Center Number: ___ ___ Participant Number: ___ ___ ___ ___ Participant's Initials: ___ ___ ___ (first middle last)

Clinic Weight

Weight date and time: ___ ___ / ___ ___ ___ / ___ ___ ___ ___ (day / month / year) ___ ___ : ___ ___ (00:00 to 23:59) **Staff initials:** ___ ___ ___ (first middle last)

OR Not done → Specify reason *(use codelist below):* ___

Clinic weight *(if the two measurements are more than 0.1 kg apart, measure weight a third time)*:

Weight 1: ___ ___ ___ . ___ kg

Weight 2: ___ ___ ___ . ___ kg

Weight 3: ___ ___ ___ . ___ kg

Weight of gown: ___ ___ ___ . ___ kg

Pregnancy Test

Complete only for females.

Does participant have reproductive potential?

☐ 0 No

☐ 1 Yes → **If Yes: Date urine pregnancy test performed:** ___ ___ / ___ ___ ___ / ___ ___ ___ ___ (day / month / year)

Results: ☐ 1 Negative
☐ 2 Positive

Outcomes Labs

Date and time sample collection started: ___ ___ / ___ ___ ___ / ___ ___ ___ ___ (day / month / year) ___ ___ : ___ ___ (00:00 to 23:59)

Sample *If a sample is not obtained, indicate with a Not Done.*	**Sample Complete?**	**If Not Done, Reason** *(Use codelist below)*	**Staff Initials**
Blood	☐ 0 No ☐ 1 Yes	_____	___ ___ ___ (first middle last)

Vaccine Administration *NOTE: Before any vaccine is administered, review the vaccine questionnaire and protocol for participant eligibility.*		**If Not Done, Reason** *(Use codelist below)*	**Staff Initials**
Vaccine(s) given *(check all that apply)*:	☐ Hepatitis A → **Check one:** ☐ 1 Havrix *(GSK)* ☐ 2 Vaqta *(Merck)* ☐ 98 Other: _____ **Dose** *(check one)*: ☐ 1 Adult ☐ 2 Pediatric **Lot #:** _____ ☐ Tetanus/diphtheria → **Check one:** ☐ 1 Decovac *(Sanofi-Pasteur)* ☐ 98 Other: _____ **Lot #:** _____ ☐ Pneumococcal vaccine → **Check one:** ☐ 1 Pneumovax *(Merck)* ☐ 98 Other: _____ **Lot #:** _____	_____	___ ___ ___ (first middle last)

Not Done Codelist: **1** Participant refused **2** Clinician unable to obtain **3** Insufficient time **4** Instrument failure **5** Not required

Center Number: ___ ___ Participant Number: ___ ___ ___ ___ Participant's Initials: ___ ___ ___ (first middle last)

Clinic Weight

Weight date and time: ___ ___ / ___ ___ ___ / ___ ___ ___ ___ (day / month / year) ___ ___ : ___ ___ (00:00 to 23:59) **Staff initials:** ___ ___ ___ (first middle last)

OR Not done → Specify reason *(use Codelist below)*: _____

Clinic weight *(if the first two measurements are more than 0.1 kg apart, measure weight a third time)*:

Weight 1: ___ ___ ___ . ___ kg

Weight 2: ___ ___ ___ . ___ kg

Weight 3: ___ ___ ___ . ___ kg

Weight of gown: ___ ___ ___ . ___ kg

Vital Signs

Assessment date and time: ___ ___ / ___ ___ ___ / ___ ___ ___ ___ (day / month / year) ___ ___ : ___ ___ (00:00 to 23:59)

If waist measurement not done → Specify reason *(use codelist below)*: _____

1 **Natural waist measurement** *(if the first two measurements are more than 1.0 cm apart, measure natural waist circumference a third time)*: **Staff initials:** ___ ___ ___ (first middle last)

Natural waist measurement 1: ___ ___ ___ . ___ cm

Natural waist measurement 2: ___ ___ ___ . ___ cm

Natural waist measurement 3: ___ ___ ___ . ___ cm

2 **Umbilical point waist measurement** *(if the first two measurements are more than 1.0 cm apart, measure umbilical point waist circumference a third time)*:

Umbilical point waist measurement 1: ___ ___ ___ . ___ cm

Umbilical point waist measurement 2: ___ ___ ___ . ___ cm

Umbilical point waist measurement 3: ___ ___ ___ . ___ cm

3 **Pulse:** ___ ___ ___ bpm **OR** **Not done → Specify reason** *(use codelist below)*: _____ **Staff initials:** ___ ___ ___ (first middle last)

4 **Temperature:** ___ ___ ___ . ___ °C **OR** **Not done → Specify reason** *(use codelist below)*: _____ **Staff initials:** ___ ___ ___ (first middle last)

