**Appendix A: Recommendations for the Conducting and REporting of DElphi Studies (CREDES).**

Taken from: Jünger S, Payne SA, Brine J, Radbruch L, Brearley SG. Guidance on Conducting and REporting DElphi Studies (CREDES) in palliative care: Recommendations based on a methodological systematic review. Palliat Med. 2017 Sep;31(8):684-706. doi: 10.1177/0269216317690685. Epub 2017 Feb 13. PMID: 28190381.

|  |  |
| --- | --- |
| Reporting  |  |
| * *Purpose and rationale.* The purpose of the study should be clearly defined and demonstrate the appropriateness of the use of the Delphi technique as a method to achieve the research aim. A rationale for the choice of the Delphi technique as the most suitable method needs to be provided
 | See Introduction |
| * *Expert panel.* Criteria for the selection of experts and transparent information on recruitment of the expert panel, socio- demographic details including information on expertise regarding the topic in question, (non)response and response rates over the ongoing iterations should be reported
 | See Methods – Participant recruitment |
| * *Description of the methods.* The methods employed need to be comprehensible; this includes information on preparatory steps (How was available evidence on the topic in question synthesised?), piloting of material and survey instruments, design of the survey instrument(s), the number and design of survey rounds, methods of data analysis, processing and synthesis of experts’ responses to inform the subsequent survey round and methodological decisions taken by the research team throughout the process
 | See Methods – Questionnaire Development |
| * *Procedure.* Flow chart to illustrate the stages of the Delphi process, including a preparatory phase, the actual ‘Delphi rounds’, interim steps of data processing and analysis, and concluding steps
 | See Results - Participation |
| * *Definition and attainment of consensus.* It needs to be comprehensible to the reader how consensus was achieved throughout the process, including strategies to deal with non-consensus
 | See Methods - Analysis |
| * *Results.* Reporting of results for each round separately is highly advisable in order to make the evolving of consensus over the rounds transparent. This includes figures showing the average group response, changes between rounds, as well as any modifications of the survey instrument such as deletion, addition or modification of survey items based on previous rounds
 | See Methods – Indicators and Measures for modifications to survey instrument. Full reporting of group response showing changes between rounds is available on request |
| * *Discussion of limitations.* Reporting should include a critical reflection of potential limitations and their impact of the resulting guidance
 | See Discussion |
| * *Adequacy of conclusions.* The conclusions should adequately reflect the outcomes of the Delphi study with a view to the scope and applicability of the resulting practice guidance
 | See Conclusions |
| * *Publication and dissemination.* The resulting guidance on good practice in palliative care should be clearly identifiable from the publication, including recommendations for transfer into practice and implementation. If the publication does not allow for a detailed presentation of either the resulting practice guidance or the methodological features of the applied Delphi technique, or both, reference to a more detailed presentation elsewhere should be made (e.g. availability of the full guideline from the authors or online; publication of a separate paper reporting on methodological details and particularities of the process (e.g. persistent disagreement and controversy on certain issues)). A dissemination plan should include endorsement of the guidance by professional associations and health care authorities to facilitate implementation
 | Not applicable |

Appendix B: Delphi2\_Cardiometabolic Research Priorities and Core Measures, Constructs and Outcomes

Start of Block: Introduction

Q1.1 **Colleagues:** This is the second round Delphi survey to identify and prioritize research topics and core measures/indicators for our shared interest in developing new research proposals to improve lifestyle prevention and/or management of cardio-metabolic risk in our respective health systems.

    This questionnaire is divided into the same three sections: **Evaluation Criteria Options, Research Priorities and Measures/Constructs/Outcomes.** A few adjustments have been made based on your feedback. Note the changes in the anchor terms for the 9-point scale.

      We expect the questionnaire to take about **30 minutes to complete.**Please contact one of us if you have any trouble with the questionnaire. **You have the option to go back and forth in the questionnaire.** The questionnaire will be **active until April 12th, 5:00pm.** You will receive results back within a day of closing, with the group rating and your own results.  The teleconference will be **April 16th 12-1pm ET**to discuss results.
Thanks for your interest in this process.

