

Appendix 1: BWHealthy Weight Study baseline survey

BWHealthy Weight Study

Baseline QUESTIONNAIRE

- This survey asks about your opinions and experiences regarding lifestyle and weight maintenance.
- It will take approximately 15 minutes to complete this questionnaire.
- Read each question and answer it as best as you can. Remember, there are no right or wrong answers.
- Your answers will be kept completely confidential. We use a study identification number instead of your name on all our forms.

Please write in today's date:

___ ___ / ___ ___ / ___ ___ ___ ___

Month

Day

Year

1. Email: _____

2. Please check the response that best indicates your opinion about your current diet:

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
A. I have enough <u>time</u> to allow me to eat a healthy diet.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
B. I have enough <u>energy</u> to allow me to eat a healthy diet.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
C. I have enough <u>money</u> to allow me to eat a healthy diet.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
D. Eating a healthy diet is important for my health.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
E. Eating a healthy diet is important for my weight.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

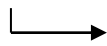
3. During the last 24 months, did your weight change?

- ₁ No
- ₂ Yes, I lost about _____ pounds
- ₃ Yes, I gained about _____ pounds
- ₄ Yes, my weight cycled. I lost about _____ pounds *and* gained about _____ pounds

4. During the last 24 months, did you actively try to lose weight?

₁ No

₂ Yes



If yes, how did you try to lose weight? (Please check all that apply.)

₁ Weighing yourself frequently

₂ Eating fewer calories

₃ Eating less fat

₄ Eating less carbs

₅ Exercising

₆ Eating breakfast daily

₇ Working to reduce stress

₈ Using meal replacements (liquid shakes or bar from companies like Slim Fast, Optifast, or HMR)

₉ Maintaining a consistent eating pattern throughout the week (eating similar food on weekdays and weekends)

₁₀ Using diet pills, laxatives, diuretics, water pills

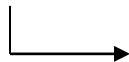
₁₁ Purging or making yourself vomit

₁₂ Other (please specify): _____

5. Do you plan to change your current weight over the next year?

₁ No, I plan to maintain my current weight.

₂ Yes, I plan to lose more weight.



If yes, about how much weight do you plan to lose?

_____pounds

6. Keeping in mind your goal for your weight over the next year (either losing more weight or maintaining your current weight), what strategies will you use to meet this goal? (Please check all that apply.) *Note: The list below contains common methods that people use to lose weight. It is not meant to be exhaustive or to endorse or to prioritize one method over another.*

- ₁ Eating breakfast daily
- ₂ Eating fewer calories
- ₃ Eating less carbs
- ₄ Eating less fat
- ₅ Exercising
- ₆ Maintaining a consistent eating pattern throughout the week
(eating similar food on weekdays and weekends)
- ₇ Purging or making yourself vomit
- ₈ Using diet pills, laxatives, diuretics, water pills
- ₉ Using meal replacements (liquid shakes or bar from companies like Slim Fast, Optifast, or HMR)
- ₁₀ Working to reduce stress
- ₁₁ Weighing yourself frequently
- ₁₂ Other (please specify): _____

7. What was your maximum weight ever (not including pregnancy for women)?

_____pounds

8. What was your maximum weight in the last year?

_____pounds

9. At what point in the last year, were you at your maximum weight?

____ / ____

Month Year

10. How would you classify your current weight?

- ₁ Significantly overweight
- ₂ Overweight
- ₃ Normal weight

4 Underweight

11. How satisfied are you with your current weight?

(Please check only one response below.)

- 1 Very dissatisfied with my weight
- 2 Somewhat dissatisfied with my weight
- 3 Neither dissatisfied nor satisfied with my weight
- 4 Somewhat satisfied with my weight
- 5 Very satisfied with my weight

12. Are you currently paying for a formal weight management program?

1 No

2 Yes

└───> If yes, which one?

- 1 Weight Watchers
- 2 Nutrisystem
- 3 Jenny Craig
- 4 Brigham Program for Weight Management
- 5 LA Weight Loss
- 6 HMR liquid diet
- 7 Other (please specify): _____

13. Are you currently following a diet on your own?

1 No

2 Yes

└───> If yes, which one? (Please check all that apply.)