5 **Respirations:** ___ ___ per minute **OR** **Not done → Specify reason** *(use codelist below)*: _____ **Staff initials:** ___ ___ ___ (first middle last)

6 **Blood pressure** *(check only one)*: ☐1 Left arm ☐2 Right arm **Staff initials:** ___ ___ ___ (first middle last)

6a **Blood pressure 1:** ___ ___ ___ / ___ ___ ___ mm Hg (systolic / diastolic) **Time:** ___ ___ : ___ ___ (00:00 to 23:59) **OR Not done → Specify reason** *(use codelist below)*: _____

6b **Blood pressure 2:** ___ ___ ___ / ___ ___ ___ mm Hg (systolic / diastolic) **Time:** ___ ___ : ___ ___ (00:00 to 23:59)

6c **Blood pressure 3:** ___ ___ ___ / ___ ___ ___ mm Hg (systolic / diastolic) **Time:** ___ ___ : ___ ___ (00:00 to 23:59)

Not Done Codelist: **1** Participant refused **2** Clinician unable to obtain **3** Insufficient time **4** Instrument failure **5** Not required

Center Number: ___ ___ Participant Number: ___ ___ ___ ___ Participant's Initials: ___ ___ ___ (first middle last)

12-Lead ECG

Date and Time	Findings	Staff Initials
___ ___ / ___ ___ ___ / ___ ___ ___ ___ (day / month / year) ___ ___ : ___ ___ (00:00 to 23:59) **OR Not done → Specify reason** (see codelist below): _____	**Is ECG** *(check only one)*: ☐ 1 Normal ☐ 2 Abnormal, not clinically significant *(specify)*: _____ ☐ 3 Abnormal, clinically significant *(specify)*: _____	___ ___ ___ (first middle last)

Safety Labs

Date and time of last meal: ___ ___ / ___ ___ ___ / ___ ___ ___ ___ (day / month / year) ___ ___ : ___ ___ (00:00 to 23:59)

Date and time of sample collection: ___ ___ / ___ ___ ___ / ___ ___ ___ ___ (day / month / year) ___ ___ : ___ ___ (00:00 to 23:59)

Sample	Sample Complete?	If Not Done, Reason *(Use codelist below)*	Staff Initials
Blood	☐ 0 No ☐ 1 Yes	_____	___ ___ ___ (first middle last)
Urine	☐ 0 No ☐ 1 Yes	_____	___ ___ ___ (first middle last)

Outcomes Labs

Date and time of last meal: ___ ___ / ___ ___ ___ / ___ ___ ___ ___ (day / month / year) ___ ___ : ___ ___ (00:00 to 23:59)

Date and time sample collection started: ___ ___ / ___ ___ ___ / ___ ___ ___ ___ (day / month / year) ___ ___ : ___ ___ (00:00 to 23:59)

Sample	Sample Complete?	If Not Done, Reason *(Use codelist below)*	Staff Initials
Blood	☐ 0 No ☐ 1 Yes	_____	___ ___ ___ (first middle last)

If a sample is not obtained, indicate with a Not Done.

Not Done Codelist: **1** Participant refused **2** Clinician unable to obtain **3** Insufficient time **4** Instrument failure **5** Not required

Center Number: ___ ___ Participant Number: ___ ___ ___ ___ Participant's Initials: ___ ___ ___ (first middle last)

Doubly Labeled Water (DLW)

1 Date and time of DLW dosing: ___ ___/___ ___ ___/___ ___ ___ ___ (day / month / year) ___ ___ : ___ ___ (00:00 to 23:59) Staff initials: ___ ___ ___ (first middle last)

OR Not done → Specify reason *(use codelist below)*: ___

2 DLW dose mixture ID and bottle number: ___ ___ – ___ ___ ___ ___ – ___ ___ ___ – CA

3 Exact weight of DLW mixture: ___ ___ ___ . ___ ___ grams

4 Urine samples:

Collection	Sample	Date and Time Collected
Pre dosing *(PD)*	PDa	___ ___/___ ___ ___/___ ___ ___ ___ (day / month / year) ___ ___ : ___ ___ (00:00 to 23:59)
	PDb	___ ___/___ ___ ___/___ ___ ___ ___ (day / month / year) ___ ___ : ___ ___ (00:00 to 23:59)
Day 0 (Visit 1)	D0a	___ ___/___ ___ ___/___ ___ ___ ___ (day / month / year) ___ ___ : ___ ___ (00:00 to 23:59)
	D0b	___ ___/___ ___ ___/___ ___ ___ ___ (day / month / year) ___ ___ : ___ ___ (00:00 to 23:59)
Day 7 (Visit 2)	D7a	___ ___/___ ___ ___/___ ___ ___ ___ (day / month / year) ___ ___ : ___ ___ (00:00 to 23:59)
	D7b	___ ___/___ ___ ___/___ ___ ___ ___ (day / month / year) ___ ___ : ___ ___ (00:00 to 23:59)
Day 14 (Visit 4)	D14a	___ ___/___ ___ ___/___ ___ ___ ___ (day / month / year) ___ ___ : ___ ___ (00:00 to 23:59)
	D14b	___ ___/___ ___ ___/___ ___ ___ ___ (day / month / year) ___ ___ : ___ ___ (00:00 to 23:59)

