Appendix 4a: Baseline CRF

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

South East Wales Trials Unit

Uned Ymchwil De-ddwyrain Cymru

Weight Loss Maintenance in Adults (WILMA)

BASELINE CASE REPORT FORM

Date completed ☐☐ / ☐☐ / ☐☐☐☐ (d d / m m / y y y y)

Name of researcher ☐ (***block capitals***)

Participant ID ☐☐☐☐ **Example:** 0 1 2 3

Region ID ☐☐

Participant initials ☐☐☐ **Example:** R L M **OR** R - M

Participant DOB ☐☐ / ☐☐ / ☐☐☐☐ (d d / m m / y y y y)

TIMEPOINT

BASELINE	☐	1 YEAR PI	☐
POST INTERVENTION (PI) CONTROL	☐	2 YEAR PI	☐
POST INTERVENTION (PI) INTERVENTION	☐		

Instructions for completion of CRF

All information should be completed by the Researcher, with the participant. This form should be completed using **BLACK INK**. Please write clearly using **BLOCK** capitals and keep all responses within the boxes provided.

Options should be selected by putting a cross (X) in the appropriate box. If you need to correct an item draw a single line through it and initial and date as shown: ☒ RM 25/11/10

If for any reason compulsory fields are not completed/you do not have the necessary information, please write 'ND' (Not Done) **NEXT TO** the relevant item as shown: ☐☐☐ ☐ **cm** ND

PLEASE LEAVE ALL NON-APPLICABLE FI ELDS BLANK.

Once completed this form should be sent to:

Dr Rachel McNamara, WILMA Senior Trial Manager
SEWTU, 7th floor Neuadd Meirionnydd, Cardiff University
Heath Park, Cardiff. CF14 4YS.

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

SECTION 1: Participant Contact Details. Please **detach this sheet** from the rest of the CRF booklet and file/return **separately** to the WILMA study team.

Title ☐ **Mr** ☐ **Mrs** ☐ **Miss**

☐ **Ms** ☐ **Dr** ☐ **Other** ***Please specify*** ☐☐☐

First name/s

Surname

Home address **Address line 1**

Address line 2

Address line 3

Address line 4

Post code

Mobile telephone number

Home telephone number

Alternative telephone number ***(e.g. work)***

Email address

Preferred method of contact ***(e.g. mobile, email)***

Additional contact (name)

Additional contact (number)

Name of GP

GP surgery address **Address line 1**

Address line 2

Address line 3

Address line 4

Post code

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

SECTION 2: Demographic and occupational information

1. Age ☐☐ **Years**

Example: 3 2

2. Gender ☐ **Male** ☐ **Female**

Example: X **Male** ☐ **Female**

3. Marital/relationship status:

- ☐ **Married**
- ☐ **Civil partnership**
- ☐ **Cohabiting**
- ☐ **Single**
- ☐ **Widowed**
- ☐ **Divorced**
- ☐ **Separated**

Example:

- X **Married**
- ☐ **Civil partnership**
- ☐ **Cohabiting**

4. Ethnicity ('Which of these groups do you regard yourself as belonging to?')

- ☐ **White - British**
- ☐ **White - Irish**
- ☐ **Any other White background**
- ☐ **Mixed - White and Black Caribbean**
- ☐ **Mixed - White and Black African**
- ☐ **Mixed - White and Asian**
- ☐ **Any other mixed background**
- ☐ **Asian/Asian British - Indian**
- ☐ **Asian/Asian British - Pakistani**
- ☐ **Asian/Asian British - Bangladeshi**
- ☐ **Any other Asian background**
- ☐ **Black/Black British - Caribbean**
- ☐ **Black/Black British - African**
- ☐ **Any other Black background**
- ☐ **Chinese**
- ☐ **Other (please specify)**

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Example:

J A P A N E S E

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

5. Educational status ('Do you have any of the following qualifications?')

- ☐ **A higher degree, like a master's degree, or a PhD**
- ☐ **A first degree, like a BA or BSc**
- ☐ **A certificate or diploma in higher education**
- ☐ **A or AS or S levels**
- ☐ **O levels or GCSE grades A-C**
- ☐ **Other qualifications (please specify)** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
- ☐ **None of these qualifications**

Please answer these questions (6-10) about your occupation. If you have never been employed or you are currently unemployed, please complete the questions for the main earner in the household.

6. Employment status ('Do (did) you work as an employee or are (were) you self-employed?')

☐	**Employee**	**Go to question 7**
☐	**Self-employed with employees**	**Go to question 9**
☐	**Self-employed/freelance without employees**	**Go to question 10**

7. **For employees**: How many people work (worked) for your employer at the place where you work (worked)?

☐☐☐☐☐

Example: 0 0 1 5 5

8. **Supervisory status**: Do (did) you supervise any employees? (A supervisor or foreman is responsible for overseeing the work of other employees on a day to day basis)

☐ **Yes** ☐ **No**

9. **For self-employed**: How many people do (did) you employ?

☐ **1 to 24** ☐ **25 or more**

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

10. Select **ONE** box that best describes the work that you do / did in your last job:

- ☐ **Modern professional occupations such as: teacher – nurse – physiotherapist – social worker – welfare officer – artist – musician – police officer (sergeant and above) – software designer**
- ☐ **Clerical and intermediate occupations such as: secretary – personal assistant – clerical worker – office clerk – call centre agent – nursing auxilliary – nursery nurse**
- ☐ **Senior manager or administrators (usually responsible for planning, organising and co-ordinating work, and for finance) - finance manager – chief executive**
- ☐ **Technical and craft occupations such as: motor mechanic – fitter – inspector – plumber – printer – tool maker – electrician – gardener – train driver**
- ☐ **Semi-routine manual and service occupations such as: postal worker – machine operative – security guard – caretaker – farm worker – catering assistant – receptionist – sales assistant**
- ☐ **Routine manual and service occupations such as: HGV driver – van driver – cleaner – porter – packer – sewing machinist – messenger – labourer – waiter/waitress – bar staff**
- ☐ **Middle or junior managers such as: office manager – retail manager – bank manager – restaurant manager – warehouse manager – publican**
- ☐ **Traditional professional occupations such as: accountant – solicitor – medical practitioner – scientist – civil/mechanical engineer**

SECTION 3: Method of recruitment and weight loss history

11. Method of recruitment (Please select **one** option):

- ☐ **GP/nurse approached patient in person**
- ☐ **GP/nurse approached patient by letter**
- ☐ **Exercise on prescription counsellor approached patient in person**
- ☐ **Exercise on prescription counsellor approached patient by letter**
- ☐ **Slimming club consultant approached patient in person**
- ☐ **Slimming club consultant approached patient by letter**

Participant responded to advertising in:

- ☐ **Gym**
- ☐ **GP surgery**
- ☐ **Local newspaper/TV**
- ☐ **Community centre**
- ☐ **Other (please specify)**

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

12. a) Have you recently or are you currently involved in any research studies?

☐ **Yes** ☐ **No** ***If NO, go to Q13a.***

b) If so, can you give us some brief details about the research? ***(please write in block capitals)***

13. a) Have you reached your weight loss goal and are trying to maintain the weight you have already lost?

☐ **Yes** ☐ **No**

If YES, go to Q13b: if NO go to Q13c.

b) **If YES,** how long did it take you to reach your weight loss goal? ☐☐ **ns** ***Go to Q14.***

c) **<u>If you haven't yet reached your weight loss goal</u>**, how long have you been trying to lose weight?

☐☐ **Months**

d) **<u>If you haven't yet reached your weight loss goal,</u>** are you still trying to lose weight?

☐ **Yes** ☐ **No** ***If NO, go to Q14.***

e) **<u>If you are still trying to lose weight,</u>** how much more would you like to lose?

☐☐ lbs **<u>OR</u>** ☐☐ kgs

14. How did you lose the weight you lost recently, e.g. weight loss medication, attending Slimming World or Weightwatchers, joining a gym, counting calories etc? ***Tick <u>all</u> that apply***

- ☐ **Weight loss medication**
- ☐ **Slimming club (Weight Watchers, Slimming World etc)**
- ☐ **Gym / increased exercise**
- ☐ **Calorie counting / reduced fat intake**
- ☐ **Other (please specify** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

15. a) Are you **currently** attending a weight loss group (e.g. Weight Watchers) or a physical activity group or gym?

☐ **Yes** ☐ **No** ***If NO, go to Q16.***

b) **If YES,** can you give details of the group/gym you are attending? ***(please write in block capitals)***

c) How often do you attend?

- ☐ **More than once a week**
- ☐ **Once a week**
- ☐ **Every other week**
- ☐ **Once a month**
- ☐ **Other (please specify)**

16. How many times have you previously started a slimming group or weight control programme, **including using weight loss medication**, in the last 2 years?