Q1.2 **To proceed to the survey, please enter your email address below:**

* Email Address： (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Introduction

Start of Block: Evaluation Criteria Options

Q2.1 Evaluation Criteria Options  Below are listed descriptions of the many criteria that can be used to evaluate research ideas.  The list is taken from the article by Rudan, 2016. Please rate the importance of each criterion in your thinking about possible **cardio-metabolic implementation work** on a scale of 1 to 9 where:**1-3 (not core), 4-6 (equivocal), or 7-9 (core).** You may find it useful to review both this section and the Research Priorities section before completing. Use the Back and Forward buttons.

Q2.2
 **Answerability:** some health research ideas will be more likely to be answerable than the others

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Answerability (1)  |  |  |  |  |  |  |  |  |  |

Q2.3
**Attractiveness:** some health research ideas will be more likely to lead to publications in high–impact journals

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Attractiveness (1)  |  |  |  |  |  |  |  |  |  |

Q2.4

 **Novelty:** some health research ideas will be more likely to generate truly novel and non–existing knowledge

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Novelty (1)  |  |  |  |  |  |  |  |  |  |

Q2.5 **Potential for translation:** some health research ideas will be more likely to generate knowledge that will be translated into health intervention

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Potential for translation (1)  |  |  |  |  |  |  |  |  |  |

Q2.6 **Effectiveness:** some health research ideas will be more likely to generate/improve truly effective health interventions

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core  9 (9) |
| Effectiveness (1)  |  |  |  |  |  |  |  |  |  |

Q2.7 **Affordability:** the translation or implementation of knowledge generated through some health research ideas will not be affordable within the context

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Affordability (1)  |  |  |  |  |  |  |  |  |  |

Q2.8 **Deliverability:** some health research ideas will lead to / impact health interventions that will not be deliverable within the context

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Deliverability (1)  |  |  |  |  |  |  |  |  |  |

Q2.9 **Sustainability:** some health research ideas will lead to / impact health interventions that will not be sustainable within the context

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Sustainability (1)  |  |  |  |  |  |  |  |  |  |

Q2.10 **Public opinion:** some health research ideas will seem more justified and acceptable to the general public than the others

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Public opinion (1)  |  |  |  |  |  |  |  |  |  |

Q2.11 **Ethical aspects:** some health research ideas will be more likely to raise ethical concerns than the others

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Ethical aspects (1)  |  |  |  |  |  |  |  |  |  |

Q2.12 **Maximum potential impact on the burden:** some health research ideas will have a theoretical potential to reduce much larger portions of the existing disease burden than the others

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Maximum potential impact on the burden (1)  |  |  |  |  |  |  |  |  |  |

Q2.13 **Equity:** some health research ideas will lead to health interventions that will only be accessible to the privileged in the society/context, thus increasing inequity

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Equity (1)  |  |  |  |  |  |  |  |  |  |

Q2.14 **Community involvement:** some health research ideas will have more additional positive side–effects through community involvement

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Community involvement (1)  |  |  |  |  |  |  |  |  |  |

Q2.15 **Feasibility:** some health research ideas will be unlikely to lead to translation at the current stage of knowledge

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Feasibility (1)  |  |  |  |  |  |  |  |  |  |

Q2.16 **Relevance:** some health research ideas will be more relevant to the context than the others

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Relevance (1)  |  |  |  |  |  |  |  |  |  |

Q2.17 **Fills key gap:** some health research ideas will be more likely to fill the key gap in knowledge that is required for translation and/or implementation than the others

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Fills key gap (1)  |  |  |  |  |  |  |  |  |  |

Q2.18 **Cost:** some research ideas will require more funding than the others

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Cost (1)  |  |  |  |  |  |  |  |  |  |

Q2.19 **Fundability:** some research ideas will be more likely to receive funding support within the defined context than the others

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Fundability (1)  |  |  |  |  |  |  |  |  |  |

Q2.20 **Alignment with political priorities:** some research ideas will be more likely to be aligned with contemporary political priorities than the others

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Alignment with political priorities (1)  |  |  |  |  |  |  |  |  |  |

Q2.21 **Likelihood of generating patents/lucrative products:** some research ideas will have greater likelihood of generating patents or other potentially lucrative products, thus promising greater financial return on investments, regardless of their impact on disease burden

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Likelihood of generating patents/lucrative product (1)  |  |  |  |  |  |  |  |  |  |

Q2.22 **Additional Criteria/Comments?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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End of Block: Evaluation Criteria Options

Start of Block: Research Priorities

Q3.1 **Research Priorities** We used the Child Health and Nutrition Research Initiative’s (CHNRI) 4Ds **(Description; Delivery; Development; Discovery)** taxonomy from Rudan’s 2016 paper to describe overall research themes. Specific foci and research questions would be developed after review at the theme level.  This approach is being taken to encompass the broad range of topic interests in our group. Please rate each listed research theme on its own on a scale of: **1 (low priority)** to **9 (high priority)** based on the combination of criteria important to you in advancing cardiometabolic implementation research.

