

Supplementary Table 1. Perceived effect of obesity on risk of cancer, stratified by BMI classification

		Risk of breast cancer		Risk of lung cancer		Risk of ovarian cancer	
		Affirmative <i>n</i> , (row %)	p value	Affirmative <i>n</i> , (row %)	p value	Affirmative <i>n</i> , (row %)	p value
Total, <i>n</i> (row %)	122	100 (82.0%)		43 (35.3%)		52 (42.6%)	
BMI (kg/m ²)							
25.0-29.9	73	59 (80.8%)	0.92	26 (35.6%)	0.69	34 (46.6%)	0.74
30.0-34.9	26	21 (80.8%)		12 (46.2%)		10 (38.5%)	
35.0-39.9	14	12 (85.7%)		3 (21.4%)		5 (35.7%)	
≥ 40	9	8 (88.9%)		2 (22.2%)		3 (33.3%)	

Breast Cancer Questionnaire

This survey is a voluntary research study. We are doing this study to look at the demographics, health knowledge, and level of physical activity of women who have been diagnosed with breast cancer. Since you have been diagnosed with breast cancer, we would like to ask you to join this study. We will recruit about 200 people. Although the study will not benefit participants directly, we hope the information will help people with breast cancer in the future.

This survey is for research purposes only and your participation or desire not to participate in no way affects your healthcare. All of your answers are confidential and will not be linked to you. If you agree to be in this survey study, you will complete the attached questionnaire at your clinic visit today. The questionnaire takes about 5 minutes to complete and asks you about your knowledge about breast cancer and your health, including diet and level of physical activity.

Protecting your privacy and the confidentiality of your personal information: some organizations may need to look at your research records for quality assurance or data analysis. These include:

- Researchers involved with this study
- University of Pennsylvania's Institutional Review Boards (IRB), An IRB is a group that reviews the study to protect your rights as a research participant.
- US National Institutes of Health, National Cancer Institute, Office for Human Research Protections, and other agencies as required

We will assign a random number to your questionnaire. The researchers analyzing the data from your questionnaire will not have access to your name or other personal information. They will know the random number only. Thus, the risk of someone connecting any study information with you as an individual is unlikely.

The survey has two parts and you may answer either only the first part or both:

Section 1: Answer the survey questions.

Section 2: If you are interested in more information or in possible participation in a weight loss program or in weight loss surgery for women with a history of breast cancer, please fill out your contact information on the last page. A study coordinator will then contact you to answer further questions and to discuss a weight loss study in detail.

If you have any problems or questions about this study, please contact:

STUDY TEAM CONTACT INFORMATION

**** Site Research Coordinator will insert contact information

Name: _____ Phone: _____ Email: _____

If you have questions about your rights as a research participant, call the University of Pennsylvania's Office of Regulatory Affairs at 215-898-2614.

You may detach this page and take it with you for your records.

SECTION 1: Survey Questions

Please provide an answer to each of the following questions:

1. What is your current height and weight?

Height: _____ Feet _____ Inches

Weight: _____ Pounds

2. Age: _____ years

3. I would consider my current weight to be:

1. Underweight
2. Average weight
3. Overweight
4. Slightly Obese
5. Moderately Obese
6. Very Obese

4. Which best describes your race (please circle all that are appropriate):

1. White
2. Black or African American
3. American Indian or Alaska Native
4. Asian
5. Native Hawaiian or other Pacific Islander
6. Other (specify): _____
7. I prefer to not say

5. What best describes your ethnic background:

1. Hispanic or Latino
2. Non-Hispanic
3. I prefer not to say

6. What is your annual household income from all sources?

1. Less than \$25,000
2. \$25,000 to less than \$50,000
3. \$50,000 to less than \$75,000
4. \$75,000 or more
5. Not sure
6. Prefer not to say