5 Affix CRF page label(s) corresponding to this urine sample set:

Affix Test Sample Label Here

Affix Retest Sample Label Here

Not Done Codelist: **1** Participant refused **2** Clinician unable to obtain **3** Insufficient time **4** Instrument failure **5** Not required

Center Number: ___ ___ Participant Number: ___ ___ ___ ___ Participant's Initials: ___ ___ ___ (first middle last)

Pregnancy Test

Complete only for females.

Does participant have reproductive potential?

☐ 0 No

☐ 1 Yes → **If Yes: Date urine pregnancy test performed:** ___ ___ / ___ ___ ___ / ___ ___ ___ ___ (day / month / year)

Results: ☐ 1 Negative
☐ 2 Positive

DXA Scan

1 **Has the participant taken a calcium supplement today?**

☐ 0 No ☐ 1 Yes → **If Yes: Proceed with scan and document in the Subject Scan Log to inform the QA Center.**

2 **Were any studies involving barium or radioisotopes performed within 4 weeks prior to the scheduled DXA exam?**

☐ 0 No ☐ 1 Yes

DXA Scan		**DXA Rescan** OR ☐ 96 NA
Date of scan: ___ ___ / ___ ___ ___ / ___ ___ ___ ___ (day / month / year)		Date of rescan: ___ ___ / ___ ___ ___ / ___ ___ ___ ___ (day / month / year)
Area Scanned Check all that apply	**If Not Done, Reason** *(Use codelist below)*	**Area Scanned Check all that apply**
☐ Whole body	_____	☐ Whole body
☐ Forearm	_____	☐ Forearm
☐ Spine	_____	☐ Spine
☐ Hip	_____	☐ Hip

Not Done Codelist: **1** Participant refused **2** Clinician unable to obtain **3** Insufficient time **4** Instrument failure **5** Not required

Center Number: ___ ___ Participant Number: ___ ___ ___ ___ Participant's Initials: ___ ___ ___ (first middle last)

Clinic Weight

Weight date and time: ___ ___ / ___ ___ ___ / ___ ___ ___ ___ (day / month / year) ___ ___ : ___ ___ (00:00 to 23:59) **Staff initials:** ___ ___ ___ (first middle last)

OR Not done → Specify reason *(use Codelist below):* _____

Clinic weight *(if the first two measurements are more than 0.1 kg apart, measure weight a third time)***:**

Weight 1:	___ ___ ___ . ___ kg
Weight 2:	___ ___ ___ . ___ kg
Weight 3:	___ ___ ___ . ___ kg
Weight of gown:	___ ___ ___ . ___ kg

Contraception

If Not Done → Specify reason *(use codelist below):* _____

Contraception method *(females only)***:**

☐ None **OR Check all that apply:**

☐ Oral contraceptive → **Specify:** _____

Record on Concomitant Medications page

☐ Other → **Specify** *(e.g., barrier, IUD)***:** _____

Not Done Codelist: **1** Participant refused **2** Clinician unable to obtain **3** Insufficient time **4** Instrument failure **5** Not required

Center Number: ___ ___ Participant Number: ___ ___ ___ ___ Participant's Initials: ___ ___ ___ (first middle last)

Seven-Day Physical Activity Recall (PAR)

Today's date: ___ ___ /___ ___ ___ /___ ___ ___ ___ (day / month / year) **Day** *(check only one)*: ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun **OR Not done → Specify reason** *(use codelist below)*: ___

1 Were you employed in the last seven days? ☐$_0$ No → **Skip to question 3** ☐$_1$ Yes **Interviewer initials:** ___ ___ ___ (first middle last)