Q3.2 **1. Description Research:**research to assess the burden of health problem (disease) and its determinants, i.e., negative effects of risk factors and positive effects of delivered health interventions.

Q3.3 **Measuring the burden:** e.g. overall and in at-risk groups

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Low 1 (1) | 2 (2) | 3 (3) | 4 (4) | Moderate5 (5) | 6 (6) | 7 (7) | 8 (8) | High 9 (9) |
| Measuring the burden (1)  |  |  |  |  |  |  |  |  |  |

Q3.4 **Understanding risk factors**e.g. in terms of their relative risks; social determinants?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Low 1 (1) | 2 (2) | 3 (3) | 4 (4) | Moderate5 (5) | 6 (6) | 7 (7) | 8 (8) | High 9 (9) |
| Understanding risk factors (in terms of their relative risks) (1)  |  |  |  |  |  |  |  |  |  |

Q3.5 **Measuring prevalence of exposure to risk factors**.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Low 1 (1) | 2 (2) | 3 (3) | 4 (4) | Moderate5 (5) | 6 (6) | 7 (7) | 8 (8) | High 9 (9) |
| Measuring prevalence of exposure to risk factors (1)  |  |  |  |  |  |  |  |  |  |

Q3.6 **Evaluating the efficacy and effectiveness of interventions in place**.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Low 1 (1) | 2 (2) | 3 (3) | 4 (4) | Moderate5 (5) | 6 (6) | 7 (7) | 8 (8) | High 9 (9) |
| Evaluating the efficacy and effectiveness of interventions in place (1)  |  |  |  |  |  |  |  |  |  |

Q3.7 **Measuring prevalence of coverage of interventions in place**. e.g. access to care

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Low 1 (1) | 2 (2) | 3 (3) | 4 (4) | Moderate5 (5) | 6 (6) | 7 (7) | 8 (8) | High 9 (9) |
| Measuring prevalence of coverage of interventions in place (1)  |  |  |  |  |  |  |  |  |  |

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Q3.8 **2. Delivery Research:** research to assist in optimizing the health status of the population using the means that are already available.

Q3.9 **Health policy analysis.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Low 1 (1) | 2 (2) | 3 (3) | 4 (4) | Moderate5 (5) | 6 (6) | 7 (7) | 8 (8) | High 9 (9) |
| Health policy analysis (1)  |  |  |  |  |  |  |  |  |  |

Q3.10 **Health system structure analysis**.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Low 1 (1) | 2 (2) | 3 (3) | 4 (4) | Moderate5 (5) | 6 (6) | 7 (7) | 8 (8) | High 9 (9) |
| Health system structure analysis (1)  |  |  |  |  |  |  |  |  |  |

Q3.11 **Financing/costs analysis**.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Low 1 (1) | 2 (2) | 3 (3) | 4 (4) | Moderate5 (5) | 6 (6) | 7 (7) | 8 (8) | High 9 (9) |
| Financing/costs analysis (1)  |  |  |  |  |  |  |  |  |  |

Q3.12 **Human resources**.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Low 1 (1) | 2 (2) | 3 (3) | 4 (4) | Moderate5 (5) | 6 (6) | 7 (7) | 8 (8) | High 9 (9) |
| Human resources (1)  |  |  |  |  |  |  |  |  |  |

Q3.13 **Provision/infrastructure**.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Low 1 (1) | 2 (2) | 3 (3) | 4 (4) | Moderate5 (5) | 6 (6) | 7 (7) | 8 (8) | High 9 (9) |
| Provision/infrastructure (1)  |  |  |  |  |  |  |  |  |  |

