Mock CRF

Design Notes
In a few phase 1 studies, lab cannot deliver date (and time) and/or fasting information together with the results in normal load files. Then please use the 'Collection of Samples for Laboratory (Date, Time, Fasting)' standard CRF to collect this information. Only include the section for Blood or Urine as needed. There is no need for PST approval before removing either section.

V1, V4, V5, V6, V7, V10, V12, V14, V16, V18, V19A, V21

Collection of Samples for Laboratory (Lab_1)	[LAB_SMPL_TKN] – Non-repeating form

		Integration
Collect samples following the procedures detailed in the laboratory manual.		
Blood		
*	Have blood samples been collected?	○ Yes ○ No, none were collected

Collection of Samples for Laboratory

Design Notes

In a few phase 1 studies, lab cannot deliver date (and time) and/or fasting information together with the results in normal load files. Then please use the 'Collection of Samples for Laboratory (Date, Time, Fasting)' standard CRF to collect this information.

Only include the section for Blood or Urine as needed. There is no need for PST approval before removing either section.

V2, V8, V19

Collection of Samples for Laboratory (Lab_2) **[LAB_SMPL_TKN_1] – Non-repeating form**

		Integration
Collect samples following the procedures detailed in the laboratory manual.		
Blood		
*	Have blood samples been collected?	○ Yes ○ No, none were collected
Urine		
*	Have urine samples been collected?	○ Yes ○ No, none were collected

Collection of Samples for Laboratory (Biosamples)

Design Notes
In a few phase 1 studies, lab cannot deliver date (and time) and/or fasting information together with the results in normal load files. Then please use the 'Collection of Samples for Laboratory (Date, Time, Fasting)' standard CRF to collect this information. Only include the section for Blood or Urine as needed. There is no need for PST approval before removing either section.

V2, V5, V8, V16, V19

Collection of Samples for Laboratory (Biosamples) **[LAB_SMPL_TKN_2] – Non-repeating form**

		Integration
Collect samples following the procedures detailed in the laboratory manual.		
*	Have biosamples for future analysis been collected?	○ Yes ○ No, none were collected

Contraception (Baseline)

V1

Contraception - (Contraception)	[CONTRACEPTION_BASE] - Non-repeating

		Integration
*	Has contraceptive counselling been provided?	○ Yes ○ No
*	Is the subject using highly effective contraception as defined in the protocol? *Remember to update Concomitant Medication*	○ Yes ☐ Combined (oestrogen- and progestogen-containing) hormonal contraception associated with inhibition of ovulation ☐ Progestogen-only hormone contraception associated with inhibition of ovulation ☐ Intrauterine device *(IUD)* ☐ Intrauterine hormone-releasing system *(IUS)* ☐ Bilateral tubal occlusion *(including bilateral ligation)* ☐ Vasectomised partner ☐ Same-sex partner(s) ☐ Sexual abstinence ○ No

Form to be dynamically triggered from the ‘Childbearing Potential’ form for female subject and should only appear/filled in if the Childbearing potential is answered as YES.

Contraception (Follow-up)

V2, V4, V5, V6, V7, V8, V10, V12, V14, V16, V18, V19, V19A, V20

Contraception - (Contraception)	**[CONTRACEPTION_FU] - Non-repeating**

		Integration
*	Has contraceptive counselling been provided at this visit?	○ Yes ○ No ○ Due to pregnancy ○ Subject no longer of childbearing potential ○ Other
*	Since last assessment, has the subject used highly effective contraception as defined in the protocol? *Remember to update Concomitant Medication*	○ Yes ☐ Combined (oestrogen- and progestogen-containing) hormonal contraception associated with inhibition of ovulation ☐ Progestogen-only hormone contraception associated with inhibition of ovulation ☐ Intrauterine device *(IUD)* ☐ Intrauterine hormone-releasing system *(IUS)* ☐ Bilateral tubal occlusion *(including bilateral ligation)* ☐ Vasectomised partner ☐ Same-sex partner(s) ☐ Sexual abstinence ○ No

Form to be dynamically triggered from the ‘Childbearing Potential’ form for female subject and should only appear/filled in if the Childbearing potential is answered as YES.

C-SSRS Baseline (C-SSRS Baseline)

V1

C-SSRS Baseline (C-SSRS Baseline)	[CSSRS_BASELINE] - Non-repeating

Integration

Suicidal Ideation

Ask questions 1 and 2. If both are negative, proceed to 'Suicidal Behaviour' section. If the answer to question 2 is 'Yes', ask questions 3, 4 and 5. If the answer to question 1 and/or 2 is 'Yes', complete the 'Intensity of Ideation' section below.