7. When were you diagnosed with breast cancer: - - MM DD YYYY

8. When did you have surgery for your breast cancer: - - MM DD YYYY

9. As far as you know, how does obesity affect the risk of breast cancer? (Please circle one):

1. Decreases your risk a lot
2. Decreases your risk a little
3. Does not change your risk
4. Increases your risk a little
5. Increases your risk a lot
6. I don't know

10. As far as you know, how does obesity affect the risk of lung cancer? (Please circle one):

1. Decreases your risk a lot
2. Decreases your risk a little
3. Does not change your risk
4. Increases your risk a little
5. Increases your risk a lot
6. I don't know

11. As far as you know, how does obesity affect the risk of ovarian cancer? (Please circle one):

1. Decreases your risk a lot
2. Decreases your risk a little
3. Does not change your risk
4. Increases your risk a little
5. Increases your risk a lot
6. I don't know

12. How many average daily servings of each of the following do you eat? (A serving is a half a cup or about 3-4 oz.)

1. Milk, yogurt, cheese? _____
2. Meat, fish, eggs, nuts, beans? _____
3. Vegetables? _____
4. Fruits? _____
5. Bread, cereal, rice, pasta? _____

13. During the past two months, what was your average time (in minutes) per week spent at each of the following activities?

1. Walking: _____
2. Jogging: _____
3. Running: _____
4. Swimming: _____
5. Racket sports: _____
6. Other aerobic activities (i.e. exercise classes or videos): _____
7. Lower intensity exercise (i.e. stretching or yoga): _____

14. What is the average number of stairs you climb daily: _____

15. What is your usual walking pace (please circle one):

1. Slow (<2mph)
2. Normal or average (2-2.9mph)
3. Brisk (3-3.9mph)

- 4. Very brisk (>4mph)
- 5. Limited/unable to walk

16. Do you have a smart phone (for example, an iPhone, Android, etc)? YES NO

17. Do you have a cell phone with which you can send and receive text messages? YES NO

18. Do you have private wireless (Wi-Fi) Internet access? YES NO

19. I would be interested in participating in a formal weight loss support program: YES NO
(If no, stop here)

20. If you answered "YES" to Question #18, how many pounds of weight loss would be your goal?

_____ Pounds

21. I would be most interested in a program that included (please rank in order from 1 – 5, with 1 being the highest priority):

- | | |
|--|--------------|
| 1. In person, weekly meetings | RANK # _____ |
| 2. Telephone counseling about once a week | RANK # _____ |
| 3. An internet-based program | RANK # _____ |
| 4. A cellphone/text message/smartphone application | RANK # _____ |
| 5. Weight loss surgery | RANK # _____ |

22. May we contact to for further information to participate in a weight loss program? YES NO

23. If you were eligible for weight loss surgery, please list your thoughts about choosing that (positive and/or negative) as a weight loss option.

24. If you were offered a behavioral weight loss intervention, please list your thoughts (positive and/or negative) about choosing that as a weight loss option.

If yes, please provide your best contact information on the following separate page (which will be removed from your survey when collected).

THANKS FOR YOUR PARTICIPATION!

PART 2: INTEREST IN PARTICIPATION IN WEIGHT LOSS TRIAL

[] YES. I am interested in participating in a formal weight loss program or weight loss surgery.

My best contact information for you to reach me to give me more information about participation is:

NAME: _____

Telephone Number: _____

This number is my (please circle one): HOME MOBILE WORK

Email Address (optional): _____

PLEASE PLACE ALL PAGES IN THE CONFIDENTIAL BOX MARKED "BREAST SURVEY"
LOCATED BEFORE THE EXIT DOOR OF THE OFFICE.

THANKS AGAIN FOR YOUR PARTICIPATION!

INTERNATIONAL PHYSICAL ACTIVITY QUESTIONNAIRE (October 2002)

LONG LAST 7 DAYS SELF-ADMINISTERED FORMAT

FOR USE WITH YOUNG AND MIDDLE-AGED ADULTS (15-69 years)

The International Physical Activity Questionnaires (IPAQ) comprises a set of 4 questionnaires. Long (5 activity domains asked independently) and short (4 generic items) versions for use by either telephone or self-administered methods are available. The purpose of the questionnaires is to provide common instruments that can be used to obtain internationally comparable data on health-related physical activity.