Q3.14 **Operations research**.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Low 1 (1) | 2 (2) | 3 (3) | 4 (4) | Moderate5 (5) | 6 (6) | 7 (7) | 8 (8) | High 9 (9) |
| Operations research (1)  |  |  |  |  |  |  |  |  |  |

Q3.15 **Responsiveness of recipients**.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Low 1 (1) | 2 (2) | 3 (3) | 4 (4) | Moderate5 (5) | 6 (6) | 7 (7) | 8 (8) | High 9 (9) |
| Responsiveness/recipients (1)  |  |  |  |  |  |  |  |  |  |

|  |  |
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Q3.16 **3. Development Research:** research to improve health interventions that already exist, but could be improved (affordability, fidelity, deliverability, sustainability, acceptability, etc.)

Q3.17 **Improving existing interventions for affordability**.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Low 1 (1) | 2 (2) | 3 (3) | 4 (4) | Moderate5 (5) | 6 (6) | 7 (7) | 8 (8) | High 9 (9) |
| Improving existing interventions for affordability (1)  |  |  |  |  |  |  |  |  |  |

Q3.18 **Improving existing interventions for deliverability**.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Low 1 (1) | 2 (2) | 3 (3) | 4 (4) | Moderate5 (5) | 6 (6) | 7 (7) | 8 (8) | High 9 (9) |
| Improving existing interventions for deliverability (1)  |  |  |  |  |  |  |  |  |  |

Q3.19 **Improving existing interventions for sustainability**.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Low 1 (1) | 2 (2) | 3 (3) | 4 (4) | Moderate5 (5) | 6 (6) | 7 (7) | 8 (8) | High 9 (9) |
| Improving existing interventions for sustainability (1)  |  |  |  |  |  |  |  |  |  |

Q3.20 **Improving existing interventions for acceptability**.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Low 1 (1) | 2 (2) | 3 (3) | 4 (4) | Moderate5 (5) | 6 (6) | 7 (7) | 8 (8) | High 9 (9) |
| Improving existing interventions for acceptability (1)  |  |  |  |  |  |  |  |  |  |

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Q3.21 **4. Discovery Research:** research that leads to innovation, i.e., entirely new health interventions

Q3.22 **Basic research to advance existing knowledge to develop new capacities**.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Low 1 (1) | 2 (2) | 3 (3) | 4 (4) | Moderate5 (5) | 6 (6) | 7 (7) | 8 (8) | High 9 (9) |
| Basic research to advance existing knowledge to develop new capacities (1)  |  |  |  |  |  |  |  |  |  |

Q3.23 **Clinical research to advance existing knowledge to develop new capacities**.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Low 1 (1) | 2 (2) | 3 (3) | 4 (4) | Moderate5 (5) | 6 (6) | 7 (7) | 8 (8) | High 9 (9) |
| Clinical research to advance existing knowledge to develop new capacities (1)  |  |  |  |  |  |  |  |  |  |

Q3.24 **Public health research to advance existing knowledge to develop new capacities**.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Low 1 (1) | 2 (2) | 3 (3) | 4 (4) | Moderate5 (5) | 6 (6) | 7 (7) | 8 (8) | High 9 (9) |
| Public health research to advance existing knowledge to develop new capacities (1)  |  |  |  |  |  |  |  |  |  |

Q3.25 **Basic research to explore entirely novel ideas**.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Low 1 (1) | 2 (2) | 3 (3) | 4 (4) | Moderate5 (5) | 6 (6) | 7 (7) | 8 (8) | High 9 (9) |
| Basic research to explore entirely novel ideas (1)  |  |  |  |  |  |  |  |  |  |

Q3.26 **Clinical research to explore entirely novel ideas.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Low 1 (1) | 2 (2) | 3 (3) | 4 (4) | Moderate5 (5) | 6 (6) | 7 (7) | 8 (8) | High 9 (9) |
| Clinical research to explore entirely novel ideas (1)  |  |  |  |  |  |  |  |  |  |

Q3.27 **Public health research to explore entirely novel ideas**.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Low 1 (1) | 2 (2) | 3 (3) | 4 (4) | Moderate5 (5) | 6 (6) | 7 (7) | 8 (8) | High 9 (9) |
| Public health research to explore entirely novel ideas (1)  |  |  |  |  |  |  |  |  |  |

Q3.28 **Comments?**

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End of Block: Research Priorities