*	Wish to be Dead	○ No ○ Yes If yes, describe: |A200|
*	Non-Specific Active Suicidal Thoughts	○ No ○ Yes If yes, describe: |A200|
	Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act	○ No ○ Yes If yes, describe: |A200|
	Active Suicidal Ideation with Some Intent to Act, without Specific Plan	○ No ○ Yes If yes, describe: |A200|
	Active Suicidal Ideation with Specific Plan and Intent	○ No ○ Yes If yes, describe: |A200|

Intensity of Ideation

The following features should be rated with respect to the most severe type of ideation (i.e., 1-5 from above, with 1 being the least severe and 5 being the most severe). Ask about time he/she was feeling the most suicidal.

	Most Severe Ideation	○ 1 *(Wish to be dead)*

	○ 2 *(Non-Specific Active Suicidal Thoughts)* ○ 3 *(Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act)* ○ 4 *(Active Suicidal Ideation with Some Intent to Act, without Specific Plan)* ○ 5 *(Active Suicidal Ideation with Specific Plan and Intent)* Description of Ideation: |A200|
Frequency *How many times have you had these thoughts?*	○ Less than once a week ○ Once a week ○ 2-5 times in week ○ Daily or almost daily ○ Many times each day
Duration *When you have the thoughts, how long do they last?*	○ Fleeting - few seconds or minutes ○ Less than 1 hour/some of the time ○ 1-4 hours/a lot of time ○ 4-8 hours/most of day ○ More than 8 hours/persistent or continuous
Controllability *Could/can you stop thinking about killing yourself or wanting to die if you want to?*	○ Easily able to control thoughts ○ Can control thoughts with little difficulty ○ Can control thoughts with some difficulty ○ Can control thoughts with a lot of difficulty ○ Unable to control thoughts ○ Does not attempt to control thoughts
Deterrents *Are there things - anyone or anything (e.g., family, religion, pain of death) - that stopped you from wanting to die or acting on thoughts of committing suicide?*	○ Deterrents definitely stopped you from attempting suicide ○ Deterrents probably stopped you ○ Uncertain that deterrents stopped you ○ Deterrents most likely did not stop you ○ Deterrents definitely did not stop you ○ Does not apply
Reasons for Ideation *What sort of reasons did you have for thinking about wanting to die or killing yourself?*	○ Completely to get attention, revenge or a reaction from others ○ Mostly to get attention, revenge or a reaction from others ○ Equally to get attention, revenge or a reaction from others and to end/stop the pain. ○ Mostly to end or stop the pain (you couldn't go on living with the pain or how you were feeling) ○ Completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling) ○ Does not apply

Suicidal Behaviour

Check all that apply, so long as these are separate events; must ask about all types

*	Actual Attempt	○ No ○ Yes If yes, describe: |A200| Total number of Attempts: |N3| Has subject engaged in Non-Suicidal Self-Injurious Behaviour? ○ Yes ○ No
*	Interrupted Attempt	○ No ○ Yes If yes, describe: |A200| Total number of Interrupted Attempts: |N3|
*	Aborted Attempt	○ No ○ Yes If yes, describe: |A200| Total number of Aborted Attempts: |N3|
*	Preparatory Acts or Behaviour	○ No ○ Yes If yes, describe: |A200|
*	Suicidal Behaviour	○ No ○ Yes
Answer for Actual Attempts Only		
	Most Recent Attempt	Most Recent Attempt Date: UNK/Req☑/: UNK/Req ☑/Req☑ (1900-2035) **Actual Lethality/Medical Damage:** ○ 0. No physical damage or very minor physical damage **Potential Lethality: *Only Answer If Actual Lethality=0*** ○ 0 = Behaviour not likely to result in injury ○ 1 = Behaviour likely to result in injury but not likely to cause death ○ 2 = Behaviour likely to result in death despite available medical care ○ 1. Minor physical damage ○ 2. Moderate physical damage; medical attention needed ○ 3. Moderately severe physical damage; medical hospitalisation and likely intensive care required ○ 4. Severe physical damage; medical hospitalisation with intensive care required ○ 5. Death

