing in obesity
6. Nurse
7. Obstetrician / Gynecologist (OB/GYN)
8. Orthopedic Specialist
9. Pharmacist
10. Primary Care Physician
11. Psychologist / Behavioral therapist
12. Dietitian, Nutritionist (non-physician)

- 13. Rheumatologist
  - 14. Sleep Specialist
  - 15. Surgeon
  - 16. Physician who specializes in nutrition
  - 17. Psychiatrist
  - 18. Diabetologist
- [ONLY DISPLAY FOR JAPAN]

PwO: Q520

**ALL RESPONDENTS**

**Q521** Please indicate how much you agree with the following regarding prescription medications for weight loss...

*Use a scale where 1 means “Do not agree at all” and 5 means “Completely agree.”*

[RANDOMIZE, CAROUSEL]

1 - Do not agree at all      2      3      4      5 - Completely agree      99 Don't know/ Not sure

- 1. Prescription weight loss medications are more effective for my patients than other treatment options for weight loss.
- 2. I am likely to prescribe new prescription weight loss medications.
- 3. I am more likely to recommend my patients take a prescription medication than have a surgery (bariatric) to lose weight.
- 4. I am concerned about the side effects associated with prescription weight loss medications.
- 5. My patients would like me to offer prescription weight loss medication to help them with their weight loss efforts.
- 6. My patients trust me to recommend a prescription weight loss medication that is right for them.
- 7. There are good options available today for prescription weight loss medications.
- 8. Cost is a major barrier for my patients to consider prescription weight loss medications.
- 9. Patients would rather lose weight on their own than depend on medication.
- 10. I am likely to review the prescription weight loss medications available with my patients. (PwO: Q703A/B)
- 11. I am concerned about the long-term safety associated with prescription weight loss medications.
- 12. I don't know enough about prescription weight loss medications to feel comfortable prescribing them to my patients with obesity.

PwO: Q525

**ALL RESPONDENTS**

**Q525** Please indicate how much you agree with the following regarding weight loss surgery...

*Weight loss surgery is also known as bariatric surgery.*

*Use a scale where 1 means “Do not agree at all” and 5 means “Completely agree.”*

[  
[RANDOMIZE, CAROUSEL]



1 - Do not agree at all      2      3      4      5 - Completely agree      99 Don't know/ Not sure

1. Weight loss surgery is more effective than other treatment options for weight loss.
2. Most of my patients would rather have weight loss surgery than change their lifestyle to lose weight.
3. My patients often have concerns about the safety of weight loss surgery.
4. My patients trust me to recommend a weight loss surgery if it's right for them.
5. There are good options available today for weight loss surgery.
6. Cost is a major barrier for my patients considering weight loss surgery.
7. I am likely to review the weight loss surgery options with my patients.
8. The wait time for surgery is too long.
9. Having weight loss surgery also means having a permanent change in lifestyle.
10. I would rather motivate my patients to lose weight with diet and exercise than recommend weight loss surgery.
11. Having weight loss surgery is the easy way out for the patient
12. Weight loss after surgery is often not maintainable by patients

<b>SECTION 600: SUPPORT STRUCTURE</b>
---------------------------------------

PwO: Q826

**ALL RESPONDENTS**

**Q602** What are the **top 5 types of support that would be most helpful** for your patients to be successful with managing their weight?

*Select your top 5.*

[5 SELECTIONS] [RANDOMIZE]

1. Resources for family and friends to help understand how to be supportive
2. Specific meal plans to follow for weight management
3. Online support groups for those trying to lose weight
4. Local in-person support groups for those trying to lose weight
5. Motivational programs to help people stay on track with weight loss plan
6. More programs offered at workplaces to help people lose weight
7. Encouragement from friends/family to increase desire to keep going
8. Financial support for healthy choices (gym membership, healthy foods)
9. Diary for tracking weight over time (paper based or electronic)
10. Diary for tracking food intake (paper based or electronic)
11. Diary for tracking physical activity (paper based or electronic)
12. App with weight loss tracking and ideas for healthy eating and physical activity
13. Programs for physical activity
14. Prescription drugs for weight loss
15. Over-the-counter drugs for weight loss
16. Personal trainer / weight loss counselor
17. Weekly follow-up with a healthcare provider
18. Meetings with dietitian / nutritionist (non-physician)
19. Support tools such as BMI calculator, diaries, mobile apps
20. A work culture that encourages a healthy lifestyle
21. Access to mental health support
22. Access to stress management support
23. Access to a physician who specializes in obesity
24. Other [ANCHOR]