Start of Block: Meaures/Constructs

Q4.1 **Measures/Constructs/Outcomes**
 Before we may proceed with identifying specific questionnaires or methods for research proposals (would be an overwhelming list), we need to consider measures, constructs and outcomes first.
 The following measures and constructs were taken from published studies and the ADOPT (Maclean et al, 2018) and OBEDIS (Alligier et al, 2020) recommended measures.
 Note: Measures/constructs that were recommended by ADOPT or OBEDIS are indicated beside each item. The ADOPT and OBEDIS papers have more information on specific questionnaires and methods. Some measures/constructs are listed more than once, as different questionnaires or methods were being recommended.
   The measures and constructs are grouped into categories.
 Please rate the importance of each measure/construct to be included in the core list of measures as **1-3 (not core); 4-6 (equivocal)** or **7-9 (core).**

Q4.2 **Demographic/ Environment/Context**

Q4.3 **Gender score (continuous)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Gender score (continuous) (1)  |  |  |  |  |  |  |  |  |  |

Q4.4 **Gender (categorical)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Gender (categorical) (1)  |  |  |  |  |  |  |  |  |  |

Q4.5 **Alcohol use** (OBEDIS)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Alcohol use (1)  |  |  |  |  |  |  |  |  |  |

Q4.6 **Tobacco use**(OBEDIS)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Tobacco use (1)  |  |  |  |  |  |  |  |  |  |

Q4.7 **Ethnicity**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Ethnicity (1)  |  |  |  |  |  |  |  |  |  |

Q4.8 **Indigenous identity**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Indigenous identity (1)  |  |  |  |  |  |  |  |  |  |

Q4.9 **Language**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Language (1)  |  |  |  |  |  |  |  |  |  |

Q4.10 **Work status**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Work status (1)  |  |  |  |  |  |  |  |  |  |

Q4.11 **Marital status**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Marital status (1)  |  |  |  |  |  |  |  |  |  |

Q4.12 **Education**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Education (1)  |  |  |  |  |  |  |  |  |  |

Q4.13 **Income**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Income (1)  |  |  |  |  |  |  |  |  |  |

Q4.14 **Material hardship (e.g. difficulty paying bills, rent, etc.)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Material hardship (1)  |  |  |  |  |  |  |  |  |  |

Q4.15 **Household size**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Household size (1)  |  |  |  |  |  |  |  |  |  |

Q4.16 **Access to health care**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Access to health care (1)  |  |  |  |  |  |  |  |  |  |

Q4.17 **Health insurance status**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Health insurance status (1)  |  |  |  |  |  |  |  |  |  |

Q4.18 **Additional measures? Comments?**

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Q4.19 **Diet and Physical Activity**

Q4.20 **Usual dietary intake from 24 hour recalls or food frequency questionnaire** (OBEDIS and ADOPT)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Usual dietary intake from 24 hour recalls or food frequency questionnaire (1)  |  |  |  |  |  |  |  |  |  |

Q4.21 **Diet quality**(OBEDIS and ADOPT)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Diet quality (1)  |  |  |  |  |  |  |  |  |  |

Q4.22 **Type/extent of food processing as indicator of diet quality**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Food processsing (1)  |  |  |  |  |  |  |  |  |  |

Q4.23 **Physical activity record/diary**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Physical activity record/diary (1)  |  |  |  |  |  |  |  |  |  |

Q4.24 **Self-report physical activity questionnaire**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Self-report physical activity questionnaire (1)  |  |  |  |  |  |  |  |  |  |

Q4.25 **Steps walked /day record**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Steps walked /day (1)  |  |  |  |  |  |  |  |  |  |

Q4.26 **Physical activity, sedentary activity, sleep from actigraphy or accelerometer**(OBEDIS and ADOPT)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Physical activity, sedentary activity, sleep from actigraphy or accelerometer (1)  |  |  |  |  |  |  |  |  |  |

Q4.27 **Sedentary behaviour by a questionnaire**(ADOPT)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Sedentary behaviour by a questionnaire (1)  |  |  |  |  |  |  |  |  |  |

Q4.28 **Additional measures? Comments?**

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Q4.29 **Formative and Process Measures**

Q4.30 **Incremental cost-effectiveness ratio (ICER)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Incremental cost-effectiveness ratio (ICER) (1)  |  |  |  |  |  |  |  |  |  |

