## Appendix 1: Relevant weight management services evaluated as part of the Department of Health project (1999)

<table>
<thead>
<tr>
<th>1st Author Year Location</th>
<th>Sample</th>
<th>Study Design</th>
<th>Intervention</th>
<th>Results</th>
<th>Comments and Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleath 1999 UK</td>
<td>198 M &amp; F 20-80 Y ≥4 Appointments</td>
<td>Retrospective observation of clinic data</td>
<td>Diet and lifestyle advice Individual appointments at GP clinic with health visitor on an ongoing basis every 1-4 wks</td>
<td>97% lost wt (median F/UP 52.5mts) ≥1yr after programme ≥10% maintained wt loss</td>
<td>Conclusion: Important to provide F/UP to maintain wt loss. More research needed into effective wt maintenance strategies. Limitations: Retrospective study, observational, intervention varied between individuals.</td>
</tr>
<tr>
<td>Keppie (1999) UK</td>
<td>167 M &amp; F 19-87 Y Referred by HCP</td>
<td>Retrospective record card audit and retrospective patient satisfaction survey</td>
<td>Individual appointments with a dietitian (20min initial, 10min F/UP) includes diet assessment, diet advice and goal setting.</td>
<td>19% lost ≥5kg/5% initial wt 60% lost 0-4.9kg 21% gained wt 87% rated service as “good” or “excellent”</td>
<td>Conclusion: highlighted need for counselling skills and long term monitoring and support. Limitations: retrospective, record keeping difficulties led to missing data, variable episodes of care for individuals, intra- and inter-observer variability.</td>
</tr>
<tr>
<td>Reed (1999) UK</td>
<td>76 F 18-70 Y BMI</td>
<td>Retrospective semi-structured interview with researcher and “AquaFit” sessions attended</td>
<td>Individual dietetic consultation ± weekly “AquaFit” sessions attended</td>
<td>70% lost wt Wt loss= 3.5(±5.5)kg</td>
<td>Conclusion: modest reductions in wt achieved. Highlights the need for long term support and perceived difficulties</td>
</tr>
<tr>
<td>Study</td>
<td>Participants</td>
<td>Methodology</td>
<td>Initial Intervention</td>
<td>Results</td>
<td>Limitations</td>
</tr>
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<tr>
<td>Hughes (1999) UK</td>
<td>50 M &amp; F 22-75 Y Type 1 &amp; 2 DM BMI ≥ 30kg/m² HBA1c &gt; 7%</td>
<td>Retrospective evaluation of quantitative data</td>
<td>Initial individual session with monthly F/UP behaviour change sessions with DSD and/or DSN. Optional weekly group sessions based on increasing knowledge.</td>
<td>6mts: 33% lost ≥ 2.5kg 12mts: 25% lost ≥ 2.5kg 18mts: 23% lost ≥ 2.5kg</td>
<td>Conclusion: Group sessions may promote sustained weight loss. Focus on behaviour change resulted in moderate weight loss in patients previously resistant to intervention. Limitations: Retrospective, included patients initially resistant to intervention, small numbers, magnitude of wt loss not reported.</td>
</tr>
<tr>
<td>Williams (1999) UK</td>
<td>15 F 26-59 Y Asian BMI ≥ 25kg/m²</td>
<td>Retrospective evaluation</td>
<td>14 weekly group sessions with dietitian, link worker and fitness instructor. Sessions included: discussion of individual progress, 45min exercise and discussion on healthy eating. F/UP interview 17mts from baseline.</td>
<td>13 attended F/UP 77% lost wt during intervention, 2.6kg (0.7 to 10.7) 62% lost wt from last visit to F/UP, 2.4kg (0.4 to 7.5) 85% lost wt from initial visit to F/UP, 3.2kg (0.4-8.2)</td>
<td>Conclusions: Modest wt loss shown over 17mts through changes made to diet and activity. Limitations: No mean baseline data presented, small numbers, variable attendance at group. Interviews were carried out by group leaders, possible observer and respondent bias (reluctant to offend), translation of Asian language into English, possible error.</td>
</tr>
</tbody>
</table>
### Appendix 2: Studies assessing UK based weight management interventions