Example: 0 5

17. How many times have you successfully lost at least half a stone in the last 2 years?

18. How often do you weigh yourself?

- ☐ **Daily**
- ☐ **Once a week**
- ☐ **Every other week**
- ☐ **Once a month**
- ☐ **Other (please specify)**

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

19. How motivated do you feel to maintain your weight?

Very motivated				Not at all motivated
1	2	3	4	5
☐	☐	☐	☐	☐

20. How confident do you feel that you are able to maintain your weight?

Very confident				Not at all confident
1	2	3	4	5
☐	☐	☐	☐	☐

21. Up to the present time, what is the most you have ever weighed (If FEMALE: do not include any times when you were pregnant)?

☐☐☐.☐ **kg** **OR** ☐☐☐ **lbs**

SECTION 4: Anthropometry and body composition measurements

22. Height ☐☐☐.☐ **cm** **Example:** 0 8 1 . 3

23. Weight ☐☐☐.☐ **kg**

24. Waist circumference ☐☐☐.☐ **cm**

25. Hip circumference ☐☐☐.☐ **cm**

Section 5: Health status

26. a) Have you ever taken weight loss medication? ☐ **Yes** ☐ **No**

If NO, go to Q27.

b) **If YES**, please specify any weight loss medications you have ever taken:

Example:

Medication 1	O	R	L	I	S	T	A	T							

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

Medication 1

Medication 2

Medication 3

c) **If YES**, are you still taking weight loss medication? ☐ **Yes** ☐ **No**

If YES, please specify any weight loss medication/s you are still taking:

Medication 1

Medication 2

Medication 3

d) If you answered **NO to Q26c** above, how long did you take weight loss medication for?

Months

27. Have you ever been diagnosed with any of the following health problems (select all that apply)?

- ☐ **Heart disease**
- ☐ **Diabetes**
- ☐ **Depression**
- ☐ **Stroke**
- ☐ **Arthritis**
- ☐ **Hypertension (high blood pressure)**
- ☐ **High cholesterol**
- ☐ **Asthma**
- ☐ **Chronic Obstructive Pulmonary Disease (COPD)**
- ☐ **Back pain**
- ☐ **Other (please specify)**

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

Section 6: Resource use

In the last 3 months, have you:

28. a) Seen **any** health professional at your GP surgery? ☐ **Yes** ☐ **No**

If NO, go to Q29a.

b) **If YES**, how many times were you seen by:

Example: 0 2

Your/another GP

Practice nurse

Other health professional

ther please specify:

Example: D I E T I T I A N

29. a) Seen **any** health professional at your home? ☐ **Yes** ☐ **No**

If NO, go to Q30a.

b) **If YES**, how many times were you seen by:

Your/another GP

Practice nurse

Other health professional

If other, please specify

30. a) **In the last 3 months** have you attended an Accident and Emergency (Casualty) department?

☐ **Yes** ☐ **No** ***If NO, go to Q31a.***

b) **If YES**, how many times

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

31. a) **In the last 3 months** were you admitted to hospital as an in-patient?

☐ **Yes** ☐ **No** ***If NO, go to Q32a.***

b) **If YES**, how many times ☐☐

c) **If YES,** how many nights did you spend in hospital? ☐☐

32. a) **In the last 3 months** have you received any prescriptions for medicine?

☐ **Yes** ☐ **No** ***If NO, go to Q33a.***

b) **If YES**, which drugs were you prescribed:

Example:

1. Drug name

T	H	Y	R	O	X	I	N	E																	

1. Drug dose

5	0	M	C	G		1	X	D	A	I	L	Y													

1. Drug name

1. Drug dose

2. Drug name

2. Drug dose

3. Drug name

3. Drug dose

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

4. Drug name

4. Drug dose

5. Drug name

5. Drug dose

6. Drug name

6. Drug dose

7. Drug name

7. Drug dose

8. Drug name

8. Drug dose

9. Drug name

9. Drug dose

10. Drug name

10. Drug dose

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

33. a) And finally, **in the last 3 months** did you **pay** for any services for the specific purpose of helping you with your weight control – for example slimming clubs, health clubs, gyms, swimming pools, exercise classes?

☐ **Yes** ☐ **No**

b) **If YES**, approximately how much did you pay for all of these services **in the last 3 months**?

£

Example: 0 3 5

4b: Baseline (and control group 12 month follow-up) questionnaire

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

Weight Loss Maintenance in Adults (WILMA)

Your Questionnaire Booklet

Date completed ☐☐ / ☐☐ / ☐☐☐☐ (d d / m m / y y y y)

Name of researcher ☐

Participant ID ☐☐☐☐

Example: 0 1 9 9

Region ID ☐☐

Participant initials ☐☐☐

Example: R L M OR R - M

Participant DOB ☐☐ / ☐☐ / ☐☐☐☐ (d d / m m / y y y y)

ARM & TIMEPOINT

BASELINE	☐	1 YEAR PI - Intervention	☐
6-MONTH	☐	**1 YEAR PI -Control**	☐
POST INTERVENTION (PI) Intervention	☐	2 YEAR PI - Intervention	☐
PI - Control	☐	**2 YEAR PI - Control**	☐

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

This questionnaire should take around 30-40 minutes to complete but take as much time as you like. Please feel free to ask the researcher any questions if there is anything you don't understand.

For most questions we would like you to put an 'X' in the relevant box. Please use **black** ink and **keep the cross inside the box**:

Example

Bread	None	less than 1 **a day**	1 - 2 **a day**	3 - 4 **a day**	5 or more **a day**
White bread or soft rolls	X				

If you need to correct an item draw a single line through it and write in the correct answer as shown:

Bread	None	less than 1 **a day**	1 - 2 **a day**	3 - 4 **a day**	5 or more **a day**
White bread or soft rolls	~~X~~	X			

For some questions you will need to write your answer. Please use **BLOCK CAPITALS e.g.**

Bread	None	less than 1 **a day**	1 - 2 **a day**	3 - 4 **a day**	5 or more **a day**
Other P I T T A		X			

Or numbers as appropriate e.g.

How many cans of pop or a fizzy drink which isn't sugar free or diet do you drink on a usual day? **(NOTE: A 2 litre bottle = 6 cans)** 0 3

The following two sections ask about your diet and physical activity. Some of the questions in these two sections may seem repetitive but we need to collect all this information so that we can score the questionnaires properly and complete the analyses. We understand that repetitive questions can be off-putting so your cooperation in completing all the questions is **greatly appreciated.**

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

Part 1—Your Diet

The questions in this section focus on the food you eat as well as your eating habits and patterns of eating.

The questions below ask about the different foods you eat.

Some of the questions ask you what you eat in a normal *week* but others what you eat in a normal *day*. Please put an 'X' in only one box on each line.

1. About how many pieces or slices of bread do you eat on a **usual day**? **(choose one answer on each line)**

Bread	None	less than 1 **a day**	1 - 2 **a day**	3 - 4 **a day**	5 or more **a day**
White bread or soft rolls	☐	☐	☐	☐	☐
Brown or granary bread, Best of Both, soft grain	☐	☐	☐	☐	☐
Wholemeal bread or rolls or 2 slices crispbread or wholemeal scones	☐	☐	☐	☐	☐
Chapattis, wraps	☐	☐	☐	☐	☐
Other:	☐	☐	☐	☐	☐

2. About how many **servings per week** do you eat of the following type of breakfast cereal or porridge? **(choose one answer on each line)**

Breakfast Cereal	None	less than 1 **a week**	1 – 2 **a week**	3 - 5 **a week**	6 or more **a week**
Sugar type: Frosties, Coco Pops, Ricicles, Sugar puffs	☐	☐	☐	☐	☐

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

	None	less than 1 **a week**	1 – 2 **a week**	3 - 5 **a week**	6 or more **a week**
Rice/Corn type: Corn flakes, Rice Krispies, Special K	☐	☐	☐	☐	☐
Porridge or Ready Brek	☐	☐	☐	☐	☐
Wheat/oat type: Shredded Wheat, Weetabix, Puffed Wheat, Fruit'n Fibre, NutriGrain, Start, Optivita, Oatibix	☐	☐	☐	☐	☐
Bran type: All-Bran, Bran Flakes, Sultana Bran, Team	☐	☐	☐	☐	☐
Muesli type: Alpen, Jordan's	☐	☐	☐	☐	☐