Q4.31 **Costing of intervention**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Costing of intervention (1)  |  |  |  |  |  |  |  |  |  |

Q4.32 **Intervention fidelity by activity reporting of interventionists**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Intervention fidelity by activity reporting of interventionists (1)  |  |  |  |  |  |  |  |  |  |

Q4.33 **Intervention fidelity by observation/recording**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Intervention fidelity by observation/recording (1)  |  |  |  |  |  |  |  |  |  |

Q4.34 **Intervention experience of participants in program**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Intervention experience of participants in program (1)  |  |  |  |  |  |  |  |  |  |

Q4.35 **Documentation of involvement of the public in developing the intervention**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Documentation of involvement of the public in developing the intervention (1)  |  |  |  |  |  |  |  |  |  |

Q4.36 **Additional measures? Comments?**

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Q4.37 **Psycho-social Constructs**

Q4.38 **General health or well-being**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| General health or well-being (1)  |  |  |  |  |  |  |  |  |  |

Q4.39 **Quality of Life questionnaire addressing self-care, usual activities, pain/discomfort and anxiety/ depression** (OBEDIS and ADOPT)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Quality of Life questionnaire addressing self-care, usual activities, pain/discomfort and anxiety/ depression (1)  |  |  |  |  |  |  |  |  |  |

Q4.40 **Medication adherence**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Medication adherence (1)  |  |  |  |  |  |  |  |  |  |

Q4.41 **Perceived stress** (OBEDIS and ADOPT)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Perceived stress (1)  |  |  |  |  |  |  |  |  |  |

Q4.42 **Trait anxiety inventory**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Trait anxiety inventory (1)  |  |  |  |  |  |  |  |  |  |

Q4.43 **Depression**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Depression (1)  |  |  |  |  |  |  |  |  |  |

Q4.44 **Intuitive Eating Scale**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Intuitive Eating Scale (1)  |  |  |  |  |  |  |  |  |  |

Q4.45 **Three-Factor Eating Questionnaire (TFEQ)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Three-Factor Eating Questionnaire (TFEQ) (1)  |  |  |  |  |  |  |  |  |  |

Q4.46 **Self-weighing behaviour** (ADOPT)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Self-weighing behaviour (1)  |  |  |  |  |  |  |  |  |  |

Q4.47 **State affect** (ADOPT)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| State affect (1)  |  |  |  |  |  |  |  |  |  |

Q4.48 **Emotional eating**(OBEDIS and ADOPT)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Emotional eating (1)  |  |  |  |  |  |  |  |  |  |

Q4.49 **Binge eating**(ADOPT)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Binge eating (1)  |  |  |  |  |  |  |  |  |  |

Q4.50 **Trait food craving**(ADOPT)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Trait food craving (1)  |  |  |  |  |  |  |  |  |  |

Q4.51 **Reward-related eating**(ADOPT)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Reward-related eating (1)  |  |  |  |  |  |  |  |  |  |

Q4.52 **Executive function**(ADOPT)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Executive function (1)  |  |  |  |  |  |  |  |  |  |

Q4.53 **Delay discounting** (ADOPT)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Delay discounting (1)  |  |  |  |  |  |  |  |  |  |

Q4.54 **Behavioural intention** (ADOPT)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Behavioural intention (1)  |  |  |  |  |  |  |  |  |  |

Q4.55 **Self-efficacy** (ADOPT)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Self-efficacy (1)  |  |  |  |  |  |  |  |  |  |

Q4.56 **Hedonic responses** (ADOPT)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Hedonic responses (1)  |  |  |  |  |  |  |  |  |  |

Q4.57 **Hunger and satiety** (ADOPT)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Hunger and satiety (1)  |  |  |  |  |  |  |  |  |  |

Q4.58 **Personality: Big Five factors** (ADOPT)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Personality: Big Five factors (1)  |  |  |  |  |  |  |  |  |  |

Q4.59 **Additional measures? Comments?**

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Q4.60 **Body Composition and Energy Estimation**

Q4.61 **Anatomic fat storage - FM, FFM, visceral fat**(OBEDIS and ADOPT)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Anatomic fat storage - FM, FFM, visceral fat (1)  |  |  |  |  |  |  |  |  |  |

