

# **Your Health**

– *and* –

# **Well-Being**

## **Obesity and Weight-Loss Quality-of-Life Instrument (OWLQOL)**

This survey asks for your views about your health and your weight.



***Thank you for completing this questionnaire!***

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(OWL-QOL-17 (English) UK Version 2.0)

## **Instructions for the completion of the quality-of-life questionnaires by study participants**

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- 1) These questionnaires are an important part of your overall medical evaluation. The questions are designed to collect information about how your health has affected your quality of life from your own point of view.
- 2) Complete the questionnaire using a ballpoint pen. Press firmly and print neatly when writing to ensure that the copies are clear and legible.
- 3) Please take the time to read and answer each question carefully. Some questions may look similar to others, but each one is different.
- 4) Please answer every question by putting an ☐ in the box that best describes your answer. You may change an answer by drawing a line ( ☒ ) through the selection you wish to change and putting an ☐ in the box corresponding to the new choice.
- 5) There are no right or wrong answers. If you are unsure about how to answer a question, please give the best answer you can.
- 6) Your answers are confidential. The study coordinator will check for completeness only and will not share your answers with other clinical staff.

## **Your Feelings About Your Weight**

**Below is a list of statements about your quality of life in relation to being overweight and trying to lose weight.**

**For each of the following statements, please mark an ☒ in the one box that best describes your answer at this time.**

	NOT AT ALL	HARDLY	SOME- WHAT	MODER- ATELY	A GOOD DEAL	A GREAT DEAL	A VERY GREAT DEAL
1. Because of my weight, I try to wear clothes that hide my shape ( <i>Please mark one</i> )	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
2. I feel frustrated that I have less energy because of my weight ( <i>Please mark one</i> )	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
3. I feel guilty when I eat because of my weight ( <i>Please mark one</i> )	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
4. I am bothered by what other people say about my weight ( <i>Please mark one</i> )	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
5. Because of my weight, I try to avoid having my photograph taken ( <i>Please mark one</i> )	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
6. Because of my weight, I have to pay close attention to personal hygiene ( <i>Please mark one</i> )	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
7. My weight prevents me from doing what I want to do ( <i>Please mark one</i> )	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
8. I worry about the physical stress that my weight puts on my body ( <i>Please mark one</i> )	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

***(Please turn the page)***

(continued)...

	NOT AT ALL	HARDLY	SOME- WHAT	MODER- ATELY	A GOOD DEAL	A GREAT DEAL	A VERY GREAT DEAL
9. I feel frustrated that I am not able to eat what other people do because of my weight (Please mark one)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
10. I feel depressed because of my weight (Please mark one)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
11. I feel ugly because of my weight (Please mark one)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
12. I worry about the future because of my weight (Please mark one)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
13. I envy people who are slim (Please mark one)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
14. I feel that people stare at me because of my weight (Please mark one)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
15. I have difficulty accepting my body because of my weight (Please mark one)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
16. I am afraid that I will put back on any weight that I lose (Please mark one)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
17. I get discouraged when I try to lose weight (Please mark one)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

*Please go back to the questions you just answered  
to make sure you did not miss any items.*

***Thank you for completing this questionnaire!***