3. About how many **<u>servings per week</u>** do you eat of the following foods? **(choose one answer on each line)**

	None	less than 1 **a week**	1 – 2 **a week**	3 – 5 **a week**	6 – 7 **a week**	8 - 11 **a week**	12 or more **a week**
Pasta or rice	☐	☐	☐	☐	☐	☐	☐
Potatoes	☐	☐	☐	☐	☐	☐	☐
Peas	☐	☐	☐	☐	☐	☐	☐
Beans (baked, tinned, or dried) or lentils	☐	☐	☐	☐	☐	☐	☐
Other vegetables (any type)	☐	☐	☐	☐	☐	☐	☐

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

Fruit (fresh, frozen, canned)	

4. About how many **servings per week** do you eat of the following foods? **(choose one answer on each line)**

	None	less than 1 **a week**	1 - 2 **a week**	3 - 5 **a week**	6 or more **a week**
Cheese (any except cottage)					
Beefburgers or sausages					
Beef, pork, or lamb (for vegetarians: nuts)					
Bacon, meat pie, processed meat					
Chicken or turkey					
Fish (NOT fried fish)					
ANY fried food: fried fish, chips, cooked breakfast, samosas					
Cakes, pies, puddings, pastries					
Biscuits, chocolate, or crisps					

5. About how much of the following types of milk do you yourself use **per day**, for example in cereal, tea, or coffee? **(choose one answer on each line)**

Milk	None	less than a quarter pint **a day**	about a quarter pint **a day**	about a half pint **a day**	1 pint or more **a day**
Full cream					
Semi-skimmed					

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

Skimmed	☐	☐	☐	☐	☐
Other: ☐☐☐☐☐☐☐☐☐☐	☐	☐	☐	☐	☐

6. About how many **rounded teaspoons per day** do you usually use of the following types of spreads, for example on bread, sandwiches, toast, potatoes or vegetables? **(choose one answer on each line)**

Spreads	None	1 **a day**	2 **a day**	3 **a day**	4 **a day**	5 **a day**	6 **a day**	7 or more **a day**
Regular margarine or butter or reduced fat spread such as sunflower or olive spread, Flora, Vitalite, Clover, Olivio, Stork, Utterly Butterly	☐	☐	☐	☐	☐	☐	☐	☐
Low fat spread such as Flora Light, St Ivel Gold, Half-fat butter, Olivite, Flora Pro-activ, Light spread	☐	☐	☐	☐	☐	☐	☐	☐

7. What sort of fat do you usually use for the following purposes? **(choose one answer on each line)**

	Butter, lard or dripping	**Solid cooking fat** (White Flora, Cookeen) **Half-fat butter, Hard margarine** (Stork)	**Soft margarine** (sunflower, soya) **Reduced fat spread** (olive, Flora Buttery, Olivio)	**Vegetable oil, olive oil** or **Low fat spread** (Flora Light, Olivite, St. Ivel Gold)	**No fat used**
On bread and vegetables	☐	☐	☐	☐	☐
For frying	☐	☐	☐	☐	☐
For baking or cooking	☐	☐	☐	☐	☐

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

8. How many portions of fruit and vegetable (excluding potatoes) do you eat, of any sort, on a typical day? **(See guidance on portions sizes at end of questionnaire and choose one answer on each line)**

	None	1	2	3	4	5	6	7	8 or more
Fruit	☐	☐	☐	☐	☐	☐	☐	☐	☐
Vegetable	☐	☐	☐	☐	☐	☐	☐	☐	☐

9. How many cans of pop or a fizzy drink **which isn't sugar free or diet** do you drink on a usual day? **(NOTE: A 2 litre bottle = 6 cans)** ☐☐

10. How many rounded teaspoons of sugar do you have on a usual day e.g. in tea or coffee or on cereals? ☐☐ rounded teaspoons

	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week
11. How often do you have a drink containing alcohol?	☐	☐	☐	☐	☐

	1 -2	3 - 4	5 - 6	7 - 9	10+
12. How many units of alcohol do you drink on a typical day when you are drinking?	☐	☐	☐	☐	☐

N.B.*One unit of alcohol is about equal to* half a pint of ordinary strength beer, lager or cider **or** a small pub measure (25 ml) of spirits **or** a standard pub measure (50 ml) of fortified wine e.g. sherry/port. A small glass (125 ml) of ordinary strength wine (12% alcohol) **or** a standard pub measure of spirits (35 ml) contain 1.5 units of alcohol.

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
13. How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	☐	☐	☐	☐	☐

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

14. Do you smoke? Yes ☐

No ☐ Go to question 17

15. How many cigarettes or roll-ups do you smoke per day? ☐☐

16. How soon after waking up do you smoke your first cigarette or roll-up?

Within 5 minutes ☐

6 to 30 minutes ☐

31 to 60 minutes ☐

61+ minutes ☐

The questions below ask about how much social support you receive in relation to your eating habits.

Below is a list of things people might do or say to someone who is trying to eat healthily. Please rate each question twice (***family, friends***) by putting an 'X' in the box that applies to you. If the statement does not apply to you please put an 'X' in the box under 'does not apply'.

During the past <u>three months</u>, my family (or members of my household), friends and colleagues have:

17. Discouraged me from eating "unhealthy foods" when I'm tempted to do so	**none**	**rarely**	**a few times**	**often**	**very often**	**does not apply**
Family	☐	☐	☐	☐	☐	☐
Friends and colleagues at work	☐	☐	☐	☐	☐	☐
18. Refused to eat the same foods I eat	**none**	**rarely**	**a few times**	**often**	**very often**	**does not apply**
Family	☐	☐	☐	☐	☐	☐
Friends and colleagues at work	☐	☐	☐	☐	☐	☐

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

19. Offered me food I'm trying to avoid	none	rarely	a few times	often	very often	does not apply
Family	☐	☐	☐	☐	☐	☐
Friends and colleagues at work	☐	☐	☐	☐	☐	☐

The questions below ask about why you choose to eat healthily.

Please select the appropriate option. For example, if you feel the statement is very true for you, you should put an 'X' under '7'. If you feel the statement is not true for you, you should put an 'X' under '1'. If the statement is somewhere in between you should put an 'X' in a box between '2' to '6' depending on the truth of the statement to you.

The reason I would eat a healthy diet is because……	Not at all true			Somewhat true			Very true
	1	2	3	4	5	6	7
20. …..I feel that I want to take responsibility for my own health	☐	☐	☐	☐	☐	☐	☐
21. ……I would feel guilty or ashamed of myself if I did not eat a healthy diet	☐	☐	☐	☐	☐	☐	☐
22. ……I personally believe it is the best thing for my health	☐	☐	☐	☐	☐	☐	☐
23. ……others would be upset with me if I did not	☐	☐	☐	☐	☐	☐	☐
24. ….I really don't think about it	☐	☐	☐	☐	☐	☐	☐
25. ……I have thought about it and I believe it is very important for many aspects of my life	☐	☐	☐	☐	☐	☐	☐
26. ……I would feel bad about myself if I did not eat a healthy diet	☐	☐	☐	☐	☐	☐	☐
27. ……it is an important choice I really want to make	☐	☐	☐	☐	☐	☐	☐

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

The reason I would eat a healthy diet is because……	Not at all true 1	2	3	Somewhat true 4	5	6	Very true 7
28. ……I feel pressure from others to do so	☐	☐	☐	☐	☐	☐	☐
29. ……it is easier to do what I am told than think about it	☐	☐	☐	☐	☐	☐	☐
30. ……it is consistent with my life goals	☐	☐	☐	☐	☐	☐	☐
31. …..I want others to approve of me	☐	☐	☐	☐	☐	☐	☐
32. …..it is very important for being as healthy as possible	☐	☐	☐	☐	☐	☐	☐
33. ….I want others to see I can do it	☐	☐	☐	☐	☐	☐	☐
34. ….I don't really know why	☐	☐	☐	☐	☐	☐	☐

The questions below ask you about your eating habits.

Please rate the extent to which you agree with the following statement by putting an 'X' under the appropriate number. For example, if you agree with the statement you should put an 'X' under '7'. If you disagree you should put an 'X' under '1'. If the extent to which you agree is somewhere in between you should put an 'X' in a box between '2' to '6'.

Eating healthy food is something……	Disagree 1	2	3	4	5	6	Agree 7
35. ……I do frequently	☐	☐	☐	☐	☐	☐	☐
36. …..I do automatically	☐	☐	☐	☐	☐	☐	☐
37. … I do without having to consciously remember	☐	☐	☐	☐	☐	☐	☐
38. ……that makes me feel weird if I **do not do it**	☐	☐	☐	☐	☐	☐	☐
39. ……I do without thinking	☐	☐	☐	☐	☐	☐	☐

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

Eating healthy food is something……	Disagree 1	2	3	4	5	6	Agree 7
40. ……that would require effort **not to do**	☐	☐	☐	☐	☐	☐	☐
41. ……that belongs in my (daily, weekly, monthly) routine	☐	☐	☐	☐	☐	☐	☐
42. …….I start doing before I realise I'm doing it	☐	☐	☐	☐	☐	☐	☐
43. …..I would find hard **not to do**	☐	☐	☐	☐	☐	☐	☐
44. …..I have no need to think about doing	☐	☐	☐	☐	☐	☐	☐
45. ….that's typically 'me'	☐	☐	☐	☐	☐	☐	☐
46. ……I have been doing for a long time	☐	☐	☐	☐	☐	☐	☐

These questions ask you about how much confidence you have in controlling your eating.