Background on IPAQ

The development of an international measure for physical activity commenced in Geneva in 1998 and was followed by extensive reliability and validity testing undertaken across 12 countries (14 sites) during 2000. The final results suggest that these measures have acceptable measurement properties for use in many settings and in different languages, and are suitable for national population-based prevalence studies of participation in physical activity.

Using IPAQ

Use of the IPAQ instruments for monitoring and research purposes is encouraged. It is recommended that no changes be made to the order or wording of the questions as this will affect the psychometric properties of the instruments.

Translation from English and Cultural Adaptation

Translation from English is encouraged to facilitate worldwide use of IPAQ. Information on the availability of IPAQ in different languages can be obtained at www.ipaq.ki.se. If a new translation is undertaken we highly recommend using the prescribed back translation methods available on the IPAQ website. If possible please consider making your translated version of IPAQ available to others by contributing it to the IPAQ website. Further details on translation and cultural adaptation can be downloaded from the website.

Further Developments of IPAQ

International collaboration on IPAQ is on-going and an ***International Physical Activity Prevalence Study*** is in progress. For further information see the IPAQ website.

More Information

More detailed information on the IPAQ process and the research methods used in the development of IPAQ instruments is available at www.ipaq.ki.se and Booth, M.L. (2000). *Assessment of Physical Activity: An International Perspective*. Research Quarterly for Exercise and Sport, 71 (2): s114-20. Other scientific publications and presentations on the use of IPAQ are summarized on the website.

INTERNATIONAL PHYSICAL ACTIVITY QUESTIONNAIRE

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

Think about all the **vigorous** and **moderate** activities that you did in the **last 7 days**. **Vigorous** physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. **Moderate** activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal.

PART 1: JOB-RELATED PHYSICAL ACTIVITY

The first section is about your work. This includes paid jobs, farming, volunteer work, course work, and any other unpaid work that you did outside your home. Do not include unpaid work you might do around your home, like housework, yard work, general maintenance, and caring for your family. These are asked in Part 3.

1. Do you currently have a job or do any unpaid work outside your home?

Yes

No →

Skip to PART 2: TRANSPORTATION

The next questions are about all the physical activity you did in the **last 7 days** as part of your paid or unpaid work. This does not include traveling to and from work.

2. During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, digging, heavy construction, or climbing up stairs **as part of your work**? Think about only those physical activities that you did for at least 10 minutes at a time.

_____ **days per week**

No vigorous job-related physical activity



Skip to question 4

3. How much time did you usually spend on one of those days doing **vigorous** physical activities as part of your work?

_____ **hours per day**
_____ **minutes per day**

4. Again, think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **moderate** physical activities like carrying light loads **as part of your work**? Please do not include walking.

_____ **days per week**

No moderate job-related physical activity



Skip to question 6

5. How much time did you usually spend on one of those days doing **moderate** physical activities as part of your work?

_____ **hours per day**
_____ **minutes per day**

6. During the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time **as part of your work**? Please do not count any walking you did to travel to or from work.

_____ **days per week**

No job-related walking



Skip to PART 2: TRANSPORTATION

7. How much time did you usually spend on one of those days **walking** as part of your work?

_____ **hours per day**
_____ **minutes per day**

PART 2: TRANSPORTATION PHYSICAL ACTIVITY

These questions are about how you traveled from place to place, including to places like work, stores, movies, and so on.

8. During the **last 7 days**, on how many days did you **travel in a motor vehicle** like a train, bus, car, or tram?

_____ **days per week**

No traveling in a motor vehicle



Skip to question 10

9. How much time did you usually spend on one of those days **traveling** in a train, bus, car, tram, or other kind of motor vehicle?

