The following questionnaire is a translation. The original questionnaire was written in German.

Questionnaire

Dear Patient

You have undergone an operation to reduce weight (Bariatric Procedure) in our clinic. To learn more about the progress and changes after such an operation we kindly request to fill out the following questionnaire. This will help us to improve our treatment. It takes about 10 minutes to fill out the questionnaire and the evaluation will be anonym.

Thank you for your help.

General Information:

Date: ___________________
Age: ________ years
Sex: □ Female □ Male

Family status: □ Single
□ Married / civil union
□ Widowed

How tall are you: ____________ cm

Current weight: ____________ kg

Information about the operation:

Your weight before the operation?

__________kg

Kind of operation performed?

□ Gastric Bypass □ Sleeve Gastrectomie
□ Gastric Banding □ Biliopancreatic Diversion
How satisfied are you with the result of the operation?
In general the result is:

<table>
<thead>
<tr>
<th>Very good</th>
<th>Good</th>
<th>Satisfactory</th>
<th>Sufficient</th>
<th>Insufficient</th>
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Here you can give us some information why you are not satisfied:

____________________________________________________________________________________________
____________________________________________________________________________________________

How satisfied are you with the following aspect of your body after the operation?

<table>
<thead>
<tr>
<th>Weight:</th>
<th>Very good</th>
<th>Good</th>
<th>Satisfactory</th>
<th>Sufficient</th>
<th>Insufficient</th>
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<tr>
<th>Look in general:</th>
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<thead>
<tr>
<th>Firmness of your tissue:</th>
<th>Very good</th>
<th>Good</th>
<th>Satisfactory</th>
<th>Sufficient</th>
<th>Insufficient</th>
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<tr>
<th>Look of your arms:</th>
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<th>Look of your breast:</th>
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<tr>
<th>Look of your abdomen:</th>
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<th>Look of your thighs:</th>
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<th>Look of your back:</th>
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<tr>
<th>Look of your buttocks:</th>
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Did you know before the operation that you will develop excess skin after massive weight loss?

☐ Yes ☐ No

Has a doctor before the operation informed you about excess skin?

☐ Yes ☐ No

Would you undergo the operation again?

☐ Yes ☐ No ☐ I don’t know

How much weight have you lost since the operation?

Total: __________kg / During the first 6 months after operation__________kg
Do you want to reduce more weight?

- No
- Yes, about _________ kg

How do you judge our attractiveness right now in comparison to your attractiveness before the operation?

<table>
<thead>
<tr>
<th>Much better</th>
<th>Better</th>
<th>Same</th>
<th>Worse</th>
<th>Much worse</th>
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Do you suffer from one of the following conditions right now?

- Intertriginous dermatitis and itching under the excess skin
  - Frequently
  - Occasionally
  - Never

- Problems finding fitting clothes
  - Frequently
  - Occasionally
  - Never

- Difficulties in performing sport because of surplus skin
  - Frequently
  - Occasionally
  - Never

Do you know that there are surgical options to improve body contour deformities?

- Yes
- No

Which options have you heard of?

_________________________________________________________________________________________

_________________________________________________________________________________________

Would you like to have more information about body contouring surgery?

- Yes
- No

Do you wish to undergo body contouring surgery?

- Yes
- No, because______________________________________________________________
Do you have any doubts about complications/problems followed by a body contouring surgery?

- No
- Yes,____________________________________________________________________________________

Have you already undergone any body contouring surgery?

- No
- Yes

- What kind of operation? ________________________________________________________________

- When was the operation? ______________________________________________________________

How high is your desire for body contouring surgery?

Not existent Little Average High Very high

How high is your desire for body contouring surgery in the following body parts?

Arms: Not existent Little Average High Very high
Breasts: Not existent Little Average High Very high
Abdomen: Not existent Little Average High Very high
Thighs: Not existent Little Average High Very high
Back: Not existent Little Average High Very high
Buttocks: Not existent Little Average High Very high

What are your expectations towards benefits from body contouring surgery? (Multiple answers possible)

- Less Itching
- Improvement in physical activity
- Improvement in finding proper clothes
- Improvement in Appearance
- Reduction of feeling ashamed in public
- Improvement in Sexuality
- Improvement in Quality of life
- Improvement of self-confidence
- Improvement in life-balance
- Others: ________________________________________________________________________________
Do you plan to undergo aesthetic operations which are not in relationship with your weight loss (e.g. correction of your nose)

☐ No
☐ Yes,________________________________________________________