Please answer the following questions by putting an 'X' under the appropriate number. For example, if you have complete confidence that you can carry out the behaviour specified you should put an 'X' under '10'. If you have no confidence you should put an 'X' under '1'. If your confidence levels are somewhere in between you should put an 'X' in a box between '2' to '9', depending on the level of your confidence.

I can resist eating……	No confidence 1	2	3	4	5	6	7	8	9	Complete confidence 10
47. ……when I am anxious (nervous)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
48. …….even when I have to say 'no' to others	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
49. ……when I feel physically run down or unwell	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

I can resist eating	No	Complete

The following questions are concerned with the past four weeks (28 days) only. Please try to answer all the questions.

	☐☐☐☐☐☐☐☐☐☐
51. …….when I am depressed (or down)	☐☐☐☐☐☐☐☐☐☐
52. …….when there are many different kinds of foods available	☐☐☐☐☐☐☐☐☐☐
53. …….even when I feel it's impolite to refuse a second helping	☐☐☐☐☐☐☐☐☐☐
54. ……..even when I have a headache	☐☐☐☐☐☐☐☐☐☐
55. ……..when I am reading	☐☐☐☐☐☐☐☐☐☐
56. ……..when I am angry (or irritable)	☐☐☐☐☐☐☐☐☐☐
57. ……..even when I am at a party	☐☐☐☐☐☐☐☐☐☐
58. ……..even when others are pressurising me to eat	☐☐☐☐☐☐☐☐☐☐
59. ……..when I am in pain	☐☐☐☐☐☐☐☐☐☐
60. ……..just before going to bed	☐☐☐☐☐☐☐☐☐☐
61. ……..when I have experienced failure	☐☐☐☐☐☐☐☐☐☐
62. ……..even when high calorie foods are available	☐☐☐☐☐☐☐☐☐☐
63. ……..even when I think others will be upset if I don't eat	☐☐☐☐☐☐☐☐☐☐
64. ……..when I feel uncomfortable	☐☐☐☐☐☐☐☐☐☐
65. ……..when I am happy	☐☐☐☐☐☐☐☐☐☐
66. I can control my eating on the weekends	☐☐☐☐☐☐☐☐☐☐

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

Please fill in the appropriate number in the boxes on the right. **Over the past 28 days**……

67. How many times have you eaten what other people would call an unusually large amount of food (given the circumstances)?	
68. On how many of these times did you have a sense of having lost control over your eating (at the time that you were eating)?	
69. Over the past 28 days, on how many days have such episodes of overeating occurred (i.e. you have eaten an unusually large amount of food and have had a sense of loss of control at the same time)?	
70. Over the past 28 days, how many times have you made yourself sick (vomit) as a means of controlling your shape or weight?	
71. Over the past 28 days, how many times have you taken laxatives as a means of controlling your shape or weight?	
72. Over the past 28 days, how many times have you exercised in a "driven" or "compulsive" way as a means of controlling your weight, shape or amount of fat, or to burn off calories	

Please go back and check that you have completed all the questions in this part of the questionnaire

Part 2 — Physical Activity

The questions in this section ask you about the amount of physical activity you do, and when and why you chose to do it.

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			d d m m y y y y

We are interested in finding out about the kind of physical activities that people do as part of their everyday lives.

Questions 1-7 ask you about the time you spent being physically active in the last 7 days

Please answer each question by placing an 'X' in the appropriate box 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 housework/gardening, to get from place to place, and in your spare time for recreation, exercise or sport.

Think about all the **vigorous** 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. Think *only* about those physical activities that you did for at least 10 minutes at a time.

1) During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, digging, aerobics, or fast bicycling?

☐ **days per week**

☐ No vigorous physical activities → **(skip to question 3)**

2) How much time did you usually spend doing **vigorous** physical activities on one of those days?

☐☐ **hours per day**

☐☐ **minutes per day**

☐ Don't know/Not sure

Think about all the **moderate** activities that you did in the **last 7 days**.

PID	Region ID	Participant Initials	Participant DOB
☐☐☐☐	☐☐	☐☐☐	☐☐☐☐☐☐☐☐ (d d m m y y y y)

Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

3) During the **last 7 days**, on how many days did you do **moderate** physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.

☐ **days per week**

☐ No moderate physical activities
→ **(skip to question 5)**

4) How much time did you usually spend doing **moderate** physical activities on one of those days?

☐☐ **hours per day**

☐☐ **minutes per day**

☐ Don't know/Not sure

Think about the time you spent **walking** in the **last 7 days**. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.

5) During the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time?

☐ **days per week**

☐ No walking
→ **(skip to question 7)**

6) How much time did you usually spend walking on one of those days?

☐☐ **hours per day**

☐☐ **minutes per day**

☐ Don't know/Not sure

The last question is about the time you spent **sitting** on weekdays during the **last 7 days**. Include time spent 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.

7) During the **last 7 days**, how much time did you spend **sitting** on a **week day**?

☐☐ **hours per day**

☐☐ **minutes per day**

☐ Don't know/Not sure

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

The questions below ask you about your physical activity habits.
Please rate the extent to which you agree with the following statements by putting an 'X' in the appropriate box. For example, if you agree with the statement you should put an 'X' in the box under '7'. If you disagree you should put an 'X' under '1'. If the extent to which you agree is somewhere in between you should put an 'X' in a box between '2' to '6', depending on your level of agreement.

Exercise/physical activity is something……	Disagree 1	2	3	4	5	6	Agree 7
8. ……..I do frequently	☐	☐	☐	☐	☐	☐	☐
9. ……..I do automatically	☐	☐	☐	☐	☐	☐	☐
10. ……I do without having to consciously remember	☐	☐	☐	☐	☐	☐	☐
11. ……that makes me feel weird if I do not do it	☐	☐	☐	☐	☐	☐	☐
12. ……I do without thinking	☐	☐	☐	☐	☐	☐	☐
13. ……that would require effort not to do it	☐	☐	☐	☐	☐	☐	☐
14. ……that belongs in my (daily, weekly, monthly) routine	☐	☐	☐	☐	☐	☐	☐
15. ……I start doing before I realise I'm doing it	☐	☐	☐	☐	☐	☐	☐
16. ……I would find hard not to do	☐	☐	☐	☐	☐	☐	☐
17. ……I have no need to think about doing	☐	☐	☐	☐	☐	☐	☐
18. ……that's typically 'me'	☐	☐	☐	☐	☐	☐	☐
19. ……I have been doing for a long time	☐	☐	☐	☐	☐	☐	☐

The questions below ask about why you choose to engage in exercise.
Please put an 'X' in the appropriate box. For example, if you feel the statement is very true for you, you should put an 'X' under '7'. If you feel the statement is not true for you, you should put an 'X' under '1'. If the statement is somewhere in between you should put an 'X' in a box between '2' to '6' depending truth of the statement to you.

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			d d m m y y y y

These questions ask you about the social support you receive in relation to physical activity.

Below is a list of things people might do or say to someone who is trying to exercise regularly. Please rate each question twice (family, friends) by putting a tick in one box that closest to you. If the statement does not apply to you please put an 'X' in the box under 'does not apply'.