2 If Yes: Which days *(check all that apply)*? ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun

3 Which days do you consider your weekend, or non-work, days? ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun

Day #	Day of Week	Date	Sleep Time		Work Time		Morning *(in minutes)*			Afternoon *(in minutes)*			Evening *(in minutes)*		
			In Bed	Up	Start	Stop	Mod.	Hard	Very Hard	Mod.	Hard	Very Hard	Mod.	Hard	Very Hard
7 *(yesterday)*		___ ___ /___ ___ ___ /___ ___ ___ ___ (day / month / year)	___ ___ : ___ ___ (00:00 to 23:59) ___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59) ___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59)									
6		___ ___ /___ ___ ___ /___ ___ ___ ___ (day / month / year)	___ ___ : ___ ___ (00:00 to 23:59) ___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59) ___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59)									
5		___ ___ /___ ___ ___ /___ ___ ___ ___ (day / month / year)	___ ___ : ___ ___ (00:00 to 23:59) ___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59) ___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59)									
4		___ ___ /___ ___ ___ /___ ___ ___ ___ (day / month / year)	___ ___ : ___ ___ (00:00 to 23:59) ___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59) ___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59)									
3		___ ___ /___ ___ ___ /___ ___ ___ ___ (day / month / year)	___ ___ : ___ ___ (00:00 to 23:59) ___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59) ___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59)									
2		___ ___ /___ ___ ___ /___ ___ ___ ___ (day / month / year)	___ ___ : ___ ___ (00:00 to 23:59) ___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59) ___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59)									
1 *(1 week ago)*		___ ___ /___ ___ ___ /___ ___ ___ ___ (day / month / year)	___ ___ : ___ ___ (00:00 to 23:59) ___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59) ___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59)									

Not Done Codelist: **1** Participant refused **2** Clinician unable to obtain **3** Insufficient time **4** Instrument failure **5** Not required

Seven-Day Physical Activity Recall (PAR) (continued)

4 **Compared to your physical activity over the past three months, was last week's physical activity more, less, or about the same** *(check only one)***?**

- ☐ 1 More
- ☐ 2 Less
- ☐ 3 About the same

Interviewer: Please answer questions below and note any comments on interview.

5 **Were there any problems with the Seven-Day PAR interview?**

- ☐ 0 No
- ☐ 1 Yes

6 **Do you think this was a valid Seven-Day PAR interview?**

- ☐ 0 No
- ☐ 1 Yes

7 **Were there any activities reported by the participant that you don't know how to classify?**

- ☐ 0 No
- ☐ 1 Yes

Center Number: ___ ___ Participant Number: ___ ___ ___ ___ Participant's Initials: ___ ___ ___ (first middle last)

6-Day Food Record

Complete below OR Not done → Specify reason *(use Codelist below)*: _____ **Staff initials:** ___ ___ ___ (first middle last)

			Replacement Values		
Day of DLW	**Date of Record**	**Record Quality** *(check only one)*	**Day of DLW**	**Date of Record**	**Record Quality** *(check only one)*
1	___ ___ / ___ ___ ___ / ___ ___ ___ ___ (day / month / year)	☐ 1 Reliable ☐ 2 Unreliable ☐ 3 Missing	8	___ ___ / ___ ___ ___ / ___ ___ ___ ___ (day / month / year)	☐ 1 Reliable ☐ 2 Unreliable ☐ 3 Missing
2	___ ___ / ___ ___ ___ / ___ ___ ___ ___ (day / month / year)	☐ 1 Reliable ☐ 2 Unreliable ☐ 3 Missing	9	___ ___ / ___ ___ ___ / ___ ___ ___ ___ (day / month / year)	☐ 1 Reliable ☐ 2 Unreliable ☐ 3 Missing
3	___ ___ / ___ ___ ___ / ___ ___ ___ ___ (day / month / year)	☐ 1 Reliable ☐ 2 Unreliable ☐ 3 Missing	10	___ ___ / ___ ___ ___ / ___ ___ ___ ___ (day / month / year)	☐ 1 Reliable ☐ 2 Unreliable ☐ 3 Missing
4	___ ___ / ___ ___ ___ / ___ ___ ___ ___ (day / month / year)	☐ 1 Reliable ☐ 2 Unreliable ☐ 3 Missing	11	___ ___ / ___ ___ ___ / ___ ___ ___ ___ (day / month / year)	☐ 1 Reliable ☐ 2 Unreliable ☐ 3 Missing
5	___ ___ / ___ ___ ___ / ___ ___ ___ ___ (day / month / year)	☐ 1 Reliable ☐ 2 Unreliable ☐ 3 Missing	12	___ ___ / ___ ___ ___ / ___ ___ ___ ___ (day / month / year)	☐ 1 Reliable ☐ 2 Unreliable ☐ 3 Missing
6	___ ___ / ___ ___ ___ / ___ ___ ___ ___ (day / month / year)	☐ 1 Reliable ☐ 2 Unreliable ☐ 3 Missing	13	___ ___ / ___ ___ ___ / ___ ___ ___ ___ (day / month / year)	☐ 1 Reliable ☐ 2 Unreliable ☐ 3 Missing

Not Done Codelist: **1** Participant refused **2** Clinician unable to obtain **3** Insufficient time **4** Instrument failure **5** Not required

Center Number: ___ ___ Participant Number: ___ ___ ___ ___ Participant's Initials: ___ ___ ___ (first middle last)