_____ **hours per day**
_____ **minutes per day**

Now think only about the **bicycling** and **walking** you might have done to travel to and from work, to do errands, or to go from place to place.

10. During the **last 7 days**, on how many days did you **bicycle** for at least 10 minutes at a time to go **from place to place**?

_____ **days per week**

No bicycling from place to place



Skip to question 12

11. How much time did you usually spend on one of those days to **bicycle** from place to place?
- _____ **hours per day**
_____ **minutes per day**
12. During the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time to go **from place to place**?
- _____ **days per week**
- No walking from place to place **➔** ***Skip to PART 3: HOUSEWORK, HOUSE MAINTENANCE, AND CARING FOR FAMILY***
13. How much time did you usually spend on one of those days **walking** from place to place?
- _____ **hours per day**
_____ **minutes per day**

PART 3: HOUSEWORK, HOUSE MAINTENANCE, AND CARING FOR FAMILY

This section is about some of the physical activities you might have done in the **last 7 days** in and around your home, like housework, gardening, yard work, general maintenance work, and caring for your family.

14. Think about **only** those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, chopping wood, shoveling snow, or digging **in the garden or yard**?
- _____ **days per week**
- No vigorous activity in garden or yard **➔** ***Skip to question 16***
15. How much time did you usually spend on one of those days doing **vigorous** physical activities in the garden or yard?
- _____ **hours per day**
_____ **minutes per day**
16. Again, think about **only** those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **moderate** activities like carrying light loads, sweeping, washing windows, and raking **in the garden or yard**?
- _____ **days per week**
- No moderate activity in garden or yard **➔** ***Skip to question 18***

17. How much time did you usually spend on one of those days doing **moderate** physical activities in the garden or yard?

_____ **hours per day**
_____ **minutes per day**

18. Once again, think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **moderate** activities like carrying light loads, washing windows, scrubbing floors and sweeping **inside your home**?

_____ **days per week**

No moderate activity inside home



***Skip to PART 4: RECREATION,
SPORT AND LEISURE-TIME
PHYSICAL ACTIVITY***

19. How much time did you usually spend on one of those days doing **moderate** physical activities inside your home?

_____ **hours per day**
_____ **minutes per day**

PART 4: RECREATION, SPORT, AND LEISURE-TIME PHYSICAL ACTIVITY

This section is about all the physical activities that you did in the **last 7 days** solely for recreation, sport, exercise or leisure. Please do not include any activities you have already mentioned.

20. Not counting any walking you have already mentioned, during the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time **in your leisure time**?

_____ **days per week**

No walking in leisure time



Skip to question 22

21. How much time did you usually spend on one of those days **walking** in your leisure time?

_____ **hours per day**
_____ **minutes per day**

22. Think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **vigorous** physical activities like aerobics, running, fast bicycling, or fast swimming **in your leisure time**?

_____ **days per week**

No vigorous activity in leisure time



Skip to question 24

23. How much time did you usually spend on one of those days doing **vigorous** physical activities in your leisure time?

_____ **hours per day**
_____ **minutes per day**

24. Again, think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **moderate** physical activities like bicycling at a regular pace, swimming at a regular pace, and doubles tennis **in your leisure time**?

_____ **days per week**

No moderate activity in leisure time



Skip to PART 5: TIME SPENT SITTING

25. How much time did you usually spend on one of those days doing **moderate** physical activities in your leisure time?

_____ **hours per day**
_____ **minutes per day**

PART 5: TIME SPENT SITTING

The last questions are about the time you spend sitting while at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading or sitting or lying down to watch television. Do not include any time spent sitting in a motor vehicle that you have already told me about.

26. During the **last 7 days**, how much time did you usually spend **sitting** on a **weekday**?

_____ **hours per day**
_____ **minutes per day**

27. During the **last 7 days**, how much time did you usually spend **sitting** on a **weekend day**?

_____ **hours per day**
_____ **minutes per day**

This is the end of the questionnaire, thank you for participating.