22. .....I personally believe it is the best thing for my health	☐	☐	☐	☐	☐	☐	☐
23. .....others would be upset with me if I did not	☐	☐	☐	☐	☐	☐	☐
24. .....I really don't think about it	☐	☐	☐	☐	☐	☐	☐
25. .....I have thought about it and I believe it is very important for many aspects of my life	☐	☐	☐	☐	☐	☐	☐
26. ..... I would feel bad about myself if I did not exercise regularly	☐	☐	☐	☐	☐	☐	☐
27. .....it is an important choice I really want to make	☐	☐	☐	☐	☐	☐	☐
28. .....I feel pressure from others to do so	☐	☐	☐	☐	☐	☐	☐
29. .....it is easier to do what I am told than think about it	☐	☐	☐	☐	☐	☐	☐
30. .....it is consistent with my life goals	☐	☐	☐	☐	☐	☐	☐
31. .....I want others to approve of me	☐	☐	☐	☐	☐	☐	☐
32. .....it is very important for being as healthy as possible	☐	☐	☐	☐	☐	☐	☐
33. .....I want others to see I can do it	☐	☐	☐	☐	☐	☐	☐
34. .....I really don't know why	☐	☐	☐	☐	☐	☐	☐

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

During the past three months, my family (or members of my household), friends and colleagues have:

35.Exercised with me or offered to exercise with me	**none**	**rarely**	**a few times**	**often**	**very often**	**does not apply**
Family	☐	☐	☐	☐	☐	☐
Friends and colleagues at work	☐	☐	☐	☐	☐	☐
36.Gave me encouragement to stick with my exercise programme	**none**	**rarely**	**a few times**	**often**	**very often**	**does not apply**
Family	☐	☐	☐	☐	☐	☐
Friends and colleagues at work	☐	☐	☐	☐	☐	☐
37.Criticised me or complained about the amount of time I spend exercising	**none**	**rarely**	**a few times**	**often**	**very often**	**does not apply**
Family	☐	☐	☐	☐	☐	☐
Friends and colleagues at work	☐	☐	☐	☐	☐	☐

Questions continue on the following page

The questions below ask you about how much confidence you have in relation to exercise. Please answer the following questions by putting an X' in the appropriate box. For example, if you have complete confidence that you can carry out the behaviour specified you should put an 'X' under '10'. If you have no confidence you should put an 'X' under '1'. If your confidence levels are somewhere in between you should put an 'X' in a box between '2' to '9',

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

How confident are you that you can exercise when you….

	No confidence 1	2	3	4	5	6	7	8	9	Complete confidence 10
38. …are tired?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
39 …are in a bad mood?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
40….feel you don't have the time?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

These next questions are about exercise itself; that is, engaging in the activity of your choice, assuming you were able to get to the place to exercise and that you have all the necessary equipment. How confident are you that you can do the following?

	No confidence 1	2	3	4	5	6	7	8	9	Complete confidence 10
41. Can follow directions from an instructor?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
42. Pace yourself during the activity to avoid overexertion?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
43. Perform the required movements?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
44. Check how hard the activity is making you work?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

The next questions are about scheduling time for exercise. How confident are you that you can do the following?

	No confidence 1	2	3	4	5	6	7	8	9	Complete confidence 10
45. Can arrange your schedule to exercise regularly no matter what.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
46. Overcome obstacles that prevent you from participating regularly.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
47. Make up times when you missed your regular exercise session.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Part 3 — Your General Health

The questions in this section focus on your general physical and psychological health.

We want to know how your health has been in general over that last few weeks. Please read the questions below and each of the four possible answers. Please put an X' in the box that best applies to you. **Have you recently:**

1. Been able to concentrate on whatever you're doing?							
Better than usual	☐	Same as usual	☐	Less than usual	☐	Much less than usual	☐
2. Lost much sleep over worry?							
Not at all	☐	No more than usual	☐	Rather more than usual	☐	Much more than usual	☐
3. Felt you were playing a useful part in things?							
More so than usual	☐	Same as usual	☐	Less useful than usual	☐	Much less useful	☐

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

4. Felt capable of making decisions about things?							
More so than usual	☐	Same as usual	☐	Less so than usual	☐	Much less capable	☐
5. Felt constantly under strain?							
Not at all	☐	No more Than usual	☐	Rather more than usual	☐	Much more than usual	☐
6. Felt you couldn't overcome your difficulties?							
Not at all	☐	No more Than usual	☐	Rather more than usual	☐	Much more than usual	☐
7. Been able to enjoy your normal day-to-day activities?							
More so than usual	☐	Same as usual	☐	Less so than usual	☐	Much less than usual	☐
8. Been able to face up to your problems?							
More so than usual	☐	Same as usual	☐	Less able than usual	☐	Much less able	☐
9. Been feeling unhappy and depressed?							
Not at all	☐	No more than usual	☐	Rather more than usual	☐	Much more than usual	☐
10. Been losing confidence in yourself?							
Not at all	☐	No more than usual	☐	Rather more than usual	☐	Much more than usual	☐
11. Been thinking of yourself as a worthless person?							
Not at all	☐	No more than usual	☐	Rather more than usual	☐	Much more than usual	☐
12. Been feeling reasonably happy, all things considered?							
More so than usual	☐	About same as usual	☐	Less so than usual	☐	Much less than usual	☐

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

By placing a cross in **one box in each group** below, please indicate which statements **best describes your own health state today**.

Mobility
- I have no problems in walking about ☐
- I have some problems in walking about ☐
- I am confined to bed ☐

Self-Care
- I have no problems with self-care ☐
- I have some problems washing or dressing myself ☐
- I am unable to wash or dress myself ☐

Usual Activities (e.g. work, study, housework, family or leisure activities)
- I have no problems with performing my usual activities ☐
- I have some problems with performing my usual activities ☐
- I am unable to perform my usual activities ☐

Pain/Discomfort
- I have no pain or discomfort ☐
- I have moderate pain or discomfort ☐
- I have extreme pain or discomfort ☐

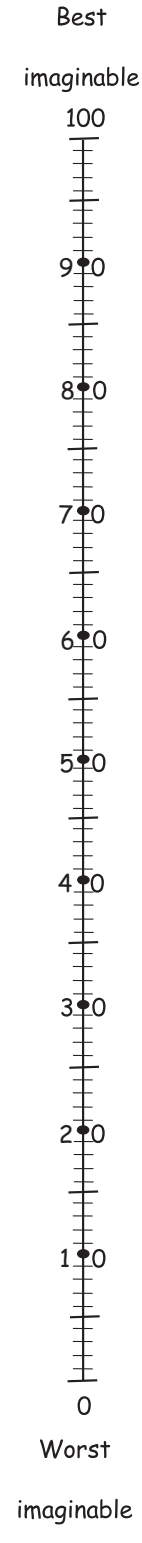
Anxiety/Depression
- I am not anxious or depressed ☐
- I am moderately anxious or depressed ☐
- I am extremely anxious or depressed ☐

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.

Your own health state



PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

Part 4 — Self Regulation

This section focuses on how you manage your weight.

Please answer the following questions by placing a cross in the box that best describes how you are. **Work quickly and don't think too long about your answers.**

If you STRONGLY DISAGREE with a statement, put an 'X' under statement 1. If you DISAGREE put an 'X' under statement 2. If you are UNCERTAIN or UNSURE put an 'X' under statement 3. If you AGREE put an 'X' under statement 4, and if you STRONGLY AGREE put an 'X' under statement 5	Strongly disagree	Disagree	Uncertain/ unsure	Agree	Strongly agree
1. I don't notice the effects of my actions until it's too late	☐	☐	☐	☐	☐
2. I am able to accomplish goals I set for myself	☐	☐	☐	☐	☐
3. I have personal standards and I try to live up to them	☐	☐	☐	☐	☐
4. I tend to keep doing the same thing even when it doesn't work	☐	☐	☐	☐	☐
5. I have a hard time setting goals for myself	☐	☐	☐	☐	☐
6. I have trouble making plans to help me reach my goals	☐	☐	☐	☐	☐
7. I set goals for myself and keep track of my progress	☐	☐	☐	☐	☐
8. I give up quickly	☐	☐	☐	☐	☐

END OF THE QUESTIONNAIRE

Thank you for your time and effort

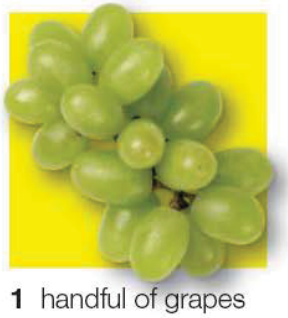
Researcher/SEWTU staff: please see p

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

1 medium apple

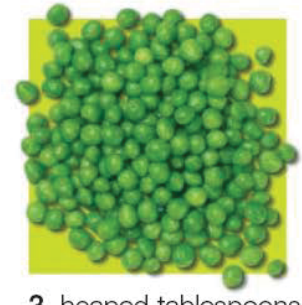
2 broccoli florets

2 halves of canned peaches



1 handful of grapes

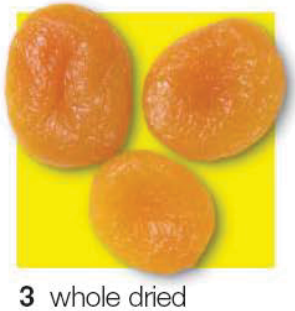
1 medium banana



3 heaped tablespoons of peas

1 medium glass of orange juice

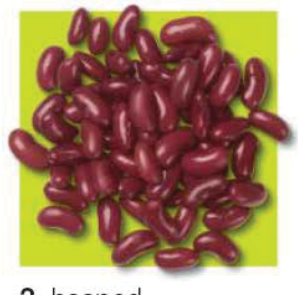
7 strawberries



3 whole dried apricots

5 A DAY

Just Eat More
(fruit & veg)



3 heaped tablespoons of cooked kidney beans

16 okra

NHS

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

SEWTU/RESEARCHER USE ONLY:

Please return to page 23 and ensure the participant has completed the "health state thermometer" question correctly.