Q4.62 **Weight/height/BMI/waist circumference** (OBEDIS and ADOPT)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Weight/height/ BMI/ waist circumference (1)  |  |  |  |  |  |  |  |  |  |

Q4.63 **Expended energy** (ADOPT)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Expended energy (1)  |  |  |  |  |  |  |  |  |  |

Q4.64 **Energy expenditure-activity** (ADOPT)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| EE-activity (1)  |  |  |  |  |  |  |  |  |  |

Q4.65 **Energy Expenditure – resting metabolic rate** (ADOPT)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| EE – resting metabolic rate (1)  |  |  |  |  |  |  |  |  |  |

Q4.66 **Energy Intake** *(overlap with diet measures)*(ADOPT)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Energy Intake (overlap with diet measures) (1)  |  |  |  |  |  |  |  |  |  |

Q4.67 **Additional measures? Comments?**

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Q4.68 **Biological/Clinical History Measures**

Q4.69 **Cardio-respiratory fitness at rest - resting heart rate** (OBEDIS and ADOPT)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Cardiorespiratory fitness at rest - resting heart rate (1)  |  |  |  |  |  |  |  |  |  |

Q4.70 **Cardio-respiratory fitness - walk test** (OBEDIS)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Cardiorespiratory fitness -walk test (1)  |  |  |  |  |  |  |  |  |  |

Q4.71 **VO2 max – indirect**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| VO2 max – indirect (1)  |  |  |  |  |  |  |  |  |  |

Q4.72 **Muscle strength from hand-grip strength** (OBEDIS)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Muscle strength from hand-grip strength (1)  |  |  |  |  |  |  |  |  |  |

Q4.73 **Hemoglobin A1c**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Hemoglobin A1c (1)  |  |  |  |  |  |  |  |  |  |

Q4.74 **Glucose area under curve 2h postprandial**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Glucose area under curve 2h postprandial (1)  |  |  |  |  |  |  |  |  |  |

Q4.75 **Insulin, glucagon, HOMA-IR, HOMA-B**(OBEDIS and ADOPT)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Insulin, glucagon, HOMA-IR, HOMA-B (1)  |  |  |  |  |  |  |  |  |  |

Q4.76 **Nutrient status (glucose, Non-esterified fatty acids, Triglycerides)**(ADOPT)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Nutrient status (glucose, NEFA, TG) (1)  |  |  |  |  |  |  |  |  |  |

Q4.77 **Fasting glucose (2 times)** (OBEDIS)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Fasting glucose (2 times) (1)  |  |  |  |  |  |  |  |  |  |

Q4.78 **Lipid profile** (OBEDIS)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Lipid profile (1)  |  |  |  |  |  |  |  |  |  |

Q4.79 **Apo A; apo B**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Apo A; apo B (1)  |  |  |  |  |  |  |  |  |  |

Q4.80 **Cardiovascular disease risk score**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Cardiovascular disease risk score (1)  |  |  |  |  |  |  |  |  |  |

Q4.81 **Liver function (Aminotransferases (U/L), alkaline phosphatase (U/L), gamma-glutamyl transpeptidase (U/L)** (OBEDIS)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Liver function (Aminotransferases (U/L), alkaline phosphatase (U/L), gamma-glutamyl transpeptidase (U/L) (1)  |  |  |  |  |  |  |  |  |  |

Q4.82 **Liver function – NFS and FIB4 – fibrosis; platelet count; albumin** (OBEDIS)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Liver function – NFS and FIB4 – fibrosis; platelet count; albumin (1)  |  |  |  |  |  |  |  |  |  |

Q4.83 **Fatty liver - ultrasound**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Fatty liver - ultrasound (1)  |  |  |  |  |  |  |  |  |  |

Q4.84 **Inflammation(IL-6, TNF-alpha, CRP)** (ADOPT)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Inflammation (IL-6, TNF-alpha, CRP) (1)  |  |  |  |  |  |  |  |  |  |

Q4.85 **High sensitivity C reactive protein** (OBEDIS)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| High sensitivity C reactive protein (1)  |  |  |  |  |  |  |  |  |  |

Q4.86 **Heart electrical activity (ECG)** (OBEDIS)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Heart electrical activity (ECG) (1)  |  |  |  |  |  |  |  |  |  |