<table>
<thead>
<tr>
<th>1st Author Year Location</th>
<th>Sample</th>
<th>Study Design</th>
<th>Intervention</th>
<th>Results</th>
<th>Comments and Limitations</th>
</tr>
</thead>
</table>
| **Read 2004 UK** | 203 M & F | Pilot intervention study | 7 2hr dietitian led group sessions at 2 wk intervals. 2 hr sessions at 4, 6, 9 and 12 months. Sessions included: healthy eating, physical activity, food and feelings. | **0-3 months**<br>
**Wt:** -3.1kg (-2.4 to -3.7kg; P<0.001)<br>**BMI:** -1.1 kg/m$^2$ (-0.9 to 1.4 kg/m$^2$; P<0.001)<br>**WC:** -4.9cm (-4.0 to -5.8cm; P<0.001)<br>**%BF:** -1.1% (-0.6 to -1.6; P<0.001)<br>**SBP:** -8.3mmHg (-5.2 to -11.5mmHg; P<0.001)<br>**DBP:** -2.8mmHg (-0.5 to -5.1; P=0.02)<br>**TC:** -0.22mmol/L (-0.10 to -0.33mmol/L; P<0.001)<br>**TG:** -0.20mmol/L (-0.07 to -0.33; P=0.004) | Conclusion: Weight loss at 3 months was maintained to 12 months with less intensive support. Limitations: Attrition rate 66%, therefore patient retention and follow-up were difficult. |
| **Counterweight Project Team 2005 UK** | 1549 M & F BMI ≥ 30kg/m$^2$ | Cohort Study | Nurse-led patient intervention: 60% individual 30% group 2% individual + group 1% pharmacotherapy 5% dietitian | **3 months**<br>
26% ≥ 5% weight loss (mean:-3.3kg*)<br>6 months (**n=492**)<br>38.2% ≥ 5% weight loss (mean:-4.2kg*)<br>12 months (**n=445**)<br>32.6% ≥ 5% weight loss (mean:-3.2kg*) | Conclusion: indicative results show a promising model for weight management in primary care. Limitations: No data available yet on other |
| Rapoport 2000 UK | 63 F | BMI ≥ 28kg/m² | Self-Referral | RCT | 10 2 hr weekly sessions led by dietitian and health psychologist in GP surgeries/health clinics. Treatment either modified or standard cognitive behavioural therapy. | Weight loss at 10 weeks:<br>M-CBT (n=31): -1.3kg* (P>0.05)<br>S-CBT (n=32): -3.9kg* (P<0.001)<br>Weight loss at 52 weeks:<br>M-CBT (n=30): -2.1kg* (P=0.02)<br>S-CBT (n=28): -3.8kg* (P=0.03) | Conclusions: Both programmes were effective in achieving moderate weight loss in obese women, the effects maintained to 1yr. Limitations: Observer bias, the same therapists delivered each session. Reliance on self-reporting of diet and physical activity. |
| Frost 2002 UK | 103 M & F | BMI ≥ 28kg/m² with T2DM | BMI ≥ 35kg/m² without T2DM | Retrospective group comparison | Dietitian-led. 7 appointments in 6 months with phone call every 2 wks. Goal setting based around diet and physical activity. Subjects required to lose 2.5kg in initial 4wks. | Weight loss at 6 months:<br>Lifestyle + Orlistat versus control (n=26): -7.8±0.7kg vs -1.8±0.4kg (P≤0.001)<br>Lifestyle alone versus control (n=8): -4.1±0.7kg vs -1.8±0.4kg (P≤0.05)<br>Orlistat alone versus lifestyle alone (n=18): -9.4±0.8kg vs -4.1±0.7kg (P=0.04) | Conclusions: interventions including lifestyle advice with or without Orlistat can achieve moderate weight loss up to 6months. Limitations: Small study numbers. No long term follow-up. Historical control data used, age- sex- and wt-matched. |

**Key:**
- M=Male
- F=Female
- Y=Years
- BMI=Body Mass Index
- CHD=Coronary Heart Disease
- Wk=Week
- WC=Waist Circumference
- Wt=Body Weight
- TC=Total Cholesterol
- T2DM=Type 2 Diabetes Mellitus
- DSN=Diabetes Specialist Nurse
- HCP=Health Care Professional
- DSD=Diabetes Specialist Dietitian
- PA=Physical Activity
- Hr=Hour
- %BF=Percentage Body Fat
- SBP=Systolic Blood Pressure
- DBP=Diastolic Blood Pressure
- TG=Triglycerides
- *=standard deviation not reported
- F/UP=Follow-Up
Appendix 3: Semi-structured interviews

In order to become more familiar with the programme and investigate possible questions and responses for the participant questionnaire, it was necessary to first use a qualitative approach (Boynton and Greenhalgh, 2004). The lead investigator attended a ‘Your Choice’ education day and conducted individual semi-structured interviews with six participants. Questions used in the semi-structured interview and answers given by participants were as follows. These responses were used to draft the questionnaire.

<table>
<thead>
<tr>
<th>Question</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>How did you hear about the ‘Your Choice’ programme?</td>
<td>Practice nurse</td>
</tr>
<tr>
<td></td>
<td>General Practitioner</td>
</tr>
<tr>
<td></td>
<td>Dietitian (x 2)</td>
</tr>
<tr>
<td></td>
<td>Attending with spouse</td>
</tr>
<tr>
<td></td>
<td>Cardiac rehab programme</td>
</tr>
<tr>
<td>How long were you waiting to attend the education day?</td>
<td>4 weeks</td>
</tr>
<tr>
<td></td>
<td>1 week (x 4)</td>
</tr>
<tr>
<td></td>
<td>3 weeks</td>
</tr>
<tr>
<td>Was this an appropriate length of time?</td>
<td>Yes (x 6)</td>
</tr>
<tr>
<td>Has the education day been what you expected?</td>
<td>Did not know what to expect (x2)</td>
</tr>
<tr>
<td></td>
<td>Yes (x 4)</td>
</tr>
<tr>
<td>How did you find the staff?</td>
<td>Approachable</td>
</tr>
<tr>
<td></td>
<td>Very nice and understanding</td>
</tr>
<tr>
<td></td>
<td>Very friendly</td>
</tr>
<tr>
<td></td>
<td>Helpful (x 2)</td>
</tr>
<tr>
<td></td>
<td>Easy to ask questions</td>
</tr>
<tr>
<td>What did you learn today?</td>
<td>• About the balance of good health, what foods belong where. How to reduce fat in my diet.</td>
</tr>
<tr>
<td></td>
<td>• How activity can burn calories, and it doesn’t have to be high intensity exercise, I’m going to start gardening now.</td>
</tr>
<tr>
<td></td>
<td>• How to eat healthily.</td>
</tr>
<tr>
<td></td>
<td>• How to read food labels, how much fat and sugar is too much.</td>
</tr>
</tbody>
</table>
- Balance of good health, exercise, healthy diet
- How to control my portions-I’m going to try a smaller plate and have half of it vegetables.