SF-12 Health Survey

This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. **Answer each question by choosing just one answer.** If you are unsure how to answer a question, please give the best answer you can.

1. In general, would you say your health is:

₁ Excellent ₂ Very good ₃ Good ₄ Fair ₅ Poor

The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	YES, limited a lot	YES, limited a little	NO, not limited at all
2. Moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
3. Climbing several flights of stairs.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	YES	NO
4. Accomplished less than you would like.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
5. Were limited in the kind of work or other activities.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	YES	NO
6. Accomplished less than you would like.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
7. Did work or activities less carefully than usual.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

8. During the past 4 weeks, how much did pain interfere with your normal work (including work outside the home and housework)?

₁ Not at all ₂ A little bit ₃ Moderately ₄ Quite a bit ₅ Extremely

These questions are about how you have been feeling during the past 4 weeks.

For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks...

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
9. Have you felt calm & peaceful?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
10. Did you have a lot of energy?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
11. Have you felt down-hearted and blue?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

12. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

₁ All of the time ₂ Most of the time ₃ Some of the time ₄ A little of the time ₅ None of the time

Patient name:

Date:

PCS:

MCS:

Visit type (circle one)

Preop

6 week

3 month

6 month

12 month

24 month

Other: _____



TREC Form ID 1878. For Office Use Only:

*1a TREC Participant ID (Go To: 3a)

2a TREC Protocol ID: 1190

*3a TREC Site ID (Go To: 4a):

1=Penn 2-Harvard 3-WUSTL

TREC Participant ID #

_____ - _____

Multidimensional Body Self Relations Questionnaire-Appearance Subscales (MBSRQ-AS)

*4a Date participant completed this questionnaire (MM/DD/YYYY) (Go To: 5a): --
MM DD YYYY

*5a Study Time Point (Check One): Randomization/Baseline Month 6

INSTRUCTIONS--PLEASE READ CAREFULLY

The following pages contain a series of statements about how people might think, feel, or behave. You are asked to indicate the extent to which each statement pertains to you personally.

Your answers to the items in the questionnaire are anonymous, so please do not write your name on any of the materials. In order to complete the questionnaire, read each statement carefully and decide how much it pertains to you personally. Using a scale like the one below, indicate your answer by entering it to the left of the number of the statement.

EXAMPLE:

_____ I am usually in a good mood.

In the blank space, enter a **1** if you definitely disagree with the statement;

enter a **2** if you mostly disagree;

enter a **3** if you neither agree nor disagree;

enter a **4** if you mostly agree;

or enter a **5** if you definitely agree with the statement.

There are no right or wrong answers. Just give the answer that is most accurate for you.

Remember, your responses are confidential, so please be completely honest and answer all items.

(Duplication and use of the MBSRQ-AS only by permission of Thomas F. Cash, Ph.D., Department of Psychology, Old Dominion University, Norfolk, VA 23529)



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Multidimensional Body Self Relations Questionnaire-Appearance Subscales (MBSRQ-AS)

*4a Date participant completed this questionnaire (MM/DD/YYYY) (Go To: 5a): --
MM DD YYYY

*5a Study Time Point (Check One): Randomization/Baseline Month 6

1	2	3	4	5

Definitely Disagree	Mostly Disagree	Neither Agree Nor Disagree	Mostly Agree	Definitely Agree

- _____ 1. Before going out in public, I always notice how I look.
- _____ 2. I am careful to buy clothes that will make me look my best.
- _____ 3. My body is sexually appealing.
- _____ 4. I constantly worry about being or becoming fat.
- _____ 5. I like my looks just the way they are.
- _____ 6. I check my appearance in a mirror whenever I can.
- _____ 7. Before going out, I usually spend a lot of time getting ready.
- _____ 8. I am very conscious of even small changes in my weight.
- _____ 9. Most people would consider me good-looking.
- _____ 10. It is important that I always look good.
- _____ 11. I use very few grooming products.
- _____ 12. I like the way I look without my clothes on.
- _____ 13. I am self-conscious if my grooming isn't right.
- _____ 14. I usually wear whatever is handy without caring how it looks.
- _____ 15. I like the way my clothes fit me.
- _____ 16. I don't care what people think about my appearance.
- _____ 17. I take special care with my hair grooming.