Most Lethal Attempt	Most Lethal Attempt Date: UNK/Req☑/: UNK/Req ☑/Req☑ (1900-2035) **Actual Lethality/Medical Damage:** ○ 0. No physical damage or very minor physical damage **Potential Lethality: *Only Answer If Actual Lethality=0*** ○ 0 = Behaviour not likely to result in injury ○ 1 = Behaviour likely to result in injury but not likely to cause death ○ 2 = Behaviour likely to result in death despite available medical care ○ 1. Minor physical damage ○ 2. Moderate physical damage; medical attention needed ○ 3. Moderately severe physical damage; medical hospitalisation and likely intensive care required ○ 4. Severe physical damage; medical hospitalisation with intensive care required ○ 5. Death
Initial/First Attempt	Initial/First Attempt Date: UNK/Req☑/: UNK/Req ☑/Req☑ (1900-2035) **Actual Lethality/Medical Damage:** ○ 0. No physical damage or very minor physical damage **Potential Lethality: *Only Answer If Actual Lethality=0*** ○ 0 = Behaviour not likely to result in injury ○ 1 = Behaviour likely to result in injury but not likely to cause death ○ 2 = Behaviour likely to result in death despite available medical care ○ 1. Minor physical damage ○ 2. Moderate physical damage; medical attention needed ○ 3. Moderately severe physical damage; medical hospitalisation and likely intensive care required ○ 4. Severe physical damage; medical hospitalisation with intensive care required ○ 5. Death

Oracle item design notes:
Key: [*] = Item is required
Integration: A: Argus, Ax: Forms attached in Argus, C: CPR Dashboard, CO: COSMOS, IW: IWRS, P: Impact, N: NEVAS, R: Reports, RT: RTSM

C-SSRS Since Last Visit (C-SSRS Since Last Visit)

V6, V8, V12, V16, V19, V19A

C-SSRS Since Last Visit (C-SSRS Since Last Visit) **[CSSRS_SLV] - Non-repeating**

			Integration
	Suicidal Ideation		
	Ask questions 1 and 2. If both are negative, proceed to 'Suicidal Behaviour' section. If the answer to question 2 is 'Yes', ask questions 3, 4 and 5. If the answer to question 1 and/or 2 is 'Yes', complete 'Intensity of Ideation' section below.		
*	Wish to be Dead	○ No ○ Yes If yes, describe: |A200|	
*	Non-Specific Active Suicidal Thoughts	○ No ○ Yes If yes, describe: |A200|	
	Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act	○ No ○ Yes If yes, describe: |A200|	
	Active Suicidal Ideation with Some Intent to Act, without Specific Plan	○ No ○ Yes If yes, describe: |A200|	
	Active Suicidal Ideation with Specific Plan and Intent	○ No ○ Yes If yes, describe: |A200|	
	Intensity of Ideation		
	The following features should be rated with respect to the most severe type of ideation (i.e., 1-5 from above, with 1 being the least severe and 5 being the most severe).		
	Most Severe Ideation	○ 1 *(Wish to be dead)*	

	○ 2 *(Non-Specific Active Suicidal Thoughts)* ○ 3 *(Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act)* ○ 4 *(Active Suicidal Ideation with Some Intent to Act, without Specific Plan)* ○ 5 *(Active Suicidal Ideation with Specific Plan and Intent)* Description of Ideation: |A200|
Frequency *How many times have you had these thoughts?*	○ Less than once a week ○ Once a week ○ 2-5 times in week ○ Daily or almost daily ○ Many times each day
Duration *When you have the thoughts, how long do they last?*	○ Fleeting - few seconds or minutes ○ Less than 1 hour/some of the time ○ 1-4 hours/a lot of time ○ 4-8 hours/most of day ○ More than 8 hours/persistent or continuous
Controllability *Could/can you stop thinking about killing yourself or wanting to die if you want to?*	○ Easily able to control thoughts ○ Can control thoughts with little difficulty ○ Can control thoughts with some difficulty ○ Can control thoughts with a lot of difficulty ○ Unable to control thoughts ○ Does not attempt to control thoughts
Deterrents *Are there things - anyone or anything (e.g., family, religion, pain of death) - that stopped you from wanting to die or acting on thoughts of committing suicide?*	○ Deterrents definitely stopped you from attempting suicide ○ Deterrents probably stopped you ○ Uncertain that deterrents stopped you ○ Deterrents most likely did not stop you ○ Deterrents definitely did not stop you ○ Does not apply
Reasons for Ideation *What sort of reasons did you have for thinking about wanting to die or killing yourself?*	○ Completely to get attention, revenge or a reaction from others ○ Mostly to get attention, revenge or a reaction from others ○ Equally to get attention, revenge or a reaction from others and to end/stop the pain. ○ Mostly to end or stop the pain (you couldn't go on living with the pain or how you were feeling) ○ Completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling) ○ Does not apply
Suicidal Behaviour *Check all that apply, so long as these are separate events; must ask about all types*	