**ALL RESPONDENTS**

**Q605** Which of the following do you think contribute to a person's successful weight loss efforts?

*Please select all that apply.*

[MULTISELECT][RANDOMIZE]

1. Setting realistic goals which seem possible to reach
2. Support from family/friends
3. Support from me or other health care providers
4. Wanting to reduce the negative health consequences of their weight
5. Wanting to be happier with the way they look

6. Wanting to be able to fit into their clothes
7. Wanting to reduce emotional problems associated with their weight
8. Wanting to reduce physical limitations caused by their weight
9. Wanting to improve intimacy (be more appealing/sexually confident)
10. A desire to improve their job performance
11. Using prescription weight loss medications
12. Having the motivation or determination to lose weight
13. Adherence/sticking to their regimen or weight loss plan
14. Being energized by their success
15. Prioritizing their weight loss activities into their daily life
16. Understanding the physiology of obesity
17. A customized weight loss plan
18. Other [ANCHOR]
19. None of these [ANCHOR, EXCLUSIVE]

PwO: Q640

**ALL RESPONDENTS**

**Q650** Please indicate how much you agree with the following statements regarding obesity and weight management:

*Use a scale where 1 means “Do not agree at all” and 5 means “Completely agree.”*

1 - Do not agree at all      2      3      4      5 - Completely agree      99 - Does not apply

[RANDOMIZE]

1. Maintaining a healthy weight is a priority for our country’s healthcare system.
2. Cost of obesity therapy / treatment is a barrier for patients to lose weight.
3. I feel the healthcare system (doctor’s offices, hospitals, etc.) is a good resource for those looking to lose weight.
4. Employers play an important role in managing patients’ weight.
5. Obesity is a chronic disease.
6. A loss of 5-10% body weight would be extremely beneficial to the overall health of a patient with obesity.
7. The treatment of obesity should be a team effort between different medical professionals.
8. For quality control purposes, please select 3.

<b>SECTION 700: INTERACTION WITH PATIENTS</b>
---

PwO: Q701/Q702

**ALL RESPONDENTS**

**Q702** When discussing obesity with a patient, what percentage of the time do you bring it up, and what percentage of the time does the patient bring it up?

[INSERT CONSTANT SUM INDICATOR. TOTAL MUST SUM TO 100]

[RANGE 0-100]

- |  |         |
|--|---------|
| 1. I start the conversation            | _ _ _ % |
| 2. The patient starts the conversation | _ _ _ % |

**ALL RESPONDENTS**

**Q704** What are the top-5 most important criteria that you consider in order to determine whether or not you will initiate a discussion with a patient about obesity?

*Please select only 5 items.*

[MULTISELECT, RANDOMIZE]

1. Patient's BMI
2. Patient's weight
3. Patient's vital signs (i.e., blood pressure, heart rate)
4. Patient is at risk of developing new/additional obesity-related comorbidities
5. Patient has obesity-related comorbidities
6. Patient will need to take medication for obesity-related comorbidities if they do not lose weight
7. Patient's weight has increased since previous appointment(s)
8. My relationship with the patient
9. How receptive I think the patient will be to discussing their weight
10. Financial considerations for my practice (able to bill for obesity diagnosis and treatment) [DO NOT DISPLAY FOR AUSTRALIA]
11. How much time I have for the visit
12. Patient's mental state
13. Other [ANCHOR]
14. Patient's waist circumference

**DISCUSSES BMI WITH PATIENTS (Q702/1>0)**

**Q704A** When you measure BMI, at what BMI do you typically initiate a conversation about weight with a patient?

[RANGE 0-60]

BMI |\_|\_|

[ ] I never use BMI to determine when I initiate a conversation about weight [EXCLUSIVE]

**ALL RESPONDENTS**

**Q700C** Approximately how long is your average interaction with your patients when discussing their weight?

[RANGE 0-999]  
[ ][ ][ ] minutes

**ALL RESPONDENTS**

**Q705** How comfortable are you in having discussions with your patients about their weight?

1. Not at all comfortable
2. A little comfortable
3. Somewhat comfortable
4. Very comfortable
5. Extremely comfortable

**ALL RESPONDENTS**

**Q707** Which of the following are the **top 5** reasons your patients with obesity might not initiate conversations with [IF PCP (S100/1) INSERT “you” IF SPECIALIST (S100/2) INSERT “their primary care physician”] about their weight?