Please enter the answer below:

☐☐☐ %

Appendix 4c: 6 month follow-up postal questionnaire (all arms)

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

Weight Loss Maintenance in Adults (WILMA)

Your Questionnaire Booklet

Date completed ☐☐ / ☐☐ / ☐☐☐☐ (d d / m m / y y y y)

Name of researcher ☐

Participant ID ☐☐☐☐

Example: 0 1 9 9

Region ID ☐☐

Participant initials ☐☐☐

Example: R L M or R - M

Participant DOB ☐☐ / ☐☐ / ☐☐☐☐ (d d / m m / y y y y)

ARM & TIMEPOINT

BASELINE	☐	1 YEAR PI - Intervention	☐
6-MONTH	☐	1 YEAR PI -Control	☐
POST INTERVENTION (PI) Intervention	☐	2 YEAR PI – Intervention	☐
PI – Control	☐	2 YEAR PI - Control	☐

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

This questionnaire should take around 30-40 minutes to complete but take as much time as you like. Please feel free to ask the researcher any questions if there is anything you don't understand.

For most questions we would like you to put an 'X' in the relevant box. Please use **black** ink and **keep the cross inside the box**:

Example

Bread	None	less than 1 **a day**	1 - 2 **a day**	3 - 4 **a day**	5 or more **a day**
White bread or soft rolls	X				

If you need to correct an item draw a single line through it and write in the correct answer as shown:

Bread	None	less than 1 **a day**	1 - 2 **a day**	3 - 4 **a day**	5 or more **a day**
White bread or soft rolls	~~X~~	X			

For some questions you will need to write your answer. Please use **BLOCK CAPITALS e.g.**

Bread	None	less than 1 **a day**	1 - 2 **a day**	3 - 4 **a day**	5 or more **a day**
Other P I T T A					

Or numbers as appropriate e.g.

How many cans of pop or a fizzy drink which isn't sugar free or diet do you drink on a usual day? **(NOTE: A 2 litre bottle = 6 cans)** 0 3

The following two sections ask about your diet and physical activity. Some of the questions in these two sections may seem repetitive but we need to collect all this information so that we can score the questionnaires properly and complete the analyses. We understand that repetitive questions can be off-putting so your cooperation in completing all the questions is **greatly appreciated.**

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

Part 1—Your Diet

The questions in this section focus on the food you eat as well as your eating habits and patterns of eating.

The questions below ask about the different foods you eat.

Some of the questions ask you what you eat in a normal *week* but others what you eat in a normal *day*. Please put an 'X' in only one box on each line.

1. About how many pieces or slices of bread do you eat on a **usual day**? **(choose one answer on each line)**

Bread	None	less than 1 **a day**	1 - 2 **a day**	3 - 4 **a day**	5 or more **a day**
White bread or soft rolls	☐	☐	☐	☐	☐
Brown or granary bread, Best of Both, soft grain	☐	☐	☐	☐	☐
Wholemeal bread or rolls or 2 slices crispbread or wholemeal scones	☐	☐	☐	☐	☐
Chapattis, wraps	☐	☐	☐	☐	☐
Other: ☐☐☐☐☐☐☐☐☐☐☐☐	☐	☐	☐	☐	☐

2. About how many **servings per week** do you eat of the following type of breakfast cereal or porridge? **(choose one answer on each line)**

Breakfast Cereal	None	less than 1 **a week**	1 – 2 **a week**	3 - 5 **a week**	6 or more **a week**
Sugar type: Frosties, Coco Pops, Ricicles, Sugar puffs	☐	☐	☐	☐	☐

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

	None	less than 1 **a week**	1 – 2 **a week**	3 - 5 **a week**	6 or more **a week**
Rice/Corn type: Corn flakes, Rice Krispies, Special K	☐	☐	☐	☐	☐
Porridge or Ready Brek	☐	☐	☐	☐	☐
Wheat/oat type: Shredded Wheat, Weetabix, Puffed Wheat, Fruit'n Fibre, NutriGrain, Start, Optivita, Oatibix	☐	☐	☐	☐	☐
Bran type: All-Bran, Bran Flakes, Sultana Bran, Team	☐	☐	☐	☐	☐
Muesli type: Alpen, Jordan's	☐	☐	☐	☐	☐

3. About how many **servings per week** do you eat of the following foods? **(choose one answer on each line)**

	None	less than 1 **a week**	1 – 2 **a week**	3 – 5 **a week**	6 – 7 **a week**	8 - 11 **a week**	12 or more **a week**
Pasta or rice	☐	☐	☐	☐	☐	☐	☐
Potatoes	☐	☐	☐	☐	☐	☐	☐
Peas	☐	☐	☐	☐	☐	☐	☐
Beans (baked, tinned, or dried) or lentils	☐	☐	☐	☐	☐	☐	☐
Other vegetables (any type)	☐	☐	☐	☐	☐	☐	☐

PID	Region ID	Participant Initials	Participant DOB
☐☐☐☐	☐☐	☐☐☐	☐☐☐☐☐☐☐☐ d d m m y y y y

Fruit (fresh, frozen, canned)	☐	☐	☐	☐	☐	☐	☐

4. About how many **servings per week** do you eat of the following foods? **(choose one answer on each line)**

	None ☐	less than 1 **a week**	1 - 2 **a week**	3 - 5 **a week**	6 or more **a week**
Cheese (any except cottage)	☐	☐	☐	☐	☐
Beefburgers or sausages	☐	☐	☐	☐	☐
Beef, pork, or lamb (for vegetarians: nuts)	☐	☐	☐	☐	☐
Bacon, meat pie, processed meat	☐	☐	☐	☐	☐
Chicken or turkey	☐	☐	☐	☐	☐
Fish (NOT fried fish)	☐	☐	☐	☐	☐
ANY fried food: fried fish, chips, cooked breakfast, samosas	☐	☐	☐	☐	☐
Cakes, pies, puddings, pastries	☐	☐	☐	☐	☐
Biscuits, chocolate, or crisps	☐	☐	☐	☐	☐

5. About how much of the following types of milk do you yourself use **per day**, for example in cereal, tea, or coffee? **(choose one answer on each line)**

Milk	None	less than a quarter pint **a day**	about a quarter pint **a day**	about a half pint **a day**	1 pint or more **a day**
Full cream	☐	☐	☐	☐	☐
Semi-skimmed	☐	☐	☐	☐	☐
Skimmed	☐	☐	☐	☐	☐

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

Other:						
	☐	☐	☐	☐	☐	

6. About how many **rounded teaspoons per day** do you usually use of the following types of spreads, for example on bread, sandwiches, toast, potatoes or vegetables? **(choose one answer on each line)**

Spreads	None	1 **a day**	2 **a day**	3 **a day**	4 **a day**	5 **a day**	6 **a day**	7 or more **a day**
Regular margarine or butter or reduced fat spread such as sunflower or olive spread, Flora, Vitalite, Clover, Olivio, Stork, Utterly Butterly	☐	☐	☐	☐	☐	☐	☐	☐
Low fat spread such as Flora Light, St Ivel Gold, Half-fat butter, Olivite, Flora Pro-activ, Light spread	☐	☐	☐	☐	☐	☐	☐	☐

7. What sort of fat do you usually use for the following purposes? **(choose one answer on each line)**

	Butter, lard or dripping	**Solid cooking fat** (White Flora, Cookeen) **Half-fat butter, Hard margarine** (Stork)	**Soft margarine** (sunflower, soya) **Reduced fat spread** (olive, Flora Buttery, Olivio)	**Vegetable oil, olive oil** or **Low fat spread** (Flora Light, Olivite, St. Ivel Gold)	**No fat used**
On bread and vegetables	☐	☐	☐	☐	☐
For frying	☐	☐	☐	☐	☐
For baking or cooking	☐	☐	☐	☐	☐

8. How many portions of fruit and vegetable (excluding potatoes) do you eat, of any

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

sort, on a typical day? **(See guidance on portions sizes at end of questionnaire and choose one answer on each line)**

	None	1	2	3	4	5	6	7	8 or more
Fruit	☐	☐	☐	☐	☐	☐	☐	☐	☐
Vegetable	☐	☐	☐	☐	☐	☐	☐	☐	☐

9. How many cans of pop or a fizzy **drink which isn't sugar free or diet** do you drink on a usual day? **(NOTE: A 2 litre bottle = 6 cans)** ☐☐

10. How many rounded teaspoons of sugar do you have on a usual day e.g. in tea or coffee or on cereals? ☐☐ ıded teaspoons

	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week
11. How often do you have a drink containing alcohol?	☐	☐	☐	☐	☐

	1 -2	3 - 4	5 - 6	7 - 9	10+
12. How many units of alcohol do you drink on a typical day when you are drinking?	☐	☐	☐	☐	☐

N.B.*One unit of alcohol is about equal to* half a pint of ordinary strength beer, lager or cider **or** a small pub measure (25 ml) of spirits **or** a standard pub measure (50 ml) of fortified wine e.g. sherry/port. A small glass (125 ml) of ordinary strength wine (12% alcohol) **or** a standard pub measure of spirits (35 ml) contain 1.5 units of alcohol.