*	Actual Attempt	○ No ○ Yes If yes, describe: |A200| Total number of Actual Attempts: |N3| Has subject engaged in Non-Suicidal Self-Injurious Behavior? ○ Yes ○ No
*	Interrupted Attempt	○ No ○ Yes If yes, describe: |A200| Total number of Interrupted Attempts: |N3|
*	Aborted Attempt	○ No ○ Yes If yes, describe: |A200| Total number of Aborted Attempts: |N3|
*	Preparatory Acts or Behaviour	○ No ○ Yes If yes, describe: |A200|
*	Suicidal Behaviour	○ No ○ Yes
*	Suicide	○ No ○ Yes
Answer for Actual Attempts Only		
	Most Lethal Attempt	Most Lethal Attempt Date: Req☑/Req☑/Req☑ (2025-2035) **Actual Lethality/Medical Damage:** ○ 0. No physical damage or very minor physical damage **Potential Lethality: Only Answer If Actual Lethality=0** ○ 0 = Behaviour not likely to result in injury ○ 1 = Behaviour likely to result in injury but not likely to cause death ○ 2 = Behaviour likely to result in death despite available medical care ○ 1. Minor physical damage ○ 2. Moderate physical damage; medical attention needed ○ 3. Moderately severe physical damage; medical hospitalisation and likely intensive care required ○ 4. Severe physical damage; medical hospitalisation with intensive care required

○ 5. Death	

Oracle item design notes:
Key: [*] = Item is required
Integration: A: Argus, Ax: Forms attached in Argus, C: CPR Dashboard, CO: COSMOS, IW: IWRS, P: Impact, N: NEVAS, R: Reports, RT: RTSM

Evaluation of Antihypertensive and Lipid-Lowering Treatment

V19

Evaluation of Antihypertensive and Lipid-Lowering Treatment (Eval AH And LL Treat) [EVALUATION_2]

Integration

If relevant, please indicate based on your medical judgment if there is a change in treatment intensity of antihypertensive or lipid-lowering medication(s) from randomisation (V2) to week 64 (V19).

The evaluation should be based on whether an overall change has occurred of antihypertensive or lipid-lowering medication(s) (i.e., either increase, decrease or no change) after reviewing all available relevant information e.g., changes in drug dose, drug class, number of drugs or a combination of these.

Please ensure consistency between the reported concomitant medication and your below evaluation.

1.*	Has the subject received treatment for hypertension during the period between visit 2 and visit 22A? *If yes, please provide an answer in item 2.*	○ No ○ Yes
2.	Is the subject taking hypertension medication at this visit? *If yes, indicate the change in anti-hypertensive treatment intensity since visit 2.* ***Increase: Examples are:*** *Increase in dose of existing medication* *Initiation of medication (no medication at baseline)* *Additional medication added on top of baseline medication* *Changed to another medication with the purpose of increasing intensity* ***Decrease: Examples are:*** *Decrease in dose of existing medication* *Discontinuation of some medications but not all* *Changed to another medication with the purpose of decreasing intensity*	○ No ○ Yes If yes, please indicate the change in antihypertensives (in treatment intensity) from visit 2 ○ Increase ○ Decrease ○ No change

	No change: Examples are: *Same medication dose and type as baseline* *Changed to different type of medication with same overall treatment intensity* *Change in doses of different medication, but overall same treatment intensity as baseline* *Includes involuntary treatment pauses in the treatment when subject otherwise should have continued*	
3.*	Was the subject treated with lipid-lowering agents during the period between visit 2 and visit 22A? *If yes, please provide an answer in item 4.*	○ No ○ Yes
4.	Is the subject taking lipid-lowering agents at this visit? If yes, indicate the change in lipid-lowering medication intensity since visit 2. ***Increase: Examples are:*** *Increase in dose of existing medication* *Initiation of medication (no medication at baseline)* *Additional medication added on top of baseline medication* *Changed to another medication with the purpose of increasing intensity* ***Decrease: Examples are:*** *Decrease in dose of existing medication* *Discontinuation of some medications but not all* *Changed to another medication with the purpose of decreasing intensity* ***No change: Examples are:*** *Same medication dose and type as baseline* *Changed to different type of medication with same overall treatment intensity* *Change in doses of different medication, but overall same treatment intensity as baseline* *Includes involuntary treatment pauses in the treatment when subject otherwise should have continued*	○ No ○ Yes If yes, please indicate the change in lipid-lowering agents (in treatment intensity) from visit 2 ○ Increase ○ Decrease ○ No change

Hand Grip Test

V2, V8, V19

Hand Grip Test (Hand Grip)	[HAND_GRIP] -Non repeating form

The hand grip strength test must be performed according to the manual, and the result should be recorded to the nearest kilogram..