Would you prefer the education day to be in a group or an individual setting? Why?
- Either, I don’t mind
- Group-useful to hear questions from other people
- Group-for support
- Group-good to meet other people in a similar situation
- Group- for company
- Group-to hear other people’s questions

Will you return for a follow-up assessment?
Yes (x 6)

Do you feel confident and/or motivated because of the education day?
Yes (x 2)
No, the same
Yes, as a result of the health assessment
Yes, I hope
Yes, this has been the “push” I needed to make changes

Would you recommend the programme to people in a similar situation to yourself?
Yes (x 6)

Do you have any other comments?
- The 3 monthly assessments are too spaced out, but it is useful for me to have a health check that will be monitored
- The staff are too nice, need to be stricter and more motivating
- The day was fun and interesting and achieved my expectations
- I would have liked more motivation
- None
- The information was very easy to understand and helpful
Appendix 4: Development of the questionnaire

The pilot questionnaire was drafted based on results of the semi-structured interviews, the questionnaire currently used by programme staff and questionnaires used in previous studies (Keppie and Lyon, 1999; Paddock et al., 2000; Toobert et al., 2000; Read et al., 2004). Seven sections were identified: descriptive characteristics; patient satisfaction with the programme; attendance at follow-up appointments; changes in nutritional knowledge; changes in food choices; changes in physical activity; self-efficacy; and quality of life. The questionnaire began with questions on age, gender, how long ago the education day was attended and how participants heard about the programme to help establish trust and an appropriate frame of mind for respondents (Wall et al., 2002). This information was important to obtain as it may influence the responses in the questionnaire. For example, patients who attended recently will have a better memory of the education day and gender can affect response to treatment (Foster and Jeffery, 1986).

Questionnaires were self-administered. Telephone or interview questionnaires are susceptible to interviewer bias and participants may also give answers that they feel are socially acceptable or they think are expected by the investigator, rather than the true responses. Self-administered questionnaires encourage anonymity, but because participants complete the questionnaires with no input from the investigators there is a risk of misunderstanding or omitting questions (Robson, 2002). Alternatively, participants may consistently give the same answer to questions to make answering the questionnaire less arduous.
The questionnaire was divided into sections, which helps respondents focus on one issue at a time. Questions were written in clear, simple language to minimise any confusion. The majority of questions were closed-format. These gave response options instead of asking participants to respond in their own words. The primary advantage is that they are more specific and allow quantitative analysis. A disadvantage is that they limit the possible range of responses envisioned by the investigators (Wall et al., 2002).

Questions were asked as statements, and the participant rated how strongly they agreed by ticking a box. The Likert scale was chosen because it is commonly used in satisfaction questionnaires and is therefore familiar to patients (Paddock et al., 2000). This style is useful for general attitude measurement, is easily understood and quick to complete, generates data suitable for non-parametric statistical analysis (Boynton & Greenhalgh, 2004) and allows the relative importance of the different categories to be analysed (Wall et al., 2002).

Postal questionnaires are a cost effective method of obtaining information from individuals over a wide geographical area (Sim and Wright, 2000), but non-response to postal questionnaires reduces the sample size and can introduce bias (Edwards et al., 2002). Effective strategies to increase response include monetary incentives; use of shorter questionnaires; personalised questionnaires and letters; coloured ink; stamped return envelopes; contacting participants before sending the questionnaire; follow up contact; and providing non-respondents with a second copy of the questionnaire (Edwards et al., 2002).
Appendix 5: Pilot study

The pilot questionnaire was administered via post to ten participants that had attended the ‘Your Choice’ education day: four participants that continued to attend follow-up appointments and six that had been discharged from the programme. The sample size of the pilot study was kept to a minimum because participants of the pilot study could not be included in the main study, as their results would be biased. The questionnaire was administered via post because this method would be used in the main study and it allowed for self-completion. Participants’ comments on the questionnaire were collected via telephone or in person and the necessary changes were made to the questionnaire. Response rate to the pilot questionnaire was high (90%), one person did not receive the postal questionnaire and therefore could not complete it.
# Descriptive Characteristics

1. Age
   - a. 18-29
   - b. 30-39
   - c. 40-49
   - d. 50-59
   - e. 60-69
   - f. 70+

2. Sex
   - a. Male
   - b. Female

3. How long ago did you attend the “Your Choice” education day?
   - a. In the last 6 months
   - b. In the last 12 months
   - c. In the last 18 months
   - d. In the last 24 months

4. How did you hear about the “Your Choice” programme? (tick all that apply)
   - a. Dietitian
   - b. General practitioner(GP)
   - c. Practice nurse
   - d. Cardiac-rehab programme
   - e. Other (please specify)

5. Where did you attend the education day?
   - a. Withington Hospital
   - b. Wythenshawe Park

6. How convenient was the location of the education day?
   - a. Very convenient
   - b. Convenient
   - c. Neither convenient or inconvenient
   - d. Inconvenient
   - e. Very inconvenient

7. The staff on the “Your Choice” programme were...
   - a. Friendly
     - i. Strongly agree
     - ii. Agree
     - iii. Neither agree or disagree
     - iv. Disagree
     - v. Strongly disagree
   - b. Helpful
     - i. Strongly agree
     - ii. Agree
     - iii. Neither agree or disagree
     - iv. Disagree
     - v. Strongly disagree
   - c. Approachable
     - i. Strongly agree
     - ii. Agree
     - iii. Neither agree or disagree
     - iv. Disagree
     - v. Strongly disagree
d. **Understanding**
   
i. Strongly agree ☐
   
ii. Agree ☐
   
iii. Neither agree or disagree ☐
   
iv. Disagree ☐
   
v. Strongly disagree ☐

9. The information given by staff at the education day was easy to understand.
   
a. Strongly agree ☐
   
b. Agree ☐
   
c. Neither agree or disagree ☐
   
d. Disagree ☐
   
e. Strongly disagree ☐

10. The information given by staff at the education day was useful.
    
a. Strongly agree ☐
    
b. Agree ☐
    
c. Neither agree or disagree ☐
    
d. Disagree ☐
    
e. Strongly disagree ☐

11. It was beneficial to be part of a group for the education day.
    
a. Strongly agree ☐
    
b. Agree ☐
    
c. Neither agree or disagree ☐
    
d. Disagree ☐
    
e. Strongly disagree ☐

12. It was useful to measure my weight, blood pressure, heart rate and body fat at the education day.
    
a. Strongly agree ☐
    
b. Agree ☐
    
c. Neither agree or disagree ☐
    
d. Disagree ☐
    
e. Strongly disagree ☐

13. Overall, I was satisfied with the education day.
    
a. Strongly agree ☐
    
b. Agree ☐
    
c. Neither agree or disagree ☐
    
d. Disagree ☐
    
e. Strongly disagree ☐

**Follow-up Appointments**

14. After the education day, did you attend the individual follow-up appointments with a dietitian?
    
a. I attended all appointments (go to Q.16) ☐
    
b. I attended some appointments (go to Q.16) ☐
    
c. I attended no appointments (go to Q.15) ☐
15. If you did not attend any follow-up appointments, what were the reasons for this? (tick all that apply)
   a. The programme would not be useful to me □
   b. Waiting list too long □
   c. I did not want to see the dietitian individually □
   d. Appointment times were inconvenient □
   e. Appointment location was inconvenient □
   f. Length of time between appointments was too long □
   g. Other (please specify) ____________________________