*Please select up to 5 items only.*

[MULTISELECT 5 ANSWERS, RANDOMIZE]

1. The appointment is not long enough
2. There are more important issues/concerns to discuss
3. They are do not feel comfortable bringing it up
4. They do not have enough trust and/or a good relationship with [IF PCP (S100/1) INSERT “me” IF SPECIALIST (S100/2) INSERT “their primary care physician”]
5. They do not see their weight as a medical issue
6. They seek care from other healthcare providers regarding weight loss
7. They believe it is their own responsibility to manage their weight
8. They are not interested in losing weight
9. They do not feel motivated to lose weight
10. They do not believe that they can lose weight
11. Even if they were to lose weight, they would just gain it back
12. They already know what they need to do to lose weight
13. They think there is nothing [IF PCP (S100/1) INSERT “I” IF SPECIALIST (S100/2) INSERT “their primary care physician”] can do to help them manage their weight
14. They do not think [IF PCP (S100/1) INSERT “I am” IF SPECIALIST (S100/2) INSERT “their primary care physician is”] interested in/concerned about their weight
15. Bad experience when discussing weight with a previous healthcare provider
16. Believe they don’t have the financial means to support a weight loss effort
17. Other [ANCHOR]

PwO: Q770

**ALL RESPONDENTS**

**Q708** What are the **top 5** reasons for which you **might not** discuss obesity with a patient?

*Please select up to 5 items only*

[MULTISELECT 5 ANSWERS, RANDOMIZE]

1. The appointment is not long enough / I'm rushed
2. There are more important health issues/concerns to discuss
3. I do not feel comfortable bringing it up
4. I do not trust and/or do not have a close relationship with my patient
5. I do not see weight as a significant medical issue
6. Patient is in good health and does not have weight-related comorbidities
7. I believe it is the patient's responsibility to manage their weight
8. Patient is not interested in losing weight
9. Patient does not feel motivated to lose weight
10. Patient does not believe he/she is able to lose weight
11. Even if the patient were to lose weight, he/she would just gain it back
12. Patient already knows what he/she needs to do to manage their weight
13. There is nothing I can do to help patients managing their weight
14. I am not interested enough in/concerned enough about patients' weight
15. I have had previous bad experience discussing weight with a patient
16. Patient does not have financial means to support a weight loss effort
17. I do not have training to provide weight management services
18. My office is not set up to treat overweight patients
19. I do not get financial compensation for treating obesity
20. Other [ANCHOR]

PwO: Q720

**ALL RESPONDENTS**

**Q720** What types of weight management goals do you set with your patients with obesity?

*Please select all that apply.*

[MULTISELECT] [RANDOMIZE]

1. Maintain current weight without gaining more
2. To lose (any amount of) weight
3. To lose a pre-specified % of body weight
4. To lose a pre-specified number of [FOR ALL COUNTRIES EXCEPT UK INSERT: "kilograms" IF UK INSERT "pounds / kilograms"]
5. To decrease the number of medications they must take
6. To improve their existing health condition(s)
7. To reduce the risks associated with weight / prevent a health condition
8. To have more energy
9. To improve their appearance
10. Short-term (within the next six months) individual weight loss goals
11. Long-term (more than six months from now) individual weight loss goals
12. To improve their lifestyle
13. To reduce their stress and improve overall health and well-being
14. To improve their physical and mental health and well-being
15. Other
16. I do not set weight management goals with my patients. [EXCLUSIVE]

PwO: Q710

**ALL RESPONDENTS**

**Q725** Overall, how helpful do you feel your conversations about obesity are for your patients with obesity?

1. Not at all helpful
2. A little helpful
3. Somewhat helpful
4. Very helpful
5. Extremely helpful

**ALL RESPONDENTS**

**Q734** Is an obesity diagnosis typically recorded in the patient's [FOR ALL COUNTRIES EXCEPT AUSTRALIA INSERT: medical record/journal] [FOR AUSTRALIA INSERT: medical record/history]?

1. Never
2. Rarely
3. Sometimes
4. Most of the time
5. Always

**ALL RESPONDENTS**

**Q734B** In what proportion of your patients with obesity do you inform them that they have a diagnosis of obesity?

[RANGE 1-100]

Inform the patient about the diagnosis of obesity |\_|\_|\_|%

[ ] I never inform the patient about the diagnosis of obesity [EXCLUSIVE]

**ALL RESPONDENTS**

**Q740A** For what proportion of your patients with obesity do you schedule a **follow-up appointment** to discuss their weight?

*Please enter '0' if you don't schedule follow up appointments to discuss their weight.*

[RANGE 0-100]

|\_|\_|\_|% of patients with obesity for whom I schedule a **follow-up appointment** to discuss their weight

**SCHEDULES FOLLOW UPS WITH PATIENTS (Q740A/>0)**

**Q740B** How frequently do you schedule **follow-up appointments** for your patients with obesity to discuss their weight?