		Integration
*	Is the subject right-handed, left-handed, or ambidextrous?	¡ Right-handed ¡ Left-handed ¡ Ambidextrous
*	The highest values attained by right-hand grip strength scores *Report the highest of three measurements*	|0 < N3 ≤ 200| ¡ kg
*	The highest values attained by left-hand grip strength scores *Report the highest of three measurements*	|0 < N3 ≤ 200| ¡ kg

Key: [*] = Item is required.

MRI Scan Consent

V1

MRI Scan Consent (MRI Consent)	**[MRI_CONSENT] Non-repeating**

			Integration
*	MRI scan consent obtained?	○ No ○ Yes Date consent obtained Req☑/Req☑/Req☑ (2025-2035)	

Patient Health Questionnaire - PHQ-9

V1, V6, V8, V12, V16, V19, V19A

Patient Health Questionnaire - PHQ-9 (PHQ-9)	**[PHQ9] - Non-repeating**

			Integration
Over the last 2 weeks, how often have you been bothered by any of the following problems?			
*	Little interest or pleasure in doing things	○ Not at all ○ Several days ○ More than half the days ○ Nearly every day	
*	Feeling down, depressed, or hopeless	○ Not at all ○ Several days ○ More than half the days ○ Nearly every day	
*	Trouble falling or staying asleep, or sleeping too much	○ Not at all ○ Several days ○ More than half the days ○ Nearly every day	
*	Feeling tired or having little energy	○ Not at all ○ Several days ○ More than half the days ○ Nearly every day	
*	Poor appetite or overeating	○ Not at all ○ Several days ○ More than half the days ○ Nearly every day	

*	Feeling bad about yourself - or that you are a failure or have let yourself or your family down	○ Not at all ○ Several days ○ More than half the days ○ Nearly every day
*	Trouble concentrating on things, such as reading the newspaper or watching television	○ Not at all ○ Several days ○ More than half the days ○ Nearly every day
*	Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	○ Not at all ○ Several days ○ More than half the days ○ Nearly every day
*	Thoughts that you would be better off dead or of hurting yourself in some way	○ Not at all ○ Several days ○ More than half the days ○ Nearly every day
*	Total score	|N2|
	If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	○ Not difficult at all ○ Somewhat difficult ○ Very difficult ○ Extremely difficult

Weight History (Adults)

Design Notes
If any new approved obesity medication is added, remember to evaluate the need for new submission values and topic codes in the IG.

V1

Weight History – (Weight Hx)	[WEIGHT_HIST] - Non-repeating

Study ID: NNXXXX-XXXX *This form is only to be used for information not collected in the Medical History/Concomitant Illness CRF.*		Integration
*	What was the subject's weight a year ago? *For female subjects: If the subject was pregnant, how much did she weigh before the pregnancy?*	|xxx.x| ○ kg ○ lb
*	What has been the subject's maximum weight? *For female subjects: exclude times when the subject was pregnant*	|xxx.x| ○ kg ○ lb

*	How old was the subject when they reached their maximum weight?	|N3| Years
*	In the subject's own opinion, when did they first develop overweight?	○ In childhood ○ In adolescence ○ In adulthood
	When was the onset of overweight? *For female subjects only*	In relation to a pregnancy ○ Before ○ After ○ Subject has not been pregnant In relation to menopause ○ Before ○ After
*	What has been the lowest weight of the subject as an adult?	|xxx.x| ○ kg ○ lb
*	How many times has the subject intentionally lost ≥ 11 lb/5 kg?	○ 0 ○ 1-2 ○ >3
	Has the subject ever considered bariatric surgery?	○ No ○ Yes Provide further details regarding bariatric surgery: ☐ Discussed bariatric surgery with a healthcare provider ☐ Begun preparations for bariatric surgery ☐ Been deemed ineligible for bariatric surgery due to health risks ☐ Been offered bariatric surgery, but declined ☐ Undergone bariatric surgery
	Does the subject have any family history of overweight or obesity?	○ No ○ Yes