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
13. How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	☐	☐	☐	☐	☐

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

14. Do you smoke? Yes ☐

No ☐ **If No, go to Part 2.**

15. How many cigarettes or roll-ups do you smoke per day? ☐☐

16. How soon after waking up do you smoke your first cigarette or roll-up?

- Within 5 minutes ☐
- 6 to 30 minutes ☐
- 31 to 60 minutes ☐
- 61+ minutes ☐

Part 2 — Physical Activity

The questions in this section ask you about the amount of physical activity you do, and when and why you chose to do it.

We are interested in finding out about the kind of physical activities that people do as part of their everyday lives.

Questions 1-7 ask you about the time you spent being physically active in the last 7 days

Please answer each question by placing an 'X' in the appropriate box 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 housework/gardening, to get from place to place, and in your spare time for recreation, exercise or sport.

Think about all the **vigorous** 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. Think *only* about those physical activities that you did for at least 10 minutes at a time.

PID	Region ID	Participant Initials	Participant DOB
☐☐☐☐	☐☐	☐☐☐	☐☐☐☐☐☐☐☐ (d d m m y y y y)

1) During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, digging, aerobics, or fast bicycling?

☐ **days per week**

☐ No vigorous physical activities → **(skip to question 3)**

2) How much time did you usually spend doing **vigorous** physical activities on one of those days?

☐☐ **hours per day**

☐☐ **minutes per day**

☐ Don't know/Not sure

Think about all the **moderate** activities that you did in the **last 7 days**.
Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

3) During the **last 7 days**, on how many days did you do **moderate** physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.

☐ **days per week**

☐ No moderate physical activities → **(skip to question 5)**

4) How much time did you usually spend doing **moderate** physical activities on one of those days?

☐☐ **hours per day**

☐☐ **minutes per day**

☐ Don't know/Not sure

Think about the time you spent **walking** in the **last 7 days**. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.

5) During the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time?

☐ **days per week**

☐ No walking → **(skip to question 7)**

6) How much time did you usually spend walking on one of those days?

☐☐ **hours per day**

☐☐ **minutes per day**

☐ Don't know/Not sure

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

The last question is about the time you spent **sitting** on weekdays during the **last 7 days**. Include time spent 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.

7) During the **last 7 days**, how much time did you spend **sitting** on a **week day**?

☐☐ **hours per day**

☐☐ **minutes per day**

☐ Don't know/Not sure

Questions continue on the following page

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

Part 3 — Your General Health

The questions in this section focus on your general physical and psychological health.

By placing a cross in **one box in each group** below, please indicate which statements **best describes your own health state today.**

Mobility
- I have no problems in walking about ☐
- I have some problems in walking about ☐
- I am confined to bed ☐

Self-Care
- I have no problems with self-care ☐
- I have some problems washing or dressing myself ☐
- I am unable to wash or dress myself ☐

Usual Activities (e.g. work, study, housework, family or leisure activities)
- I have no problems with performing my usual activities ☐
- I have some problems with performing my usual activities ☐
- I am unable to perform my usual activities ☐

Pain/Discomfort
- I have no pain or discomfort ☐
- I have moderate pain or discomfort ☐
- I have extreme pain or discomfort ☐

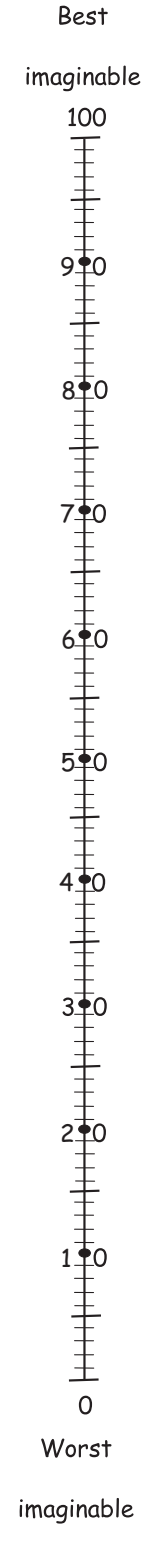
Anxiety/Depression
- I am not anxious or depressed ☐
- I am moderately anxious or depressed ☐
- I am extremely anxious or depressed ☐

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.

Your own health state



Part 4—Health Status & NHS resource use

The questions in this section focus on your general health, any medication you have been prescribed and any contact you have had with NHS health professionals.

1a) Have you taken weight loss medication **in the last 6 months**? ☐ **Yes** ☐ **No**

b) ***If YES, please specify*** **Example:** O R L I S T A T

If NO, go to question 2.

c) **If YES**, are you still taking it? ☐ **Yes** ☐ **No**

d) If you answered **NO to Q1c** above, how long did you take it for? ☐☐ Months

2. Have you been diagnosed with any of the following health problems **in the last 6 months** (select all that apply)?

- ❑ **Heart disease**
- ❑ **Diabetes**
- ❑ **Depression**
- ❑ **Stroke**
- ❑ **Arthritis**
- ❑ **Hypertension (high blood pressure)**
- ❑ **High cholesterol**
- ❑ **Asthma**
- ❑ **Chronic Obstructive Pulmonary Disease (COPD)**
- ❑ **Back pain**
- ❑ **Other (*please specify)***

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

3a) **In the last 3 months** have you seen **any** health professional at your GP surgery?

☐ **Yes** ☐ **No** ***If NO, go to Q4a.***

b) **If YES**, how many times were you seen by:

Your/another GP	
Practice nurse	
Other health professional	

Example: 0 2

If other please specify:

Example: D I E T I T I A N

4a) **In the last 3 months** have you seen any health professional at your home?

☐ **Yes** ☐ **No** ***If NO, go to Q5a.***

b) **If YES**, how many times were you seen by:

Your/another GP	
Practice nurse	
Other health professional	

If other, please specify:

5a) **In the last 3 months** have you attended an Accident and Emergency (Casualty) department?

❑ **Yes** ❑ **No** ***If NO, go to Q6a.***

b) **If YES**, how many times

6a) **In the last 3 months** were you admitted to hospital as an in-patient?

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

❑ Yes ❑ No *If NO, go to Q7a.*

b) **If YES**, how many times

c) **If YES**, how many nights did you spend in hospital?

7a) **In the last 3 months** have you received any prescriptions for medicine?

❑ Yes ❑ No *If NO, go to Q8a.*

b) If YES, please specify:

Example:

1. Drug name

THYROXTNF

1. Drug dose

50MCG 1XDATIY

1. Drug name

1. Drug dose

2. Drug name

2. Drug dose

3. Drug name

3. Drug dose

4. Drug name

4. Drug dose

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

5. Drug name

5. Drug dose

6. Drug name

6. Drug dose

7. Drug name

7. Drug dose

8. Drug name

8. Drug dose

9. Drug name

9. Drug dose

10. Drug name

10. Drug dose

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

8a) And finally, **in the last 3 months** did you **pay** for any services for the specific purpose of helping you with your weight control – for example slimming clubs, health clubs, gyms, swimming pools, exercise classes?

☐ **Yes** ☐ **No**

b) **If YES**, approximately how much did you pay for all of these services **in the last 3 months**?