*Please go to Q.20*

16. How long did you have to wait for the 1st follow-up appointment?
   a. Less than 8 weeks □
   b. Between 8 and 12 weeks □
   c. More than 12 weeks □

17. Would you have liked the follow-up appointments to be in a group or an individual setting?
   a. Group □
   b. Individual □
   c. Mix of both □
   d. Don’t mind □

18. Do you find the time between follow-up appointments...
   a. Too long □
   b. Too short □
   c. Just right □

19. If you missed some follow-up appointments, what were the reasons for this? (tick all that apply)
   a. Inconvenient location □
   b. Inconvenient time □
   c. I forgot about the appointment □
   d. I had not met my goals/targets □
   e. I did not feel the appointment would be useful □
   f. Other (please specify) ____________________________

**Nutritional Knowledge**

20. Following the education day, I felt I had a better understanding of the following...
   a. Food groups
      i. Strongly agree □
      ii. Agree □
      iii. Neither agree or disagree □
      iv. Disagree □
      v. Strongly disagree □
Food Choices

21. Have you made any positive changes to your food choices as a result of the education day?
   a. A lot of changes □
   b. A few changes □
   c. No changes (go to Q. 22) □

22. What changes did you make? (tick all that apply)
   a. Low fat dairy products □
   b. Increase fruit and vegetables □
   c. Healthier snacks □
   d. Reduce portion sizes □
   e. Increase fibre □
   f. Healthier choices when eating out/ takeaways □
   g. Other (please specify) __________________________

Physical Activity

23. Did you increase your activity levels as a result of the education day?
   a. Increased a lot □
   b. Increased a little □
   c. No increase (go to Q.25) □
   d. Decreased a little (go to Q.25) □
   e. Decreased a lot (go to Q.25) □

24. If you increased your activity levels, how did you do this? (tick all that apply)
   a. Walking □
   b. Swimming □
   c. Aerobics □
   d. Gym □
   e. Golf □
   f. Exercise at home (e.g. exercise bike/fitness video) □
   g. Other (please specify) __________________________

25. Did you get involved with the SMILE (South Manchester Improving Lives through Exercise) programme as a result of the education day?
   a. Yes □
   b. No □
Self Efficacy and quality of Life

26. Taking part in the education day made me feel more confident about controlling my weight.
   a. Strongly agree □
   b. Agree □
   c. Neither agree or disagree □
   d. Disagree □
   e. Strongly disagree □

27. After the education day, I felt better equipped to make healthier lifestyle and food choices.
   a. Strongly agree □
   b. Agree □
   c. Neither agree or disagree □
   d. Disagree □
   e. Strongly disagree □

29. It was helpful to monitor my weight, blood pressure, heart rate and body fat at the follow-up appointments.
   a. Strongly agree □
   b. Agree □
   c. Neither agree or disagree □
   d. Disagree □
   e. Strongly disagree □

30. What was the most positive element of the education day for you?

31. Is there anything you feel could be done to improve the programme (education day and/or follow-up appointments)?

If you did not attend follow-up appointments, please go to Q. 30

28. The follow-up appointments helped me maintain healthier lifestyle and food choices.
   a. Strongly agree □
   c. Neither agree or disagree □
   d. Disagree □
   e. Strongly disagree □
Comments
Please complete this form when you have finished the questionnaire and bring both with you to your next appointment where I will collect them from you.

1. How long did it take you to complete the questionnaire?

2. Do you think the instructions are easy to follow? If not, please explain why.

3. Do you think the length of the questionnaire is appropriate?

4. Are there any questions that you find confusing? If so, what questions are these and why are they confusing?

5. Do you think the questions are appropriate? If not, why is this?

6. Do you think any questions are unnecessary?
## Results of the pilot study

<table>
<thead>
<tr>
<th>Question</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>How long did it take you to complete the questionnaire?</td>
<td>5 minutes (x 3)</td>
</tr>
<tr>
<td></td>
<td>7 minutes-not as long as expected</td>
</tr>
<tr>
<td></td>
<td>10 minutes (x 4)</td>
</tr>
<tr>
<td></td>
<td>7 minutes</td>
</tr>
<tr>
<td>Do you think the instructions were easy to follow?</td>
<td>Yes (x 4)</td>
</tr>
<tr>
<td></td>
<td>Ok, I was unsure how to answer Q. 8 (the information given by staff was easy to understand)</td>
</tr>
<tr>
<td></td>
<td>Yes. Maybe put instructions in another colour so its easier to read</td>
</tr>
<tr>
<td></td>
<td>Yes- very straightforward</td>
</tr>
<tr>
<td></td>
<td>Use colour to make it easier to read.</td>
</tr>
<tr>
<td>Do you think the length of the questionnaire is appropriate?</td>
<td>It has a lot of questions but doesn’t take too much time to fill in.</td>
</tr>
<tr>
<td></td>
<td>Yes, its fine</td>
</tr>
<tr>
<td></td>
<td>Yes, it is OK</td>
</tr>
<tr>
<td></td>
<td>Yes, not as long as expected</td>
</tr>
<tr>
<td></td>
<td>Yes, it was fine</td>
</tr>
<tr>
<td></td>
<td>No problems filling it in</td>
</tr>
<tr>
<td></td>
<td>Yes (x 3)</td>
</tr>
<tr>
<td>Are there any questions you find confusing?</td>
<td>No (x 2)</td>
</tr>
<tr>
<td></td>
<td>Question 8, I did not know where to tick the box</td>
</tr>
<tr>
<td></td>
<td>Question 14, I did not read the instruction in Q.14 and answered Q.15 even though it did not apply to me.</td>
</tr>
<tr>
<td></td>
<td>Question 14: I ticked the wrong box because I attended some, rather than all my appointments.</td>
</tr>
<tr>
<td></td>
<td>No, questions were just right.</td>
</tr>
</tbody>
</table>
| Do you think all the questions are appropriate? If not, why is this? | Could change “follow-up appointment”, to follow-up health assessment as this is what the dietitian calls it.

