

## **Weight Loss Questionnaire for Living Kidney Donors**

We are conducting a brief survey about weight management strategies prior to living kidney donation. The information you give will be used to develop health programs for potential kidney donors like yourself.

The answers you give will be kept private. No one will know how you answer. Answer the questions based on what you really know or do. There are no right or wrong answers. Completing the survey is voluntary. Your medical care will not be affected whether or not you answer the questions. If you do not want to answer a question, just leave it blank. Thank you very much for your help.

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**Demographics-** We would like to ask a few questions about yourself for statistical purposes. This section will help us determine how representative the participants are who complete this questionnaire.

1. Which category below includes your current age?
  - a. 18-24
  - b. 25-35
  - c. 35-45
  - d. 45-55
  - e. 55-65
  - f. >65 years old
  
2. What is your gender?
  - a. Male
  - b. Female
  - c. Rather not say
  
3. What best describes your racial or ethnic identification?
  - a. American Indian or Alaskan Native
  - b. African American or Black
  - c. Asian
  - d. Caucasian or White
  - e. Hispanic or Latino
  - f. Native Hawaiian or other Pacific Islander
  - g. From multiple races
  - h. Other
  - i. Rather not say

4. What is your relationship to potential kidney recipient?
- a. I am the recipient's parent
  - b. I am the recipient's son/daughter
  - c. I am the recipient's sibling
  - d. I am the recipient's spouse
  - e. I am the recipient's aunt/uncle
  - f. I am the recipient's niece/nephew
  - g. I am the recipient's grandparent
  - h. I am the recipient's grandchild
  - i. I am the recipient's daughter-in-law or son-in-law
  - j. I am the recipient's father-in-law or mother-in-law
  - k. I am the recipient's non-related friend
  - l. I do not know the recipient
  - m. Other (please list \_\_\_\_\_)
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**Current Health Status** - Below are several questions regarding your current health measurements taken today in Living Kidney Donor evaluation clinic. Please answer to the best of your memory.

5. What is your current height (in inches)? \_\_\_\_\_
6. What is your current weight (in pounds)? \_\_\_\_\_
7. What is your body mass index (BMI)? \_\_\_\_\_
8. What is your weight loss goal *required* by the transplant center prior to donation?
- a. I was not told that I need to lose weight to become a donor
  - b. 1-15 lbs.
  - c. 15-30 lbs.
  - d. 30-60 lbs.
  - e. 60-90 lbs.
  - f. 90-120 lbs.
  - g. Greater than 120 lbs.
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**Relationship between obesity and kidney donation-** The following questions relate to your current understanding of the relationship between obesity and kidney donation. Please answer to the best of your knowledge.

9. If you had been told that you needed to lose weight in order to be considered for kidney donation, would you still be interested in serving as a donor?
- Strongly Interested
  - Interested
  - Neutral/Neither interested nor disinterested
  - Disinterested
  - Strongly disinterested

10. Do you agree or disagree with the statement **below**?

*After kidney donation, being overweight increases your risk for kidney disease.*

- Strongly agree
  - Agree
  - Neutral/Neither agree nor disagree
  - Disagree
  - Strongly disagree
11. If you were told that losing weight before kidney donation could decrease your risk of kidney disease after donation, would you be interested in weight loss before donation?
- Strongly Interested
  - Interested
  - Neutral/Neither interested nor disinterested
  - Disinterested
  - Strongly disinterested

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**Weight Loss Strategies** - Please indicate your interest in the following weight loss options below:

12. If you had been told you needed to lose weight to be a kidney donor, would you be interested in **exercising** to lose weight and become eligible for donation?
- Strongly Interested
  - Interested
  - Neutral/Neither interested nor disinterested
  - Disinterested
  - Strongly disinterested

13. If a **free exercise** program was offered by University of Alabama at Birmingham (UAB) for potential kidney donors, I would enroll.
- Strongly agree
  - Agree
  - Neutral/Neither agree nor disagree
  - Disagree
  - Strongly disagree
14. If you had been told you needed to lose weight to be a kidney donor, would you be interested in a **diet program** in order to lose weight and become eligible for donation?
- Strongly Interested
  - Interested
  - Neutral/Neither interested nor disinterested
  - Disinterested
  - Strongly disinterested
15. If a **free diet** program was offered by UAB for potential kidney donors, I would enroll.
- Strongly agree
  - Agree
  - Neutral/Neither agree nor disagree
  - Disagree
  - Strongly disagree
16. If you had been told you needed to lose weight to be a kidney donor, would you be interested in a **combined exercise and diet program** in order to lose weight and become eligible for donation?
- Strongly Interested
  - Interested
  - Neutral/Neither interested nor disinterested
  - Disinterested
  - Strongly disinterested
17. If a **free combined exercise and diet** program was offered by UAB for potential kidney donors, I would enroll.
- Strongly agree
  - Agree
  - Neutral/Neither agree nor disagree
  - Disagree
  - Strongly disagree

18. If you were unable to lose weight with diet and exercise alone, would you be interested in being referred to a bariatric or weight loss surgeon to discuss weight loss surgery? (examples- gastric banding, sleeve gastrectomy or stomach stapling, stomach or gastric bypass)
- a. Strongly Interested
  - b. Interested
  - c. Neutral/Neither interested nor disinterested
  - d. Disinterested
  - e. Strongly disinterested
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**Previous and Current Weight Management Strategies** - Below are a number of questions about your previous or current health and nutritional habits.

19. Have you previously tried any weight loss strategies? (circle all that apply)

- a. Individual exercise
- b. Exercise classes
- c. Nutrition classes (i.e. Weight Watchers)
- d. Weight loss supplements/meal replacements
- e. Weight loss/bariatric surgery
- f. Other (please list \_\_\_\_\_)
- g. None

20. Have you had any success with weight loss strategies in the past? (circle all that apply)

- a. Individual exercise
- b. Exercise classes
- c. Nutrition classes (i.e. Weight Watchers)
- d. Weight loss supplements/meal replacements
- e. Weight loss/bariatric surgery
- f. Other (please list \_\_\_\_\_)
- g. No prior success
- h. None attempted

21. What best describes your current exercise activity per week?

- a. Never exercise
- b. Rarely exercise
- c. Exercise 1-2 days/week
- d. Exercise 3-5 days/week
- e. Exercise 6-7 days/week

22. If you exercise, how much time do you *usually* exercise per session? If you do not exercise, then skip to question **24**.

- a. Less than 15 minutes
- b. 15-30 minutes
- c. 30-45 minutes
- d. 45-60 minutes
- e. Greater than 60 minutes

23. Which form of exercise *best* describes your typical activity?

- a. Walking
- b. Running/jogging
- c. Biking
- d. Swimming
- e. Fitness classes
- f. Sports
- g. Weightlifting
- h. Other
- i. None

24. In a typical week, how many meals do you eat from a fast food restaurant? \_\_\_\_\_

25. In a typical day, how many sugary beverages do you consume (examples- sweet tea, Coca-Cola, Kool aid)? \_\_\_\_\_

26. In a typical day, how many microwavable or ready-made meals do you eat? \_\_\_\_\_

27. Have you had previous bariatric or weight loss surgery?

- a. Sleeve gastrectomy or "stomach stapling"
- b. Gastric banding or "lap band"
- c. Gastric bypass or "stomach bypass"
- d. Biliopancreatic diversion with duodenal switch
- e. Other \_\_\_\_\_
- f. None

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**Thank you for your participation. Your contribution to this effort is greatly appreciated.**