£ | | | | **Example:** | 0 | 3 | 5 |

END OF THE QUESTIONNAIRE

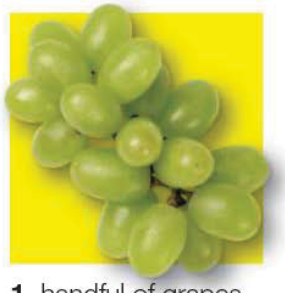
Thank you for your time and effort

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

1 medium apple

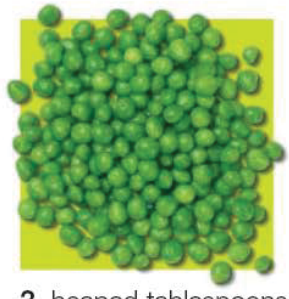
2 broccoli florets

2 halves of canned peaches



1 handful of grapes

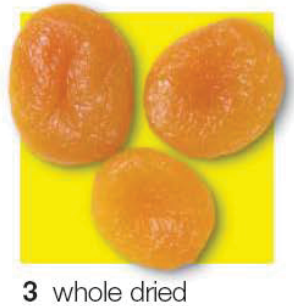
1 medium banana



3 heaped tablespoons of peas

1 medium glass of orange juice

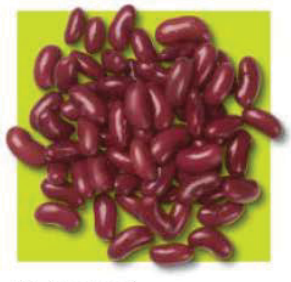
7 strawberries



3 whole dried apricots

5 A DAY

Just Eat More
(fruit & veg)



3 heaped tablespoons of cooked kidney beans

16 okra

NHS

Appendix 4d: 12 month follow-up CRF (intervention groups)

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

Weight Loss Maintenance in Adults (WILMA)

POST INTERVENTION (1 YEAR) CASE REPORT FORM (C)

Date completed ☐☐ / ☐☐ / ☐☐☐☐ (d d / m m / y y y y)

Name of researcher ☐ (***block capitals***)

Participant ID ☐☐☐☐ **Example:** 0 1 2 3

Region ID ☐☐

Participant initials ☐☐☐ **Example:** R L M **OR** R - M

Participant DOB ☐☐ / ☐☐ / ☐☐☐☐ (d d / m m / y y y y)

TIMEPOINT

BASELINE	☐	1 YEAR PI	☐
POST INTERVENTION (PI) CONTROL	☐	2 YEAR PI	☐
POST INTERVENTION (PI) INTERVENTION	☐		

Instructions for completion of CRF

All information should be completed by the Researcher, with the participant. This form should be completed using **BLACK INK**. Please write clearly using **BLOCK** capitals and keep all responses within the boxes provided.

Options should be selected by putting a cross (X) in the appropriate box. If you need to correct an item draw a single line through it and initial and date as shown: ☒ RM 25/11/10

If for any reason compulsory fields are not completed/you do not have the necessary information, please write 'ND' (Not Done) **NEXT TO** the relevant item as shown: ☐☐☐.☐ **cm** ND

PLEASE LEAVE ALL NON-APPLICABLE FI ELDS BLANK.

Once completed this form should be sent to:

Dr Rachel McNamara, WILMA Senior Trial Manager
SEWTU, 7th floor Neuadd Meirionnydd, Cardiff University
Heath Park, Cardiff. CF14 4YS.

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

SECTION 1: Weight loss history & maintenance

1. a) Have you reached your weight loss goal and are trying to maintain the weight you have already lost?

☐ **Yes** ☐ **No** ***If YES, go to Q1b: if NO go to Q1c.***

b) **If YES,** how long did it take you to reach your weight loss goal? ☐☐ **ths** ***Go to Q2.***

c) **<u>If you haven't yet reached your weight loss goal</u>**, how long have you been trying to lose weight?

☐☐ **Months**

d) **<u>If you haven't yet reached your weight loss goal,</u>** are you still trying to lose weight?

☐ **Yes** ☐ **No** ***If NO, go to Q2.***

e) **<u>If you are still trying to lose weight,</u>** how much more would you like to lose?

☐☐ lbs **<u>OR</u>** ☐☐ kgs

2. How did you lose the weight you lost recently, e.g. weight loss medication, attending Slimming World or Weightwatchers, joining a gym, counting calories etc? ***Tick <u>all</u> that apply***

- ☐ **Weight loss medication**
- ☐ **Slimming club (Weight Watchers, Slimming World etc)**
- ☐ **Gym / increased exercise**
- ☐ **Calorie counting / reduced fat intake**
- ☐ **Other (please specify)** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

3. a) Are you **<u>currently</u>** attending a weight loss group (e.g. Weight Watchers) or a physical activity group or gym?

☐ **Yes** ☐ **No** ***If NO, go to Q4.***

b) **If YES,** can you give details of the group/gym you are attending? ***(please write in block capitals)***

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

c) How often do you attend?

- ☐ **More than once a week**
- ☐ **Once a week**
- ☐ **Every other week**
- ☐ **Once a month**
- ☐ **Other (please specify)**

4. How often do you weigh yourself?

- ☐ **Daily**
- ☐ **Once a week**
- ☐ **Every other week**
- ☐ **Once a month**
- ☐ **Other (please specify)**

5. How motivated do you feel to maintain your weight?

Very motivated				Not at all motivated
1	2	3	4	5
☐	☐	☐	☐	☐

6. How confident do you feel that you are able to maintain your weight?

Very confident				Not at all confident
1	2	3	4	5
☐	☐	☐	☐	☐

7. Do you record your weight weekly?

☐ **Yes** ☐ **No**

8. a) Do you know anyone else taking part in the WILMA study?

☐ **Yes** ☐ **No** ***If NO, go to Q9.***

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

b) **If YES,** did they share any information about the study/weight loss maintenance with you?

☐ **Yes** ☐ **No** ***If NO, go to Q9.***

c) **If YES**, which parts of the study or information about weight loss maintenance did they share with you (please give details below)?

d) Did you use the information described above?

☐ **Yes** ☐ **No**

SECTION 2: Anthropometry and body composition measurements

9. Height ☐☐☐.☐ **cm**

Example: 0 8 1 . 3

10. Weight ☐☐☐.☐ **kg**

11. Waist circumference ☐☐☐.☐ **cm**

12. Hip circumference ☐☐☐.☐ **cm**

Section 3: Health status

13. a) Have you taken weight loss medication **in the last 12 months**? ☐ **Yes** ☐ **No**

If NO, go to Q14.

b) **If YES**, please specify any weight loss medications you have taken in the last 12 months:

Example: O R L I S T A T

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

Medication 1

Medication 2

Medication 3

c) **If YES**, are you still taking weight loss medication? ☐ **Yes** ☐ **No**

If YES, please specify any weight loss medication/s you are still taking:

Medication 1

Medication 2

Medication 3

d) If you answered **NO to Q13c** above, how long did you take weight loss medication for?

Months

14. Have you been diagnosed with any of the following health problems **in the last 12 months** (select all that apply)?

- ☐ **Heart disease**
- ☐ **Diabetes**
- ☐ **Depression**
- ☐ **Stroke**
- ☐ **Arthritis**
- ☐ **Hypertension (high blood pressure)**
- ☐ **High cholesterol**
- ☐ **Asthma**
- ☐ **Chronic Obstructive Pulmonary Disease (COPD)**
- ☐ **Back pain**
- ☐ **Other (please specify)**

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

Section 4: Resource use

In the last 3 months, have you:

15. a) Seen **any** health professional at your GP surgery? ☐ **Yes** ☐ **No**

If NO, go to Q16a.

b) **If YES**, how many times were you seen by:

Example: 0 2

Your/another GP

Practice nurse

Other health professional

ther please specify:

Example: D I E T I T I A N

16. a) Seen **any** health professional at your home? ☐ **Yes** ☐ **No**

If NO, go to Q17a.

b) **If YES**, how many times were you seen by:

Your/another GP

Practice nurse

Other health professional

If other, please specify

17. a) **In the last 3 months** have you attended an Accident and Emergency (Casualty) department?

☐ **Yes** ☐ **No** ***If NO, go to Q18a.***

b) **If YES**, how many times

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

18. a) **In the last 3 months** were you admitted to hospital as an in-patient?

☐ **Yes** ☐ **No** ***If NO, go to Q19a.***

b) **If YES**, how many times ☐☐

c) **If YES,** how many nights did you spend in hospital? ☐☐

19. a) **In the last 3 months** have you received any prescriptions for medicine?

☐ **Yes** ☐ **No** ***If NO, go to Q20a.***

b) **If YES**, which drugs were you prescribed:

Example:

1. Drug name

T	H	Y	R	O	X	I	N	E																	

1. Drug dose

5	0	M	C	G		1	X	D	A	I	L	Y													

1. Drug name

1. Drug dose

2. Drug name

2. Drug dose

3. Drug name

3. Drug dose

4. Drug name

4. Drug dose

PID	Region ID	Participant Initials	Participant DOB
			d d m m y y y y

5. Drug name

5. Drug dose

6. Drug name

6. Drug dose

7. Drug name

7. Drug dose

8. Drug name

8. Drug dose

9. Drug name

9. Drug dose

10. Drug name

10. Drug dose

20. a) And finally, **in the last 3 months** did you **pay** for any services for the specific purpose of helping you with your weight control – for example slimming clubs, health clubs, gyms, swimming pools, exercise classes?

Yes ☐ **No** ☐

b) **If YES**, approximately how much did you pay for all of these services **in the last 3 months**?

£ ☐☐☐

Example: 0 3 5