Date completed: ___ ___ / ___ ___ ___ / ___ ___ ___ ___ (day / month / year) OR Not done → Specify reason *(use codelist below)*: ___

BDI-II

Instructions: **This questionnaire consists of 21 groups of statements. Please read each group of statements carefully and then pick out the one statement in each group that best describes the way you have been feeling during the past two weeks, including today. Check the box beside the statement you have picked. Be sure that you check only one statement for each group, including item 16 and item 18.**

1 Sadness:
- ☐ 0 I do not feel sad
- ☐ 1 I feel sad much of the time
- ☐ 2 I am sad all of the time
- ☐ 3 I am so sad or unhappy that I can't stand it

2 Pessimism:
- ☐ 0 I am not discouraged about my future
- ☐ 1 I feel more discouraged about my future than I used to be
- ☐ 2 I do not expect things to work out for me
- ☐ 3 I feel my future is hopeless and will only get worse

3 Past failure:
- ☐ 0 I do not feel like a failure
- ☐ 1 I have failed more than I should have
- ☐ 2 As I look back, I see a lot of failures
- ☐ 3 I feel I am a total failure as a person

4 Loss of pleasure:
- ☐ 0 I get as much pleasure as I ever did from the things I enjoy
- ☐ 1 I don't enjoy things as much as I used to
- ☐ 2 I get very little pleasure from the things I used to enjoy
- ☐ 3 I can't get any pleasure from the things I used to enjoy

5 Guilty feelings:
- ☐ 0 I don't feel particularly guilty
- ☐ 1 I feel guilty over many things I have done or should have done
- ☐ 2 I feel quite guilty most of the time
- ☐ 3 I feel guilty all of the time

6 Punishment feelings:
- ☐ 0 I don't feel I am being punished
- ☐ 1 I feel I may be punished
- ☐ 2 I expect to be punished
- ☐ 3 I feel I am being punished

7 Self-dislike:
- ☐ 0 I feel the same about myself as ever
- ☐ 1 I have lost confidence in myself
- ☐ 2 I am disappointed in myself
- ☐ 3 I dislike myself

Not Done Codelist: **1** Participant refused **2** Clinician unable to obtain **3** Insufficient time **4** Instrument failure **5** Not required

Participant's Initials: ___ ___ ___ (first middle last)

BDI-II (continued)

8 Self-criticalness:
- ☐ 0 I don't criticize or blame myself more than usual
- ☐ 1 I am more critical of myself than I used to be
- ☐ 2 I criticize myself for all of my faults
- ☐ 3 I blame myself for everything bad that happens

9 Suicidal thoughts or wishes:
- ☐ 0 I don't have any thoughts of killing myself
- ☐ 1 I have thoughts of killing myself but I would not carry them out
- ☐ 2 I would like to kill myself
- ☐ 3 I would kill myself if I had the chance

10 Crying:
- ☐ 0 I don't cry any more than I used to
- ☐ 1 I cry more than I used to
- ☐ 2 I cry over every little thing
- ☐ 3 I feel like crying, but I can't

11 Agitation:
- ☐ 0 I am no more wound up or restless than usual
- ☐ 1 I feel more restless or wound up than usual
- ☐ 2 I am so restless or agitated that it's hard to stay still
- ☐ 3 I am so restless or agitated that I have to keep moving or doing something

12 Loss of interest:
- ☐ 0 I have not lost interest in other people or activities
- ☐ 1 I am less interested in other people or things than before
- ☐ 2 I have lost most of my interest in other people or things
- ☐ 3 It's hard to get interested in anything

13 Indecisiveness:
- ☐ 0 I make decisions about as well as ever
- ☐ 1 I find it more difficult to make decisions than usual
- ☐ 2 I have much greater difficulty in making decisions than I used to
- ☐ 3 I have trouble making my decisions

14 Worthlessness:
- ☐ 0 I do not feel I am worthless
- ☐ 1 I don't consider myself as worthwhile and useful as I used to
- ☐ 2 I feel more worthless as compared to other people
- ☐ 3 I feel utterly worthless

15 Loss of energy:
- ☐ 0 I have as much energy as ever
- ☐ 1 I have less energy than I used to have
- ☐ 2 I don't have enough energy to do very much
- ☐ 3 I don't have enough energy to do anything

BDI-II (continued)

16 Changes in sleeping pattern:
- ☐ 0 I have not experienced any change in my sleeping pattern
- ☐ 1 I sleep somewhat more than usual
- ☐ 2 I sleep somewhat less than usual
- ☐ 3 I sleep a lot more than usual
- ☐ 4 I sleep a lot less than usual
- ☐ 5 I sleep most of the day
- ☐ 6 I wake up 1–2 hours early and can't get back to sleep