continued on the next page



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*1a TREC Participant ID (Go To: 3a)

2a TREC Protocol ID: 1190

TREC Participant ID #

*3a TREC Site ID (Go To: 4a):

1=Penn 2-Harvard 3-WUSTL

Multidimensional Body Self Relations Questionnaire-Appearance Subscales (MBSRQ-AS)

*4a Date participant completed this questionnaire (MM/DD/YYYY) (Go To: 5a): --
MM DD YYYY

*5a Study Time Point (Check One): Randomization/Baseline Month 6

1	2	3	4	5

Definitely Disagree	Mostly Disagree	Neither Agree Nor Disagree	Mostly Agree	Definitely Agree

- _____ 18. I dislike my physique.
- _____ 19. I am physically unattractive.
- _____ 20. I never think about my appearance.
- _____ 21. I am always trying to improve my physical appearance.
- _____ 22. I am on a weight-loss diet.

For the remainder of the items use the response scale given with the item, and enter your answer in the space beside the item.

_____ 23. I have tried to lose weight by fasting or going on crash diets.

1. Never
2. Rarely
3. Sometimes
4. Often
5. Very Often

_____ 24. I think I am:

1. Very Underweight
2. Somewhat Underweight
3. Normal Weight
4. Somewhat Overweight
5. Very Overweight

continued on the next page



TREC Form ID 1878. For Office Use Only:

*1a TREC Participant ID (Go To: 3a)

2a TREC Protocol ID: 1190

TREC Participant ID #

_____ - _____

*3a TREC Site ID (Go To: 4a):

1=Penn 2=Harvard 3=WUSTL

Multidimensional Body Self Relations Questionnaire-Appearance Subscales (MBSRQ-AS)

*4a Date participant completed this questionnaire (MM/DD/YYYY) (Go To: 5a):
MM DD YYYY

*5a Study Time Point (Check One): Randomization/Baseline Month 6

_____ 25. From looking at me, most other people would think I am:

1. Very Underweight
2. Somewhat Underweight
3. Normal Weight
4. Somewhat Overweight
5. Very Overweight

26-34. Use this 1 to 5 scale to indicate how dissatisfied or satisfied you are with each of the following areas or aspects of your body:

1	2	3	4	5
Very Dissatisfied	Mostly Dissatisfied	Neither Satisfied Nor Dissatisfied	Mostly Satisfied	Very Satisfied

- _____ 26. Face (facial features, complexion)
- _____ 27. Hair (color, thickness, texture)
- _____ 28. Lower torso (buttocks, hips, thighs, legs)
- _____ 29. Mid torso (waist, stomach)
- _____ 30. Upper torso (chest or breasts, shoulders, arms)
- _____ 31. Muscle tone
- _____ 32. Weight
- _____ 33. Height
- _____ 34. Overall appearance

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____

DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns + +

(Healthcare professional: For interpretation of TOTAL, TOTAL:
please refer to accompanying scoring card).

10. If you checked off <i>any problems</i> , how <i>difficult</i> have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	_____
	Somewhat difficult	_____
	Very difficult	_____
	Extremely difficult	_____

PHQ-9 Patient Depression Questionnaire

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 ✓s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

Consider Major Depressive Disorder

- if there are at least 5 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Consider Other Depressive Disorder

- if there are 2-4 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.

Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying **PHQ-9 Scoring Box** to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

Scoring: add up all checked boxes on PHQ-9

For every ✓ Not at all = 0; Several days = 1;
More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

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