Question 8 and 20, maybe put sub-sections in different colour so easier to read.

Question 18: “do you find” changed to “do you think” because it is clearer language

The questions on activity are not relevant to me because I have a disability. Also, I didn’t answer questions on follow-up because I only attended one appointment.

If you did attend some follow-up assessments, but then were discharged from programme because you felt you didn’t need it anymore, there is no question addressing this.

Yes

Why not ask if the program has worked or not?

In the follow-up section, I have not attended appointment yet because I missed my first one due to inconvenient time, also I did not see the instruction to go to question 20 on the questionnaire.

Yes, on question 4 I heard about programme from a friend (other) and on question 24 I took up Tai Chi (other).

Yes, some did not apply to me because of my circumstances (did not attend follow-up appointments).

Question 16 (how long did you wait until first appointment) was not appropriate because everybody waits the same length of time (3 months).

Question 14-dietitian calls them follow-up health assessments. A bit confusing because attended some, but now am not attending any. Maybe just answer yes and no.

Question 16-everybody waits 3 months for appointments.

Question 16 everybody waits 3 months. |
|---|
| Do you think any questions are unnecessary? | No (x 6)

Question 16

Question 16-everybody waits 3 months for appointments.

Question 16 everybody waits 3 months. |
**Additional Comments**

I did not attend my second follow-up appointment because I was disappointed with the service at first follow-up appointment (long wait to see dietitian and then in wrong location)

Beneficial to fill in, clear and straight to the point, questions not too personal.

No problems with the questionnaire, in questions with reasons listed, my choices/reasons were always listed, e.g. I did not need to use “other” category.

In multiple choice questions, my choices/reasons were listed and I did not need to use “other” option.

Need to add in a question for people who attended some assessments but then stopped or were discharged.
Appendix 6: Participant information sheet, instructions and questionnaire

Participant Information Sheet

An evaluation of the “Your Choice” weight management programme.

You are being invited to take part in a research study. Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

What is the purpose of the study?
Obesity is a risk factor for many health problems, and weight loss can help reduce these. The “Your Choice” weight management programme has been run by the Community Nutrition Service of South Manchester Primary Care Trust for almost 2 years; the main aim of this study is to evaluate the effectiveness of the programme, and to use the results to improve future practice.

The first part of the study will investigate whether people on the programme changed their weight, blood pressure, body fat or heart rate. This information has already been collected at the education day and follow-up appointments and will be used anonymously. The second part of the study is to find out whether participants’ lifestyle changed as a result of the programme. Your participation in the study refers to you completing the questionnaire and returning it to the lead investigator.

Why have I been chosen?
You have been chosen because you attended the “Your Choice” education day at Withington Hospital or Wythenshawe Park.

Do I have to take part?
It is up to you to decide whether or not to take part. If you decide to take part you are still free to withdraw at any time and without giving a reason. This will not affect the standard of care you receive in any way.

What will happen to me if I take part?
If you decide to take part you can complete and return the enclosed questionnaire. This is all that is required of you in order to take part in this study, and you will not be contacted again. The questionnaire asks about changes in your nutritional knowledge, food choices, activity levels, confidence in losing weight and quality of life while on programme. It also asks about how satisfied you were with the programme, the reasons for not attending follow-up appointments, and any comments you have about the programme.

What are the possible disadvantages and risks of taking part?
If you are sensitive about your weight and/or lifestyle, you may feel a little uncomfortable answering some of the questions in the questionnaire. Please read through the questionnaire before deciding to take part in this study. If you have any questions or concerns, please contact the lead investigator.

**What are the possible benefits of taking part?**
The questionnaire may help you identify parts of your lifestyle that are important in order to help you manage your weight. By completing the questionnaire, you will be contributing to the development of the programme, which will hopefully benefit other participants in the future.

**What if something goes wrong?**
If you wish to complain or have any concerns about any aspect of the way you have been approached or treated during the course of this study, please contact Professor Sarah Andrew, Dean of the School of Applied and Health Sciences, University of Chester, Parkgate Road, Chester, CH1 4BJ, 01244 513055.

If you are harmed by taking part in this research project, there are no special compensation arrangements. If you are harmed due to someone’s negligence (but not otherwise), then you may have grounds for legal action but you may have to pay for this.

**Will my taking part in the study be kept confidential?**
All information that is collected about you during the research will be kept strictly confidential. Only the lead investigator will have access to this information.

**What will happen to the results of the research study?**
The results will be written up as part of the lead investigator's Masters Dissertation. It is hoped that the findings will be used to improve the “Your Choice” programme, and shared to help improve other weight management programmes. Participants will not be identified in any reports or publications.

**Who is organising and funding the research?**
The research is funded by the local Primary Care Trust. The Department of Biological Sciences at the University of Chester will be involved in organising and carrying out the study.

**Who may I contact for further information?**
If you would like more information about the research before you decide whether or not you would be willing to take part, please contact the lead investigator:
Miss Karen Gaynor, C/O Katherine Hanna, Department of Biological Sciences, University of Chester, Parkgate Road, Chester, CH1 4BJ, 01244 511839.

Thank you for your interest in this research.
Instructions for the Questionnaire

- The questionnaire is divided into 7 sections, and contains a total of 31 questions.