17 Irritability:
- ☐ 0 I am no more irritable than usual
- ☐ 1 I am more irritable than usual
- ☐ 2 I am much more irritable than usual
- ☐ 3 I am irritable all of the time

18 Changes in appetite:
- ☐ 0 I have not experienced any change in my appetite
- ☐ 1 My appetite is somewhat less than usual
- ☐ 2 My appetite is somewhat greater than usual
- ☐ 3 My appetite is much less than before
- ☐ 4 My appetite is much greater than usual
- ☐ 5 I have no appetite at all
- ☐ 6 I crave food all of the time

19 Concentration difficulty:
- ☐ 0 I can concentrate as well as ever
- ☐ 1 I can't concentrate as well as usual
- ☐ 2 It's hard to keep my mind on anything for very long
- ☐ 3 I find I can't concentrate on anything

20 Tiredness or fatigue:
- ☐ 0 I am no more tired or fatigued than usual
- ☐ 1 I get more tired or fatigued more easily than usual
- ☐ 2 I am too tired or fatigued to do a lot of the things I used to do
- ☐ 3 I am too tired or fatigued to do most of the things I used to do

21 Loss of interest in sex:
- ☐ 0 I have not noticed any recent change in my interest in sex
- ☐ 1 I am less interested in sex than I used to be
- ☐ 2 I am much less interested in sex now
- ☐ 3 I have lost interest in sex completely

Center Number: ___ ___ Participant Number: ___ ___ ___ ___ Participant's Initials: ___ ___ ___ (first middle last)

Date completed: ___ ___ /___ ___ ___ /___ ___ ___ ___ (day / month / year) OR Not done → Specify reason *(use codelist below)*: ___

Multiaxial Assessment of Eating Disorder Symptoms (MAEDS)

Instructions: Using the scale shown, please rate the following items on a scale from 1 to 7. Please answer as truthfully as possible.

	Never	Very Rarely	Rarely	Some-times	Often	Very Often	Always
1 Fasting is a good way to lose weight.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
2 My sleep isn't as good as it used to be.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
3 I avoid eating for as long as I can.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
4 Certain foods are "forbidden" for me to eat.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
5 I can't keep certain foods in my house because I will binge on them.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
6 I can easily make myself vomit.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
7 I can feel that being fat is terrible.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
8 I avoid greasy foods.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
9 It's okay to binge and purge once in a while.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
10 I don't eat certain foods.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
11 I think I am a good person.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
12 My eating is normal.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
13 I can't seem to concentrate lately.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
14 I try to diet by fasting.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
15 I vomit to control my weight.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
16 Lately nothing seems enjoyable anymore.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
17 Laxatives help keep you slim.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
18 I don't eat red meat.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
19 I eat so rapidly I can't even taste my food.	☐1	☐2	☐3	☐4	☐5	☐6	☐7

Not Done Codelist: **1** Participant refused **2** Clinician unable to obtain **3** Insufficient time **4** Instrument failure **5** Not required

Participant's Initials: ___ ___ ___ (first middle last)

Multiaxial Assessment of Eating Disorder Symptoms (MAEDS) (continued)

	Never	Very Rarely	Rarely	Some-times	Often	Very Often	Always
20 I do everything I can to avoid being overweight.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
21 When I feel bloated, I must do something to rid myself of that feeling.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
22 I overeat too frequently.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
23 It's okay to be overweight.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
24 Recently I have felt that I am a worthless person.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
25 I would be very upset if I gained 2 pounds.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
26 I crave sweets and carbohydrates.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
27 I lose control when I eat.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
28 Being fat would be terrible.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
29 I have thought seriously about suicide lately.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
30 I don't have any energy anymore.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
31 I eat small portions to control my weight.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
32 I eat 3 meals a day.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
33 Lately I have been easily irritated.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
34 Some foods should be totally avoided.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
35 I use laxatives to control my weight.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
36 I am terrified by the thought of being overweight.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
37 Purging is a good way to lose weight.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
38 I avoid fatty foods.	☐1	☐2	☐3	☐4	☐5	☐6	☐7

Center Number: ___ ___ Participant Number: ___ ___ ___ ___ Participant's Initials: ___ ___ ___ (first middle last)

Multiaxial Assessment of Eating Disorder Symptoms (MAEDS) (continued)

	Never	Very Rarely	Rarely	Some-times	Often	Very Often	Always
39 Recently I have felt pretty blue.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
40 I am obsessed with becoming overweight.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
41 I don't eat fried foods.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
42 I skip meals.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
43 Fat people are unhappy.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
44 People are too concerned with the way I eat.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
45 I feel good when I skip meals.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
46 I avoid foods with sugar.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
47 I hate it when I feel fat.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
48 I am too fat.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
49 I eat until I am completely stuffed.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
50 I hate to eat.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
51 I feel guilty about a lot of things these days.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
52 I'm very careful of what I eat.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
53 I can "hold off" and not eat even if I am hungry.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
54 I eat even when I am not hungry.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
55 Fat people are disgusting.	☐1	☐2	☐3	☐4	☐5	☐6	☐7
56 I wouldn't mind gaining a few pounds.	☐1	☐2	☐3	☐4	☐5	☐6	☐7

