<table>
<thead>
<tr>
<th>Participant identification number:</th>
<th>If patient has consented to GP being informed about participation in study:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth: <strong>/</strong>/____</td>
<td>GP name:</td>
</tr>
<tr>
<td>Initials:</td>
<td>GP surgery and address:</td>
</tr>
<tr>
<td>Today’s date: <strong>/</strong>/____</td>
<td></td>
</tr>
</tbody>
</table>

1. What is the gender of the participant? 1=Male, 2=Female

2. What is the patient’s ethnicity? 1=White British, 2=White other, 3=Black, 4=Asian, 5=Mixed, 6=Chinese, 7=Other

3. Who does the participant live with? 1=alone, 2=with family, 3=with other adults

4. What is the participant’s marital status? 1=single, 2=married, 3=separated, 4=divorced, 5=widowed

5. What is the highest level of education completed? 1=less than compulsory school education, 2=compulsory school education, 3=post-compulsory school education below university level, eg. advanced technical school/advanced vocational, 4=university level

6. What is the employment status of the participant? 1=employed full-time (could be on sick leave), 2=employed part-time, 3=homemaker, 4=student, 5=unemployed, 6=retired, 7=self-employed, 8=other (specify)...........................................................................................

7. What is the current or last occupation of the participant?.......................................................................................

8a. What is the patient’s surgical status? 1=Awaiting surgery, 2=Undergone surgery (go to 8e.)

b. If the participant is awaiting surgery, what operation are they hoping to undergo? 1=LAGB, 2=RYGB, 3=SG, 4=Other (specify)...........................................................................................

c. If the participant is awaiting surgery, do they have a date? 1=Yes, 2=No

d. If yes, what is the date? __/__/____

e. If the participant has undergone surgery, what operation have they undergone? 1=LAGB, 2=RYGB, 3=SG, 4=Other (specify)...........................................................................................

f. If the participant has undergone surgery, what date did it occur? __/__/____

9a. What was/is the participant’s weight prior to surgery (self-reported)?

b. If the participant has undergone surgery, what is their weight now (self-reported)?

10. What is the participant’s height (self-reported)?
11. Does the participant have any co-morbidities? List as many as needed. 1=diabetes, 2=hypertension, 3=hyperlipidaemia, 4=cardiac disease (excluding 2 and 3), 5=sleep apnoea, 6=asthma, 7=joint problems (eg. arthritis), 8=urinary incontinence, 9=infection, 10=other, 11=None. If other, please specify...........................................................................................................