- 1 Vegetarian or Vegan
- 2 Atkins Diet
- 3 South Beach Diet
- 4 Ornish Diet
- 5 Paleo Diet
- 6 Mediterranean Diet
- 7 Other low carbohydrate diet
- 8 Other low fat diet
- 9 My Fitness Pal, Lose it, or another web/mobile app
- 10 Other (please specify): _____

14. Are you currently seeing a dietician or nutritionist?

₁ No

₂ Yes

15. Are you currently targeting a calorie goal?

₁ No

₂ Yes

└───┬───> If yes, how many calories? _____ calories/day

16. How often do you weigh yourself?

₁ Never

₂ Monthly

₃ Weekly

₄ Daily

17. How often do you eat at the Brigham and Women's Hospital Cafeteria?

₁ Never

₂ Monthly

₃ Weekly

₄ Daily

18. Do you have flexible work hours?

₁ No

₂ Yes

19. Over the next 12 months, how interested are you in maintaining your current weight?

Not interested 1 2 3 4 5 6 7 8 9 10 Very interested

20. Over the next 12 months, how confident are you that you can maintain your current weight?

Not Confident 1 2 3 4 5 6 7 8 9 10 Very Confident

21. Over the next 12 months, how interested are you in losing more weight?

Not interested 1 2 3 4 5 6 7 8 9 10 Very interested

22. Over the next 12 months, how confident are you that you can lose more weight?

Not Confident 1 2 3 4 5 6 7 8 9 10 Very Confident

23. Rank the following factors for motivating you to keep off the weight you have lost from 1 to 10 with 1=most important, 10=least important. Please do not rank items the same level of importance.

- | | |
|-------------------------------|---------------------------------|
| ___ Improve my health | ___ Improve my social life |
| ___ Improve my appearance | ___ Improve my job performance |
| ___ Improve my mood | ___ Improve my financial status |
| ___ Feel better about myself | ___ Fit into my clothes |
| ___ Be a better parent/spouse | ___ Be a good role model |

24. During the past month, how often did you drink each of the following beverages? A serving is one 8-ounce glass or can of the drink or beverage. If you drink a 16-ounce bottle, please count that as 2 servings.

	Less than once per week	Once per week	2 to 4 times per week	Nearly daily or daily	Twice or more per day
A. 100% fruit juice (e.g. apple, grape, orange)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
B. Soda with sugar (e.g. Coke, Pepsi, Sprite)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C. Other drink with sugar (e.g. sweetened iced tea, Gatorade, fruit punch)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
D. Diet soda (e.g. Diet Coke, Diet Pepsi, Diet Sprite)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E. Other flavored drink without sugar (e.g. sugar-free iced tea, Crystal Light)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

25. During the past month, on average, how many hours per week did you spend...

A. Watching TV or DVDs/Videos? _____ hours/week

B. Using a computer, tablet or smartphone? _____ hours/week
(Do *not* include time spent at work)

26. During the past month, on average, how many hours per week did you spend engaged in...

A. Walking for leisure? _____ hours per week

B. Light or moderate recreational activities or sports such as bowling, yoga, stretching classes, skating, or other similar activities? (Do not include walking.)
_____ hours per week

C. Vigorous recreational activities or sports such as jogging, swimming, cycling, aerobic dance, skiing, or other similar activities?
_____ hours per week

D. Resistance training or weight lifting?
_____ hours per week

27. How old are you? _____ years.

28. Gender:

₁ Male

₂ Female

29. What is your job title here at Brigham and Women's Hospital?

Study ID: _____

Title: _____

30. Are you full- or part-time?

- ₁ full-time (at least 35 hrs per week)
- ₂ part-time

31. Please select any of the following race/ethnicities that you use to describe yourself (you can choose more than 1).

- ₁ White/Caucasian
- ₂ Black/African American
- ₃ Asian
- ₄ Other (please specify): _____

32. Are you Hispanic?

- ₁ No
- ₂ Yes

33. Annual household income:

- ₁ \$10,000 or less
- ₂ \$10,001 to \$20,000
- ₃ \$20,001 to \$40,000
- ₄ \$40,001 to \$70,000
- ₅ \$70,001 to \$100,000
- ₆ \$100,001 to \$150,000
- ₇ More than \$150,000
- ₈ Don't know

27. What is the highest level of education that you have completed? (Please check only one.)

- ₁ Some high school
- ₂ High school graduate
- ₃ Some college
- ₄ College graduate
- ₅ Graduate school

Thank you very much!