- Some questions are asked as statements, and you should answer by ticking the box which best describes how much you agree with the statements. For example…
  a. Strongly agree □
  b. Agree ☑
  c. Neither agree or disagree □
  d. Disagree □
  e. Strongly disagree □

- For other questions, please answer the questions by ticking the box (☑) you feel is most relevant. Please tick only one box, unless the question asks to tick all answers that apply (questions 4, 15, 19, 22 and 24).

- Depending on your personal circumstances, some questions will not apply to you. There are instructions to help guide you around these.

- The final two questions give you the opportunity to add any comments or suggestions about the “Your Choice” programme which you feel may be helpful. If you need more space, please write on the other side of the page, stating the question number.

- It is estimated that the questionnaire will take about 10 minutes to complete. As it is anonymous, you do not have to give your name or any contact details. When you have completed it, please return it to the lead investigator in the enclosed stamped, addressed envelope within 2 weeks.

- Thank you for your time and interest in this research, we look forward to your response should you chose to take part
Descriptive Characteristics

1. Age
   a. 18-29  □  d. 50-59 □
   b. 30-39  □  e. 60-69 □
   c. 40-49  □  f. 70+ □

2. Sex
   a. Male □  b. Female □

3. How long ago did you attend the “Your Choice” education day?
   a. In the last 6 months □
   b. In the last 12 months □
   c. In the last 18 months □
   d. In the last 24 months □

4. How did you hear about the “Your Choice” programme? (tick all that apply)
   a. Dietitian □
   b. General practitioner(GP) □
   c. Practice nurse □
   d. Cardiac-rehab programme □
   e. Friend/relative □
   f. Other (please specify) □

Satisfaction with the programme

5. How long did you have to wait to attend the “Your Choice” education day?
   a. Less than 2 weeks □
   b. Between 2 and 4 weeks □
   c. More than 4 weeks □
   d. Cannot remember □

6. Where did you attend the education day?
   a. Withington Hospital □
   b. Wythenshawe Park □

7. How convenient was the location of the education day?
   a. Very convenient □
   b. Convenient □
   c. Neither convenient or inconvenient □
   d. Inconvenient □
   e. Very inconvenient □

8. The staff on the “Your Choice” programme were…
   a. Friendly
      i. Strongly agree □
      ii. Agree □
      iii. Neither agree or disagree □
      iv. Disagree □
      v. Strongly disagree □
   b. Helpful
      i. Strongly agree □
      ii. Agree □
      iii. Neither agree or disagree □
      iv. Disagree □
      v. Strongly disagree □
   c. Approachable
      i. Strongly agree □
      ii. Agree □
      iii. Neither agree or disagree □
      iv. Disagree □
      v. Strongly disagree □
9. The information given by staff at the education day was easy to understand.
   a. Strongly agree □
   b. Agree □
   c. Neither agree or disagree □
   d. Disagree □
   e. Strongly disagree □

10. The information given by staff at the education day was useful.
    a. Strongly agree □
    b. Agree □
    c. Neither agree or disagree □
    d. Disagree □
    e. Strongly disagree □

11. It was beneficial to be part of a group for the education day.
    a. Strongly agree □
    b. Agree □
    c. Neither agree or disagree □
    d. Disagree □
    e. Strongly disagree □

12. It was useful to measure my weight, blood pressure, heart rate and body fat at the education day.
    a. Strongly agree □
    b. Agree □
    c. Neither agree or disagree □
    d. Disagree □
    e. Strongly disagree □

13. Overall, I was satisfied with the education day.
    a. Strongly agree □
    b. Agree □
    c. Neither agree or disagree □
    d. Disagree □
    e. Strongly disagree □

Follow-up Appointments

14. After the education day, did you attend any follow-up health assessments?
    a. Yes (go to Q.16) □
    b. No (go to Q.15) □

15. If you did not attend any follow-up health assessments, what were the reasons for this? (tick all that apply)
    a. They would not be useful to me □
    b. I was not ready to make healthy lifestyle changes □
    c. I did not want to see the dietitian individually □
    d. Appointment times were inconvenient □
    e. Appointment location was inconvenient □
    f. Length of time between appointments was too long □
    g. I attended the education day in the last 3 months □
    h. Other (please specify) □

Please go to Q.20 now
If you answered “yes” to Q 14, please answer Q16-19.

16. Would you have liked the follow-up health assessments to be in a group or an individual setting?
   a. Group □
   b. Individual □
   c. Mix of both □
   d. Don’t mind □

17. Do you think the time between follow-up health assessments is:
   a. Too long? □
   b. Too short? □
   c. Just right? □

18. If you missed some follow-up assessments, what were the reasons for this? (tick all that apply)
   a. Inconvenient location □
   b. Inconvenient time □
   c. forgot about the appointment □
   d. I had not met my goals/targets □
   e. I did not feel the appointment would be useful □
   f. Other (please specify) □

19. If you stopped attending follow-up assessments or were discharged from the programme, what were the reasons for this? (tick all that apply)
   a. I reached my target weight □
   b. The assessments were not useful to me □
   c. Appointments were inconvenient □
   d. I was not ready to make healthy lifestyle changes □
   e. My personal circumstances changed □
   f. Other (please specify) □

Nutritional Knowledge

20. Following the education day, I felt I had a better understanding of the following:
   a. Food groups
      i. Strongly agree □
      ii. Agree □
      iii. Neither agree or disagree □
      iv. Disagree □
      v. Strongly disagree □
   b. Portion sizes
      i. Strongly agree □
      ii. Agree □
      iii. Neither agree or disagree □
      iv. Disagree □
      v. Strongly disagree □

If you are still attending follow-up health assessments, please go to Q. 20.
c. **Food labelling**
   i. Strongly agree  
   ii. Agree  
   iii. Neither agree or disagree  
   iv. Disagree  
   v. Strongly disagree  

   d. **Healthy food choices**
   i. Strongly agree  
   ii. Agree  
   iii. Neither agree or disagree  
   iv. Disagree  
   v. Strongly disagree  

---

**Food Choices**

21. Have you made any positive changes to your food choices as a result of the education day?  
   a. A lot of changes  
   b. A few changes  
   c. No changes (go to Q. 23)  