1. More frequently than once a month
2. Once a month
3. Once every 3 months
4. Once every 6 months
5. Once a year
6. Less frequently than once a year

PwO: Q759/Q760

**SCHEDULES FOLLOW UPS WITH PATIENTS (Q740A/>0)**

**Q740** How often do patients with obesity **keep their follow-up appointment**?

1. Never
2. Rarely
3. Sometimes
4. Most of the time
5. Always

PwO: Q717

**ALL RESPONDENTS**

**Q745** Do you ever discuss a patient's weight history (trending) over a period of time?

1. Yes, I discuss the patient's weight history.
2. No, I do not discuss the patient's weight history.

PwO: Q716 DELETED

**ALL RESPONDENTS**

**Q750** For which of the following reasons might you refer a patient with obesity for specialized obesity management?

*Please select all that apply.*

[MULTISELECT, RANDOMIZE]

1. The patient asks to see a specialist
2. The patient had been unable to achieve their weight loss goals under previous treatment plan
3. The patient's weight is related to another health condition they have
4. I do not feel confident in providing the patient the advice they need to be successful
5. They have been unsuccessful in achieving their goals under my advice
6. Coverage of weight-management related care (e.g. psychologist, dietitian, non-physician nutritionist, etc.)
7. Their financial status
8. I do not feel comfortable discussing the patient's weight
9. Initiation of pharmacotherapy
10. Indication for bariatric surgery
11. Availability of a specialized weight loss program
12. Other
13. I do not refer patients to obesity specialists

[ANCHOR]

[EXCLUSIVE, ANCHOR]

**ALL RESPONDENTS**

**Q758** How effective do you think current clinical guidelines for treating obesity are?

1. Not at all effective
2. A little effective
3. Somewhat effective
4. Very effective
5. Extremely effective

**ALL RESPONDENTS**



**Q759C** Do you follow clinical treatment guidelines when treating patients with obesity?

1. Yes
2. No

[IF FOLLOWS CLINICAL GUIDELINES (Q759C/1) ASK Q759D ELSE SKIP TO Q760]

**FOLLOWS CLINICAL GUIDELINES (Q759C/1)**

**Q759D** Which of the following clinical treatment guidelines do you follow for treating patients with obesity?

*Please select all that apply.*

1. Local
2. National [FOR S. KOREA ALSO DISPLAY: (e.g., Korea Society for the Study of Obesity)]
3. International (e.g., European Association for the Study of Obesity (EASO), American Heart Association / American College of Cardiology / Obesity Society Clinical Practice Guideline)

PwO : q825

**ALL RESPONDENTS**

**Q760** Please select the top 3 most helpful types of information you can provide patients to support their weight loss efforts?

*Please select only three items*

**Information on...**

[SELECT 3 ONLY]

1. Healthy ways to lose weight
2. The health benefits of weight loss
3. Medical treatment options for obesity
4. Managing weight with exercise
5. How to maintain weight loss
6. How healthcare providers can help with obesity
7. Stress management techniques
8. Realistic weight loss goals
9. Exercises which are safe to do for people with mobility limitations
10. Healthy vs. non-healthy eating

<b>SECTION 800: SOLUTION REVIEW</b>
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PwO: Q800

**ALL RESPONDENTS**

**Q800** Please rank the top 3 factors from the following list based on how important they are in improving outcomes for people with obesity.

*Please click or drag the top 3 factors in order of importance, with the most important factor on top, the second most important next, and the third most important last.*

[RANDOMIZE]

1. Increasing the number of people that view obesity as a medical disease that requires long-term management.
2. Increasing the number of healthcare providers that manage obesity as a chronic disease.
3. Changing the public's judgmental view of people with obesity.
4. Changing healthcare providers' judgmental views of people with obesity.
5. Providing solutions to help healthcare providers treat people with obesity.
6. Providing solutions directly to patients to help with obesity.
7. Reducing misinformation around obesity and ineffective/bogus treatments.
8. [REMOVED]

PwO: Q805

**ALL RESPONDENTS**

**Q805** To what extent is our society/our healthcare system currently meeting the needs of people with obesity?

*Please use a scale where 1 means our society/our healthcare system is "Not at all meeting the needs" and 5 means "Completely meeting the needs."*

1 - Not at all meeting the needs      2                      3                      4                      5 – Completely meeting the needs      99 Not sure/Not applicable