	This is only related to genetic family relations	
*	Has the subject tried any weight loss methods, regardless of how much weight they lost?	○ No ○ Yes Which of the following methods has the subject tried for weight loss? ☐ Self-directed ☐ Weight loss program ☐ Over-the-counter weight loss aids ☐ Weight loss device or procedure ☐ Intragastric balloon ☐ Endoscopic sleeve gastroplasty ☐ Adjustable gastric banding ☐ Sleeve gastrectomy ☐ Roux-en-Y Gastric Bypass ☐ Biliopancreatic diversion with duodenal switch ☐ One Anastomosis Gastric Bypass or similar *(e.g. mini gastric bypass)* ☐ Liposuction and/or abdominoplasty ☐ Unknown weight loss device or procedure ☐ Prescription medications for obesity
If 'Weight loss device or procedure' is selected in the question above, fill in details below for device or procedure *If 'Prescription medications for obesity' is selected in the question above, fill in details below for each medication selected.*		
(Add entry)		
	Seq. No. [read-only]	|N3|
	Name of the previous prescription medication for obesity *Only drugs that are not part of the subject's current treatment are to be reported here. All current treatments are to be reported on the Concomitant*	○ Phentermine ○ Orlistat ○ Naltrexone/bupropion ○ Lorcaserin ○ Phentermine/topiramate ○ Liraglutide ○ Fenfluramine ○ Amfepramone ○ Dexfenfluramine

Medication form. 'Other' is including drugs used off-label for weight loss	○ Mazindol ○ Etilamfetamine ○ Cathine ○ Clobenzorex ○ Mefenorex ○ Sibutramine ○ Setmelanotide ○ Ephedrine ○ Rimonabant ○ Tirzepatide ○ Semaglutide ~~○ <New approved obesity medication>~~ ○ Other
What were the reason(s) for discontinuing the prescription medication?	☐ Lack of tolerability ☐ Lack of effect ☐ Reached personal weight goal Specify personal weight goal: |xxxxx.| ○ kg ○ lb ☐ Cost of treatment ☐ Other

General item design notes:
Key: [*] = Item is required.

Oracle item design notes:
Seq. no: Calculated in InForm via rule.

Edit checks: If 'Prescription medications for obesity' is selected in the question 'Which of the following methods has the subject tried for weight loss?', then ensure that at least one entry should be present in the prescription medication details section.

Unplanned Procedures

Non-Visit Related

Unplanned Procedures - (~~Unplanned Proc~~ Bariatric)	[XXXXXXXX] - Repeating

Study ID:XXXXXX		Integration
	Seq. No. [read-only]	|N4|
*	Date of procedure	Req☑/Req☑/Req☑ (2025-2035)
*	Procedure type	○ Weight loss surgery ○ Bariatric gastric balloon insertion ○ Bariatric gastric balloon removal ○ Endoscopic sleeve gastroplasty ○ Endoscopic sleeve gastroplasty reversal ○ Gastric banding (includes laparoscopic adjustable gastric band) ○ Gastric band repositioning ○ Gastric band removal ○ Sleeve gastrectomy ○ Gastric bypass (roux-en-y, OAGB or similar) ○ Gastric bypass reversal ○ Biliopancreatic diversion with duodenal switch ○ Liposuction ○ Other Specify: |A200| ○ Knee surgery ○ Baker's cyst excision ○ Right ○ Left ○ Bilateral ¡ Knee joint debridement

Keep this question "Weight loss surgery" item as default

	○ Right ○ Left ○ Bilateral ¡ Arthroplasty revision ○ Right ○ Left ○ Bilateral ○ Partial knee joint replacement ○ Right ○ Left ○ Bilateral ○ Total knee joint replacement ○ Right ~~○ Left~~ ~~○ Bilateral~~ ~~○ Other~~ ~~Specify: |A200|~~ ~~○ Hip surgery~~ ~~○ Partial hip replacement~~ ~~○ Total hip replacement~~ ~~○ Other~~ ~~Specify: |A200|~~ ~~○ Obstructive sleep apnoea surgery~~ ~~○ Septoplasty~~ ~~○ Turbinoplasty~~ ~~○ Tonsillectomy~~ ~~○ Adenoidectomy~~ ~~○ Other~~ ~~Specify: |A200|~~
* Reason for procedure	○ Adverse Event, enter Adverse Event number: |0 < N3| ○ Medical History/Concomitant Illness, enter number: |0 < N3| Was the subject previously ineligible for procedure, now eligible due to weight loss? ○ Yes ○ No ○ Other Specify: |A200|

Key: [*] = Item is required.