22. What changes did you make?  
   (tick all that apply) 
   a. Low fat dairy products  
   b. Increase fruit and vegetables  
   c. Healthier snacks  
   d. Reduce portion sizes  
   e. Increase fibre  
   f. Healthier choices when eating out/ takeaways  
   g. Other (please specify)  

---

**Physical Activity**

23. Did you increase your activity levels as a result of the education day?  
   a. Increased a lot  
   b. Increased a little  
   c. No increase (go to Q. 25)  
   d. Decreased a little (go to Q. 25)  
   e. Decreased a lot (go to Q. 25)  

24. If you increased your activity levels, how did you do this?  
   (tick all that apply) 
   a. Walking  
   b. Swimming  
   c. Aerobics  
   d. Gym  
   e. Golf  
   f. Exercise at home (e.g. exercise bike/fitness video)  
   g. Other (please specify)  

25. Did you get involved with the SMILE (South Manchester Improving Lives through Exercise) programme as a result of the education day?  
   a. Yes  
   b. No
Self-efficacy and Quality of Life

26. Taking part in the education day made me feel more confident about controlling my weight.
   a. Strongly agree ☐
   b. Agree ☐
   c. Neither agree or disagree ☐
   d. Disagree ☐
   e. Strongly disagree ☐

27. After the education day, I felt better equipped to make healthier lifestyle and food choices.
   a. Strongly agree ☐
   b. Agree ☐
   c. Neither agree or disagree ☐
   d. Disagree ☐
   e. Strongly disagree ☐

If you did not attend follow-up appointments, please go to Q. 30

28. The follow-up health assessments helped me maintain healthier lifestyle and food choices.
   a. Strongly agree ☐
   b. Agree ☐
   c. Neither agree or disagree ☐
   d. Disagree ☐
   e. Strongly disagree ☐

29. It was helpful to monitor my weight, blood pressure, heart rate and body fat at the follow-up appointments.
   a. Strongly agree ☐
   b. Agree ☐
   c. Neither agree or disagree ☐
   d. Disagree ☐
   e. Strongly disagree ☐

30. What was the most positive element of the education day for you?

________________________________________________________________________

________________________________________________________________________

31. Is there anything you feel could be done to improve the programme (education day and/or follow-up appointments)?

________________________________________________________________________

________________________________________________________________________

Please return the questionnaire in the pre-paid, self-addressed envelope provided within 2 weeks.

Thank you for taking part in this study-your comments are much appreciated. Karen Gaynor (lead investigator).
Appendix 7: Evidence of ethical approval
# Appendix 8: Responses to Q30 and Q31 in the patient satisfaction questionnaire