PwO: Q815, Employer: Q815

**ALL RESPONDENTS**

**Q815** Please rank the **top 3 individuals/organizations** in order of responsibility for improving the health of people with obesity:

*Please click or drag the top 3 individuals / organizations in order of their responsibility, with the most responsible individuals / organization on top, the second most responsible next, and the third most responsible last.*

[RANDOMIZE, RANK 3]

1. Healthcare providers
2. [FOR BRAZIL, CHILE, MEXICO, UK, SPAIN, ITALY, UAE WHO HAVE A MIX OF PRIVATE/PUBLIC HEALTH INSURANCE: "Government-funded health insurance and/or private health insurance"] [FOR SAUDI ARABIA, JAPAN, S. KOREA, ISRAEL: "Government-funded

- health insurance”] [FOR AUSTRALIA: Government-funded health insurance (Medicare) and/or private health insurance”]
3. [REMOVED]
  4. The government [IF AUSTRALIA INSERT: “(Federal and State Departments of Health)”]
  5. People with obesity
  6. Pharmaceutical manufacturers
  7. Non-profit healthcare societies (PLACEHOLDER, CUSTOM FOR EACH COUNTRY, SEE LIST BELOW)
  8. Employers
  9. Family and friends of people with obesity
  10. Schools and universities
  11. Professional associations (PLACEHOLDER, CUSTOM FOR EACH COUNTRY, SEE LIST BELOW)
  12. The food industry

**COUNTRY SPECIFIC INSERTS FOR CODE 7:**

[FOR AUSTRALIA: (e.g., Australian and New Zealand Obesity Society (ANZOS), Dieticians Association of Australia)]  
[FOR BRAZIL: (e.g., ABESO (Brazilian Association of Obesity))]  
[FOR CHILE: (e.g., Chilean Society of Nutrition, Chilean Society of Obesity, Chilean Medical Society)]  
[FOR ISRAEL: HIDE “(e.g.,)”]  
[FOR ITALY: (e.g., Fondazione ADI, Fondazione IBD)]  
[FOR JAPAN: (e.g., Japan Association for the Prevention of Obesity Disease)]  
[FOR MEXICO: (e.g., Fundación Mexicana para la Salud (FUNSALUD))]  
[FOR SAUDI ARABIA: (e.g., Saudi Charitable Association of Diabetes, Charitable Health Society for Patients Care (ENAYAH))]  
[FOR SOUTH KOREA: (e.g., NGOs for healthcare or consumers)]  
[FOR SPAIN: HIDE “(e.g.,)”]  
[FOR UAE: (e.g., Diabetes UAE, Mubadala Healthcare)]  
[FOR UK: (e.g., BHF, DUK, NHS, RCP, RCGP, National Obesity Forum, Cancer Research UK, Association for the Study of Obesity (ASO))]

**COUNTRY SPECIFIC INSERTS FOR CODE 11:**

[FOR AUSTRALIA: (e.g., Australian Medical Association, Royal Australian College of General Practitioners, Royal Australian College of Physicians, Australian Nurses Association, Dietitians Association of Australia, Australian College of Psychologists, Practice Nurses Association, Exercise Physiologists)]  
[FOR BRAZIL: (e.g., SBEM (Brazilian Society of Endocrinology and Metabolism))]  
[FOR CHILE: (e.g., Colegio Medico de Chile, Colegio de Nutricionistas)]  
[FOR ISRAEL: (e.g., Israel Medical Association)]  
[FOR ITALY: (e.g., Società Italiana dell’Obesità - SIO, Associazione Italiana di Dietetica e Nutrizione Clinica - ADI)]  
[FOR JAPAN: (e.g., Japan Society for Study of Obesity (JASSO), The Japan Diabetes Society (JDS), The Japan Endocrine Society, The Japanese Society of Internal Medicine)]  
[FOR MEXICO: (e.g., Sociedad Mexicana de Nutrición y Endocrinología (SMNE), Colegio de Medicina Interna de México)]  
[FOR SAUDI ARABIA: (e.g., Saudi Heart Association, Saudi Gastroenterology Association, Saudi Society for Food and Nutrition)]  
[FOR SOUTH KOREA: (e.g., Korea Medical Association, Medical Academic Societies, Korea Dietetic Association)]  
[FOR SPAIN: (e.g., Sociedad Española de Endocrinología y Nutrición (SEEN), Sociedad Española para el Estudio de la Obesidad (SEEDO), Sociedad Española de Endocrinología Pediátrica (SEEP))]  
[FOR UAE: (e.g., Emirates Diabetes Society, Dubai Health Authority specialty centers and clinical nutrition services)]