Participant's Initials: ___ ___ ___ (first middle last)

Center Number: ___ ___ Participant Number: ___ ___ ___ ___ Participant's Initials: ___ ___ ___ (first middle last)

Inpatient Admission and Discharge

1 **Inpatient admission date and time:** ___ ___ / ___ ___ ___ / ___ ___ ___ ___ (day / month / year) ___ ___ : ___ ___ (00:00 to 23:59)

2 **Inpatient discharge date and time:** ___ ___ / ___ ___ ___ / ___ ___ ___ ___ (day / month / year) ___ ___ : ___ ___ (00:00 to 23:59)

Clinic Weight

Weight date and time: ___ ___ / ___ ___ ___ / ___ ___ ___ ___ (day / month / year) ___ ___ : ___ ___ (00:00 to 23:59) **Staff initials:** ___ ___ ___ (first middle last)

OR Not done → Specify reason *(use codelist below):* ___

Clinic weight *(if the two measurements are more than 0.1 kg apart, measure weight a third time)*:

Weight 1: ___ ___ ___ . ___ kg

Weight 2: ___ ___ ___ . ___ kg

Weight 3: ___ ___ ___ . ___ kg

Weight of gown: ___ ___ ___ . ___ kg

Metabolic Rate

Sample	Date of Collection	If Not Done, Reason *(Use codelist below)*	Staff Initials
Resting Metabolic Rate *(RMR)*—**Visit 5**	___ ___ / ___ ___ ___ / ___ ___ ___ ___ (day / month / year)	_____	___ ___ ___ (first middle last)
Cart ID	☐ Tufts-003 (623-002) ☐ WASH U-001 (623-003) ☐ PBRC-016 (623-005) ☐ Tufts-006 (623-006) ☐ WASH U-002 (623-004) ☐ PBRC-017 (623-001)		

Not Done Codelist: **1** Participant refused **2** Clinician unable to obtain **3** Insufficient time **4** Instrument failure **5** Not required

Center Number: ___ ___ Participant Number: ___ ___ ___ ___ Participant's Initials: ___ ___ ___ (first middle last)

Seven-Day Physical Activity Recall (PAR)

Today's date: ___ ___ / ___ ___ ___ / ___ ___ ___ ___ (day / month / year) **Day** *(check only one)*: ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun **OR Not done → Specify reason** *(use codelist below)*: ___

1 Were you employed in the last seven days? ☐$_0$ No → **Skip to question 3** ☐$_1$ Yes **Interviewer initials:** ___ ___ ___ (first middle last)

2 If Yes: Which days *(check all that apply)*? ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun

3 Which days do you consider your weekend, or non-work, days? ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun

Day #	Day of Week	Date	Sleep Time		Work Time		Morning *(in minutes)*			Afternoon *(in minutes)*			Evening *(in minutes)*		
			In Bed	Up	Start	Stop	Mod.	Hard	Very Hard	Mod.	Hard	Very Hard	Mod.	Hard	Very Hard
7 *(yesterday)*		___ ___ / ___ ___ ___ / ___ ___ ___ ___ (day / month / year)	___ ___ : ___ ___ (00:00 to 23:59) ___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59) ___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59)									
6		___ ___ / ___ ___ ___ / ___ ___ ___ ___ (day / month / year)	___ ___ : ___ ___ (00:00 to 23:59) ___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59) ___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59)									
5		___ ___ / ___ ___ ___ / ___ ___ ___ ___ (day / month / year)	___ ___ : ___ ___ (00:00 to 23:59) ___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59) ___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59)									
4		___ ___ / ___ ___ ___ / ___ ___ ___ ___ (day / month / year)	___ ___ : ___ ___ (00:00 to 23:59) ___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59) ___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59)									
3		___ ___ / ___ ___ ___ / ___ ___ ___ ___ (day / month / year)	___ ___ : ___ ___ (00:00 to 23:59) ___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59) ___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59)									
2		___ ___ / ___ ___ ___ / ___ ___ ___ ___ (day / month / year)	___ ___ : ___ ___ (00:00 to 23:59) ___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59) ___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59)									
1 *(1 week ago)*		___ ___ / ___ ___ ___ / ___ ___ ___ ___ (day / month / year)	___ ___ : ___ ___ (00:00 to 23:59) ___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59) ___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59)	___ ___ : ___ ___ (00:00 to 23:59)									

Not Done Codelist: **1** Participant refused **2** Clinician unable to obtain **3** Insufficient time **4** Instrument failure **5** Not required

Seven-Day Physical Activity Recall (PAR) (continued)

4 **Compared to your physical activity over the past three months, was last week's physical activity more, less, or about the same** *(check only one)***?**

- ☐ 1 More
- ☐ 2 Less
- ☐ 3 About the same

Interviewer: Please answer questions below and note any comments on interview.