Q4.87 **Self-report of sleep duration and timing** (OBEDIS and ADOPT)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Self-report sleep duration and timing (1)  |  |  |  |  |  |  |  |  |  |

Q4.88 **Sleep disorders (apnea)** (OBEDIS and ADOPT)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Sleep disorders (apnea) (1)  |  |  |  |  |  |  |  |  |  |

Q4.89 **Co-morbidity score**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Co-morbidity score (1)  |  |  |  |  |  |  |  |  |  |

Q4.90 **Age of onset of obesity** (OBEDIS)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Age of onset of obesity (1)  |  |  |  |  |  |  |  |  |  |

Q4.91 **Maximal and minimum weight after age 18** (OBEDIS)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Maximal and minimum weight after age 18 (1)  |  |  |  |  |  |  |  |  |  |

Q4.92 **Variation in body weight in past 3 months** (OBEDIS)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Variation in body weight in past 3 months (1)  |  |  |  |  |  |  |  |  |  |

Q4.93 **Previous attempts at weight loss and weight maintained after loss** (OBEDIS)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Previous attempts at weight loss and weight maintained after loss (1)  |  |  |  |  |  |  |  |  |  |

Q4.94 **Etiology – genetic heritage (OBEDIS)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Etiology – genetic heritage (1)  |  |  |  |  |  |  |  |  |  |

Q4.95 **Parental weight history, including maternal bariatric surgery** (OBEDIS)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Parental weight history, including maternal bariatric surgery (1)  |  |  |  |  |  |  |  |  |  |

Q4.96 **Menopausal status** (OBEDIS)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Menopausal status (1)  |  |  |  |  |  |  |  |  |  |

Q4.97 **Family history of diabetes** (OBEDIS)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Family history of diabetes (1)  |  |  |  |  |  |  |  |  |  |

Q4.98 **Blood pressure** (OBEDIS)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Blood pressure (1)  |  |  |  |  |  |  |  |  |  |

Q4.99 **Hunger /satiety - Ghrelin, GLP-1, PYY3-36 (panel)** (ADOPT)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Hunger /satiety - Ghrelin, GLP-1, PYY3-36 (panel) (1)  |  |  |  |  |  |  |  |  |  |

Q4.100 **Energy homeostasis - adipose tissue-derived hormones (adiponectin, leptin, amylin)** (ADOPT)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Energy homeostasis - adipose tissue-derived hormones (adiponectin, leptin, amylin) (1)  |  |  |  |  |  |  |  |  |  |

Q4.101 **Thyroid hormones - (TSH, T4, fT4I (panel)**(OBEDIS and ADOPT for TSH; ADOPT for rest)

|  |  |  |  |  |  |  |  |  |  |
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|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Thyroid hormones - (TSH, T4, fT4I (panel)) (1)  |  |  |  |  |  |  |  |  |  |

Q4.102 **Additional measures? Comments?**

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| Page Break |  |

Q4.103 **Social, Environmental and Context**

Q4.104 **BMI of in social network, objective** (ADOPT)

|  |  |  |  |  |  |  |  |  |  |
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|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| BMI of in social network, objective (1)  |  |  |  |  |  |  |  |  |  |

Q4.105 **Weight status of individuals in social network, perceived**(ADOPT)

|  |  |  |  |  |  |  |  |  |  |
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|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Weight status of individuals in social network, perceived (1)  |  |  |  |  |  |  |  |  |  |

Q4.106 **Support from social network** (ADOPT)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Support from social network (1)  |  |  |  |  |  |  |  |  |  |

Q4.107 **Perceived autonomy support** (ADOPT)

|  |  |  |  |  |  |  |  |  |  |
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|  | Not core 1 (1) | 2 (2) | 3 (3) | 4 (4) | Equivocal 5 (5) | 6 (6) | 7 (7) | 8 (8) | Core 9 (9) |
| Perceived autonomy support (1)  |  |  |  |  |  |  |  |  |  |

Q4.108 **Additional measures? Comments?**

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End of Block: Meaures/Constructs

Start of Block: Check

Q5.1 If you have completed the questionnaire, answer "Yes" and press Forward arrow to submit.
If you have not completed the questionnaire, answer "No" and go back.

* Yes (16)
* No (17)

End of Block: Check