[FOR UK: (e.g., British Medical Association, Association for the Study of Obesity (ASO), Royal College of Nursing, Nutrition Society, BDA, RCP, RCGP, DUK)]

**ALL RESPONDENTS**

**Q845** Please select the ways that you currently receive information regarding weight loss / management.

*Select all that apply.*

[MULTIPLE RESPONSE, SELECT ALL THAT APPLY] [RANDOMIZE]

1. Email
2. Conferences
3. Medical education / CME programs
4. Journal articles
5. Webpages
6. Internet videos
7. Colleagues, key opinion leaders on obesity
8. Pharmaceutical sales representatives
9. Professional Associations
10. Non-profit healthcare organizations
11. Other [ANCHOR]

<b>SECTION 900: DEMOGRAPHICS</b>
----------------------------------

**ALL RESPONDENTS**

**Q900** Thank you again for your time so far. As we noted at the beginning of this survey, your personal information will never be shared with other organizations for any purpose. Your honest answers are very much appreciated.

To finish, we would like to gather some additional information used for categorization purposes.

**ALL RESPONDENTS**

**Q900A** What is your height?

*Your best estimate will do.*

[DO NOT ALLOW ZERO FOR BOTH OPTIONS]

[FOR UK DISPLAY BOTH OPTIONS - FEET/INCHES, AND METERS/CENTIMETERS]

[RANGE 1-9]

Feet: |\_| and

[RANGE 0-11]

Inches: |\_|\_|

[FOR UK ONLY DISPLAY “OR”]

[FOR ALL COUNTRIES EXCEPT UK ONLY DISPLAY METERS, CENTIMETERS]

*Please enter your height in meters and centimeters (e.g., if your height is 1.50 m, please enter 1 in the meter box and 50 in the centimeter box*

[RANGE 0-3]

Meters: |\_| and

[RANGE 0-99]

Centimeters: |\_|\_|

[FEET/INCHES AND METER/CM SECTIONS ARE MUTUALLY EXCLUSIVE]

☐ Prefer not to answer

**ALL RESPONDENTS**

**Q901** What is your current weight?

*Please be as exact as possible.*

[FOR UK SHOW BOTH POUNDS, STONE AND KILOGRAMS AND THE “OR”]

[FOR ALL COUNTRIES EXCEPT UK, ONLY SHOW KILOGRAMS]

[RANGE 50-1000]

Pounds |\_|\_|\_|\_|

Stone |\_|\_|\_|\_|

OR

[RANGE 1-999]

Kilograms:      |\_|\_|\_|

[POUNDS AND KILOGRAM SECTIONS ARE MUTUALLY EXCLUSIVE]

o Prefer not to answer

**ALL RESPONDENTS**

**Q902** HIDDEN QUESTION FOR BMI CALCULATION

$$[BMI = (Q901 * 703) / (Q900A\_1 * 12 + Q900A\_2)^2]$$

FOR INTERNATIONAL SYSTEM

Q900A convert to m, where 1 m = 100 cm

$$BMI = Q901 \text{ kg} / [Q900A \text{ m}^2]$$

*Example: Q901 Weight = 68 kg, Q900A Height = 165 cm (1.65 m)*

$$\text{Calculation: } 68 \div (1.65)^2 = 24.98$$

FOR IMPERIAL SYSTEM

Q900A – convert to in, where 1 ft = 12 in

$$[BMI = [(Q901 \text{ lbs}) / (Q900A \text{ in}^2)] \times 703]$$

*Example: Q901 Weight = 150 lbs, Q900A Height = 5'5" (65")*

$$\text{Calculation: } [150 \div (65^2)] \times 703 = 24.96$$

PwO: S125

**ALL RESPONDENTS**

**Q903** HIDDEN QUESTION FOR WEIGHT CLASSIFICATION

[FOR ALL COUNTRIES EXCEPT JAPAN AND KOREA:

1. Underweight (Q902 < 18.5)
2. Normal Range (Q902 ≥ 18.5 AND Q902 < 25)
3. Overweight (Q902 ≥ 25 AND Q902 < 30)
4. Obese Class I (Q902 ≥ 30 AND Q902 < 35)
5. Obese Class II (Q902 ≥ 35 AND Q902 < 40)
6. Obese Class III (Q902 ≥ 40)

[FOR JAPAN AND KOREA:

1. Underweight (Q902 < 18.5)
2. Normal Weight (Q902 ≥ 18.5 AND Q902 < 25)
3. Obesity Class 1 (Q902 ≥ 25 AND Q902 < 30)
4. Obesity Class 2 (Q902 ≥ 30 AND Q902 < 35)
5. Obesity Class 3 (Q902 ≥ 35 AND Q902 < 40)
6. Obesity Class 4 (Q902 ≥ 40)

PwO: Q900

**ALL RESPONDENTS**

**Q906** What percentage of your patients with obesity are diagnosed with each of the following conditions?

Your best estimate will do.

