



## Weight Loss HRA Questions

Questions	Potential Answers	Customization Info
Name & User Type Options	Myself Caregiver	Required - can customize whether you want to present caregiver field. Can also customize Page Introduction text, Myself selected text, and Someone Else selected text if applicable.
Email Address		Optional - can toggle off email capture. Can also customize the page introduction text on this page.
Sex at Birth	Male Female	Required & Not Customizeable
Height		Required & Not Customizeable
Weight		Required - can customize whether you want BMI calculation shown on screen or not to participant
Gender Pronouns Display & Text		Optional - be default this question is hidden
Ethnicity (Always available)	White Black or African American Hispanic or Latino Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Other Unknown/no answer	Required - can customize the page introduction text that reads by default 'Methodologies for preventative screenings are determined, in part, by sex at birth, age, and ethnicity. Please provide the following information to increase the accuracy of your assessment:'
Race (Only populated if Detailed Race/Ethnic Origin option selected)	White Black or African American Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Other Unknown/no answer	Optional additional question
Ethnic Origin (Only populated if Detailed Race/Ethnic Origin option selected)	Not Hispanic or Latino Hispanic or Latino Unknown/no answer	Optional additional question
Do you use tobacco products?	No, never No, last used more than a year ago No, last used in the past year Yes	Required and not customizable
In a typical week, what types of physical activity do you engage in? Check all that apply.	Moderate activity (examples)  Vigorous activity (examples) None of these	Required and not customizable
Describe your moderate activity in a typical week.	x minutes per day x days a week	Required - can customize text in parentheses - default is '(walking, biking, active yoga, dancing, recreational swimming)'
Describe your vigorous activity in a typical week.	x minutes per day x days a week	Required - can customize text in parentheses - default is '(running, hiking uphill, singles tennis, swimming laps)'
Do you have a (primary care name)? Default: primary care physician	(Not answered) Yes No	Required - can customize the wording of PCP ex/ 'primary care provider' vs 'primary care physician'

	I don't know	
Do you have a (specialist name)? Default: bariatric surgeon	(Not answered) Yes No I don't know	Optional additional question
Is your provider part of {ORGANIZATION_NAME}?	No Yes (not answered)	Optional additional question
Provider Name {label is customizable}	Provider Name	Optional additional question
Is your provider part of {ORGANIZATION_NAME}?	No Yes (not answered)	Optional additional question
Provider Name {label is customizable}	Physician Name	Optional additional question
Does your weight greatly impact the quality of your life?	(Not Answered) No Yes	Required and not customizable
Indicate if you have been diagnosed with any of these common weight-related conditions.	Asthma Obstructive sleep apnea Gastroesophageal reflux disease (GERD) Severe urinary incontinence None of these	Required and not customizable
Indicate if you have been diagnosed with any of these other weight-related conditions.	Debilitating arthritis Obesity-hypoventilation syndrome Pseudotumor cerebri Nonalcoholic liver disease Venous stasis disease None of these	Required and not customizable
Do you have diabetes?	(Not Answered) No diabetes Prediabetes Diabetes (Type 1) Diabetes (Type 2)	Required and not customizable
Waist measurement	Less than {waistMeasurementThreshold} inches {waistMeasurementThreshold} inches or more (Not Answered) Not Applicable (weightCategory != overweight OR normal)	Required and not customizable
Indicate any of these medications you are regularly taking	Blood pressure meds Cholesterol meds Diabetes meds None of these	Required and not customizable
Are your cholesterol numbers within the recommended ranges?	(Not Answered) Yes No I don't know	Required and not customizable
Is your blood sugar within the range recommended by your doctor?	(Not Answered) Yes No I don't know	Required and not customizable
If you had to describe your most recent systolic blood pressure (the first or	(Not Answered)	Required and not customizable

top number), how would you describe it?	Good - Less than 120 Elevated - 120-129 Moderately High - 130-139 High - 140-149 Concerningly High - 150-159 Very High - 160+ I don't know	
If you had to describe your most recent diastolic blood pressure (the second or bottom number), how would you describe it?	(Not Answered) Good - Less than 80 Moderately High - 80-89 High - 90-99 Very High - 100+ I don't know	Required and not customizable