5 **Were there any problems with the Seven-Day PAR interview?**

- ☐ 0 No
- ☐ 1 Yes

6 **Do you think this was a valid Seven-Day PAR interview?**

- ☐ 0 No
- ☐ 1 Yes

7 **Were there any activities reported by the participant that you don't know how to classify?**

- ☐ 0 No
- ☐ 1 Yes

calerie Phase 2

Completed by Calerie staff:
☐ Baseline 1 ☐ 6 Months ☐ 18 Months
☐ Baseline 2 ☐ 12 Months ☐ 24 Months

Center Number: ___ ___ **Participant Number:** ___ ___ ___ ___ **Participant's Initials:** ___ ___ ___ (first middle last)

Daily Home Weight Log

Were you issued a new scale? ☐₀ No ☐₁ Yes → **If Yes: Date first used:** ___ ___/___ ___/___ ___ ___ ___ (month / day / year) **Serial no.:** __________

Please complete this log in either blue or black ink.

Day of week: ____________ **Date:** ___/___/_____ (month day year) **Time:** ☐1 AM ☐2 PM ___ ___ : ___ ___ (00:00 to 11:59) **Weight:** ___ ___ ___ . ___ lb	**Day of week:** ____________ **Date:** ___/___/_____ (month day year) **Time:** ☐1 AM ☐2 PM ___ ___ : ___ ___ (00:00 to 11:59) **Weight:** ___ ___ ___ . ___ lb	**Day of week:** ____________ **Date:** ___/___/_____ (month day year) **Time:** ☐1 AM ☐2 PM ___ ___ : ___ ___ (00:00 to 11:59) **Weight:** ___ ___ ___ . ___ lb	**Day of week:** ____________ **Date:** ___/___/_____ (month day year) **Time:** ☐1 AM ☐2 PM ___ ___ : ___ ___ (00:00 to 11:59) **Weight:** ___ ___ ___ . ___ lb	**Day of week:** ____________ **Date:** ___/___/_____ (month day year) **Time:** ☐1 AM ☐2 PM ___ ___ : ___ ___ (00:00 to 11:59) **Weight:** ___ ___ ___ . ___ lb	**Day of week:** ____________ **Date:** ___/___/_____ (month day year) **Time:** ☐1 AM ☐2 PM ___ ___ : ___ ___ (00:00 to 11:59) **Weight:** ___ ___ ___ . ___ lb	**Day of week:** ____________ **Date:** ___/___/_____ (month day year) **Time:** ☐1 AM ☐2 PM ___ ___ : ___ ___ (00:00 to 11:59) **Weight:** ___ ___ ___ . ___ lb **Check scale memory**
Day of week: ____________ **Date:** ___/___/_____ (month day year) **Time:** ☐1 AM ☐2 PM ___ ___ : ___ ___ (00:00 to 11:59) **Weight:** ___ ___ ___ . ___ lb	**Day of week:** ____________ **Date:** ___/___/_____ (month day year) **Time:** ☐1 AM ☐2 PM ___ ___ : ___ ___ (00:00 to 11:59) **Weight:** ___ ___ ___ . ___ lb	**Day of week:** ____________ **Date:** ___/___/_____ (month day year) **Time:** ☐1 AM ☐2 PM ___ ___ : ___ ___ (00:00 to 11:59) **Weight:** ___ ___ ___ . ___ lb	**Day of week:** ____________ **Date:** ___/___/_____ (month day year) **Time:** ☐1 AM ☐2 PM ___ ___ : ___ ___ (00:00 to 11:59) **Weight:** ___ ___ ___ . ___ lb	**Day of week:** ____________ **Date:** ___/___/_____ (month day year) **Time:** ☐1 AM ☐2 PM ___ ___ : ___ ___ (00:00 to 11:59) **Weight:** ___ ___ ___ . ___ lb	**Day of week:** ____________ **Date:** ___/___/_____ (month day year) **Time:** ☐1 AM ☐2 PM ___ ___ : ___ ___ (00:00 to 11:59) **Weight:** ___ ___ ___ . ___ lb	**Day of week:** ____________ **Date:** ___/___/_____ (month day year) **Time:** ☐1 AM ☐2 PM ___ ___ : ___ ___ (00:00 to 11:59) **Weight:** ___ ___ ___ . ___ lb **Check scale memory**

Send Completed Logs to DCRI Only If Completed During DLW Periods