[RANGE 0-100]

[RANDOMIZE]

|||%

1. Cardiovascular Diseases (e.g., coronary artery disease, coronary heart diseases, congestive heart failure, pulmonary embolism, stroke)
2. Depression/Anxiety
3. High cholesterol (Dyslipidemia / triglycerides)
4. High blood pressure (Hypertension)
5. Infertility
6. Liver disease (e.g., non-alcoholic fatty liver disease)
7. Obstructive Sleep Apnea
8. Osteoarthritis
9. Metabolic syndrome
10. Stomach or intestinal problems
11. Pre-diabetes
12. Diabetes (Type II)
13. [REMOVED]
14. Cancer
15. Polycystic Ovary Syndrome (PCOS) (the % of your *female* patients with obesity)
16. Eating disorder (e.g., binge eating disorder, night eating syndrome)

#### ALL RESPONDENTS

**Q910** Which of the following best describes your primary practice setting? If you practice in more than one location, please select the option that represents where you spend the majority of your time. Please select one option only.

[FOR UK DISPLAY:

1. Hospital-based practice, non-teaching hospital (community)
2. Hospital-based practice, teaching hospital (community)
3. University or medical school-based hospital (that is, employed by, or primarily affiliated with, an academic institution)
4. Clinic/surgery
5. Private practice
6. NHS drop-in centre
7. Other

[FOR AUSTRALIA DISPLAY:

1. General Practice (rural)
2. General Practice (urban)
3. Community Health
4. Hospital Specialist Practice
5. Private Specialist Practice
6. Clinical Academic

[FOR ITALY DISPLAY

1. Office or clinic: privately-owned medical practice (including private hospital-owned office and clinics)
2. Office or clinic: Federally-qualified community health center
3. Hospital (not emergency department)
4. Hospital emergency department
5. Institutional residential facility
6. Other [ANCHOR]

[FOR ISRAEL DISPLAY:

1. Office or clinic: privately-owned medical practice (including private hospital-owned office and clinics)
2. Office or clinic: HMO
3. Office or clinic: other clinic (including non-profit or public hospital-owned offices and clinics)
4. Hospital (not emergency department)
5. Institutional residential facility
6. Other [ANCHOR]

[FOR SOUTH KOREA DISPLAY:

1. Office or clinic: privately-owned medical practice (including private hospital-owned office and clinics)
2. Office or clinic: Federally-qualified community health center
3. Office or clinic: other clinic (including non-profit or public hospital-owned offices and clinics)
4. Hospital (not emergency department)
5. Hospital emergency department
6. Urgent care facility
7. Institutional residential facility
8. Other [ANCHOR]

[FOR SPAIN DISPLAY:

1. Office or clinic: privately-owned medical practice (including private hospital-owned office and clinics)
2. Office or clinic: public health practice
3. Office or clinic: other clinic (including non-profit or public hospital-owned offices and clinics)
4. Hospital (not emergency department)
5. Hospital emergency department
6. Urgent care facility
7. Institutional residential facility
8. Other [ANCHOR]

[FOR UAE DISPLAY

1. Public hospital/clinic
2. Private clinic / private clinics hospitals in free zone
3. Semi private clinics
4. Hospital (not emergency department)
5. Hospital emergency department
6. Urgent care facility
7. Institutional residential facility
8. Other [ANCHOR]

[FOR CHILE DISPLAY:

1. Consulta privada



2. Clinica privada
3. Hospital publico
4. Hospital de las fuerzas armadas
5. Hospital universitario
6. Centro medico
7. Servicio de urgencia en hospital
8. Consultorio municipal
9. Servicio de atención primaria de urgencia (SAPU)
10. Other [ANCHOR]

[FOR SAUDI ARABIA DISPLAY:

1. Office or clinic: privately-owned medical practice (including private hospital-owned office and clinics)
2. Office or clinic: governmental community health center
3. Office or clinic: other clinic (including non-profit or public hospital-owned offices and clinics)
4. Hospital: governmental hospital
5. Hospital emergency department: governmental hospital
6. Institutional residential facility
7. Other [ANCHOR]

[FOR MEXICO DISPLAY:

1. Office or clinic: privately-owned medical practice (including private hospital-owned office and clinics)
2. Office or clinic: Federally-qualified community health center
3. Office or clinic: other clinic (including non-profit or public hospital-owned offices and clinics)
4. Hospital (not emergency department)
5. Hospital emergency department
6. Urgent care facility
7. Institutional residential facility
8. Other [ANCHOR]

[FOR BRAZIL DISPLAY:

1. Office or clinic: privately-owned medical practice (including private hospital-owned office and clinics)
2. Office or clinic: Federally-qualified community health center
3. Office or clinic: other clinic (including non-profit or public hospital-owned offices and clinics)
4. Hospital (not emergency department)
5. Hospital emergency department
6. Urgent care facility
7. Institutional residential facility
8. Other [ANCHOR]

[FOR JAPAN DISPLAY:

1. Office or clinic: privately-owned medical practice (including private hospital-owned office and clinics)
2. Office or clinic: Federally-qualified community health center
3. Office or clinic: other clinic (including non-profit or public hospital-owned offices and clinics)
4. Hospital (not emergency department)
5. Hospital emergency department
6. Urgent care facility
7. Institutional residential facility
8. Other [ANCHOR]

PwO: Q929

**ALL RESPONDENTS**

**Q920** Which one of the following best describes the community in which your primary practice is located?

[FOR AUSTRALIA DISPLAY:

1. Rural (Population of less than 3,000)
2. Small Town (Population from 3,000 just under 20,000)
3. Medium City (Population from 20,000 to just under 150,000)
4. Large City (Population of 150,000 or greater)

[FOR UK DISPLAY:

1. Rural (Population of less than 10,000)
2. Small Town (Population from 10,000 to just under 100,000)
3. Medium City (Population from 100,000 to just under 500,000)
4. Large City (Population of 500,000 or greater)

[FOR ITALY DISPLAY:

- 1 Rural (Population of less than 10,000)
- 2 Small Town (Population from 10,000 to just under 100,000)
- 3 Medium City (Population from 100,000 to just under 500,000)
- 4 Large City (Population of 500,000 or greater)

[FOR ISRAEL DISPLAY:

1. Peripheral (Population of less than 10,000)
2. Small Town (Population from 10,000 to just under 100,000)
3. Medium City (Population from 100,000 to just under 500,000)
4. Large City (Population of 500,000 or greater)

[FOR SOUTH KOREA DISPLAY:

1. Rural (Population of less than 10,000)
2. Small Town (Population from 10,000 to just under 50,000)
3. Medium City (Population from 50,000 to just under 500,000)
4. Large City (Population of 500,000 or greater)

[FOR SPAIN DISPLAY

1. Rural (Population of less than 10,000)
2. Small Town (Population from 10,000 to just under 100,000)
3. Medium City (Population from 100,000 to just under 500,000)
4. Large City (Population of 500,000 or greater)

[FOR UAE DISPLAY:

1. Rural (Population of less than 10,000)
2. Small Town (Population from 10,000 to just under 100,000)
3. Medium City (Population from 100,000 to just under 500,000)
4. Large City (Population of 500,000 or greater)

[FOR CHILE DISPLAY:

1. Rural (Population of less than 3,000)

2. Small Town (Population from 3,000 just under 20,000)
3. Medium City (Population from 20,000 to just under 150,000)
4. Large City (Population of 150,000 or greater)

[FOR SAUDI ARABIA DISPLAY:

1. Rural (Population of less than 10,000)
2. Small Town (Population from 10,000 to just under 100,000)
3. Medium City (Population from 100,000 to just under 500,000)
4. Large City (Population of 500,000 or greater)

[FOR MEXICO DISPLAY:

1. Rural or small town, population <30,000
2. Small town, population between 30,000 and 100,000
3. Suburb of a large city, population >100,000
4. Urban area, population between 100,000 and 500,000
5. Urban area, population between 500,000 and 1 million
6. Major metropolitan area, population of 1 million or more

[FOR BRAZIL DISPLAY:

1. Rural or small town, population <30,000
2. Small town, population between 30,000 and 100,000
3. Suburb of a large city, population >100,000
4. Urban area, population between 100,000 and 500,000
5. Urban area, population between 500,000 and 1 million
6. Major metropolitan area, population of 1 million or more

[FOR JAPAN DISPLAY:

1. Rural or small town, population <30,000
2. Small town, population between 30,000 and 100,000
3. Suburb of a large city, population >100,000
4. Urban area, population between 100,000 and 500,000
5. Urban area, population between 500,000 and 1 million
6. Major metropolitan area, population of 1 million or more