<table>
<thead>
<tr>
<th>What was the most positive element of the education day for you?</th>
<th>Category</th>
<th>Is there anything you feel could be done to improve the programme (education day and/or follow-up appointments)?</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not being nagged. Lost 3 ½ stone in 12 months.</td>
<td>D</td>
<td>No</td>
<td>A</td>
</tr>
<tr>
<td>The chance to monitor weight problem</td>
<td>F</td>
<td>Very well organised, no comment</td>
<td>A</td>
</tr>
<tr>
<td>Helps you to look after yourself</td>
<td>D</td>
<td>Would like a group meeting after</td>
<td>E</td>
</tr>
<tr>
<td>Group discussion. Finding out new things.</td>
<td>B</td>
<td>Half rather than all day.</td>
<td>C</td>
</tr>
<tr>
<td>Healthy food</td>
<td>C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enjoyable and very informative</td>
<td>C</td>
<td>A diet programme to follow 3 suggested meals daily with healthy snacks.</td>
<td>D</td>
</tr>
<tr>
<td>Health checks. Learning from questions and answers.</td>
<td>F</td>
<td>Everybody has different levels of knowledge-boredom.</td>
<td>D</td>
</tr>
<tr>
<td>I lost weight</td>
<td>D</td>
<td>No</td>
<td>A</td>
</tr>
<tr>
<td>Learning about protein, carbohydrate, fat</td>
<td>C</td>
<td>Another session at 6 and 12 months after to revive memories.</td>
<td>E</td>
</tr>
<tr>
<td>Support of dietitians, made me feel it would be possible.</td>
<td>A</td>
<td>Have only 2 months between appointments.</td>
<td>E</td>
</tr>
<tr>
<td>Coming face to face with my BMI</td>
<td>E</td>
<td>Recipes for single people-cheap and quick.</td>
<td>D</td>
</tr>
<tr>
<td>Learning about varied food alternatives and the value of different foods. Weight loss.</td>
<td>C</td>
<td>Easy recipes for meal substitutes. Recipes that don’t use rare herbs and spices.</td>
<td>D</td>
</tr>
<tr>
<td>Seeing the amount of salt and sugar in pre-packed food.</td>
<td>C</td>
<td>I think it is really good.</td>
<td>A</td>
</tr>
<tr>
<td>Meeting people in the same situation.</td>
<td>B</td>
<td>Follow-up group education sessions.</td>
<td>E</td>
</tr>
<tr>
<td>Being in a group. Good atmosphere. Well presented information.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meeting other people struggling to lose weight.</td>
<td>B</td>
<td>Self help group to support each other. Exercise and walking groups in the evening and weekends.</td>
<td>E</td>
</tr>
<tr>
<td>Made me aware how important the right food is for healthier living</td>
<td>C</td>
<td>How to cook food in a healthier way.</td>
<td>D</td>
</tr>
<tr>
<td>Talking about food intake</td>
<td>B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seeing I was not alone about how I felt</td>
<td>B</td>
<td>Free passes for the gym and swimming pool</td>
<td>G</td>
</tr>
<tr>
<td>I was not alone. Others willing to help.</td>
<td>B</td>
<td>Not really, review main points of education day on several occasions.</td>
<td>A E</td>
</tr>
<tr>
<td>Rethink the importance of health living</td>
<td>E</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A group of people who want to change their eating habits</td>
<td>B</td>
<td>Smile should be extended longer than 3 months with increasingly harder exercises.</td>
<td>G</td>
</tr>
<tr>
<td>Positive push in the right direction</td>
<td>E</td>
<td>More emphasis on the balance between intake/output and exercises. Make other people aware of the programme.</td>
<td>D B</td>
</tr>
<tr>
<td>Being able to express any problems with eating plan</td>
<td>A</td>
<td>Change to more convenient location</td>
<td>C</td>
</tr>
<tr>
<td>Nutritional advice</td>
<td>C</td>
<td>No</td>
<td>A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>More frequent sessions-weekly basis</td>
<td>E</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Misunderstood purpose of education day-though for diabetics.</td>
<td>C</td>
</tr>
<tr>
<td>Learning how to cook low fat meals and a variety of foods.</td>
<td>C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discussing health options</td>
<td>B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning about food groups and interacting with the group</td>
<td>C B</td>
<td>Follow-up appointments in evening, cant get time off work</td>
<td>C</td>
</tr>
<tr>
<td>Lots of info given in a friendly environment</td>
<td>C</td>
<td>Offer in the evenings so don’t have to take hols from work</td>
<td>C</td>
</tr>
<tr>
<td>Able to help my blind partner</td>
<td>D</td>
<td>Unable to reduce blood pressure</td>
<td>F</td>
</tr>
<tr>
<td><strong>Tasting low-fat options and realising I preferred them</strong></td>
<td>C</td>
<td>More cooking/menu planning tips</td>
<td>D</td>
</tr>
<tr>
<td><strong>Getting an appointment to attend the gym</strong></td>
<td></td>
<td>More places to attend dancing classes or social evenings</td>
<td>G</td>
</tr>
<tr>
<td><strong>Helpful information on food groups and portion sizes</strong></td>
<td>C</td>
<td>More overall co-ordination, updates on new activities, occasional newsletter</td>
<td>C E</td>
</tr>
<tr>
<td><strong>Finding out what food to eat and what exercise to do</strong></td>
<td>C</td>
<td>Time management on the day.</td>
<td>C</td>
</tr>
<tr>
<td><strong>Recognising all different foods and their values</strong></td>
<td>C</td>
<td>What to eat for a healthy lifestyle to lose weight</td>
<td>D</td>
</tr>
<tr>
<td><strong>Encouragement given by staff. That a small change in eating and exercise habits can make a difference.</strong></td>
<td>A</td>
<td>Exercise programme offered through SMILE is limited. Needs more interesting and inspiring programme.</td>
<td>G</td>
</tr>
<tr>
<td><strong>Learning how much saturated fat is in food</strong></td>
<td>C</td>
<td>Nothing</td>
<td>A</td>
</tr>
<tr>
<td><strong>Meeting others with similar problems. Identifying possible actions relating to particular problems</strong></td>
<td>B</td>
<td>Motivation. Pain control assessment. Ongoing physiotherapy referrals.</td>
<td>G</td>
</tr>
<tr>
<td><strong>Food labelling</strong></td>
<td>C</td>
<td>Better location. Telephone number to call if not available.</td>
<td>C</td>
</tr>
<tr>
<td><strong>Someone being interested. It was free. Wonderful idea, especially combination of SMILE/education.</strong></td>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Follow-up keeps one aware of slipping by the way-side; it is a sharp shock, so keeps one positive about progress. Support is very important.</strong></td>
<td>F</td>
<td>Include a diet sheet to jump start and encourage loss of weight.</td>
<td>D</td>
</tr>
<tr>
<td><strong>Encouraging me to do something/anything about my weight</strong></td>
<td>E</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>That I got a good understanding about food</strong></td>
<td>C</td>
<td>Have it more often, once a month helped me to lose my weight</td>
<td>E</td>
</tr>
<tr>
<td><strong>Discovering low fat Philadelphia cheese. The recipes were useful</strong></td>
<td>C</td>
<td>Would like more quick and easy recipes</td>
<td>D</td>
</tr>
<tr>
<td><strong>Given advice in friendly non-judgemental way</strong></td>
<td>C A</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Positive instruction by staff</strong></td>
<td>A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Finally getting qualified help. After the education day knowing that the team could be contacted at any time. Knowing there is support is a tremendous help, the programme is excellent

Tips from other people and helping with some of mine

Meeting with others and sharing ideas

Food groups and portion sizes

Sharing problems and being shown products

<table>
<thead>
<tr>
<th>Key: Positive elements of programme</th>
<th>Response category</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Support/encouragement from staff</td>
<td>7</td>
<td>12.5</td>
</tr>
<tr>
<td>B</td>
<td>Support/encouragement from being part of a group</td>
<td>15</td>
<td>26.8</td>
</tr>
<tr>
<td>C</td>
<td>Gained knowledge/information of healthy diet/lifestyle</td>
<td>21</td>
<td>37.5</td>
</tr>
<tr>
<td>D</td>
<td>Patient success</td>
<td>5</td>
<td>8.9</td>
</tr>
<tr>
<td>E</td>
<td>Realisation of being overweight/unhealthy lifestyle</td>
<td>5</td>
<td>8.9</td>
</tr>
<tr>
<td>F</td>
<td>Support from follow-up and monitoring</td>
<td>3</td>
<td>5.4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Key: Elements of programme that could be improved.</th>
<th>Response category</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>No improvements/no comment stated</td>
<td>7</td>
<td>14.9</td>
</tr>
<tr>
<td>B</td>
<td>Raise awareness of the programme</td>
<td>2</td>
<td>4.3</td>
</tr>
<tr>
<td>C</td>
<td>Time/location/organisation of the education day</td>
<td>9</td>
<td>19.1</td>
</tr>
<tr>
<td>D</td>
<td>Provide more information on healthy diet/lifestyles</td>
<td>13</td>
<td>27.7</td>
</tr>
<tr>
<td>E</td>
<td>More frequent follow-up.</td>
<td>10</td>
<td>21.3</td>
</tr>
<tr>
<td>F</td>
<td>Patient success</td>
<td>1</td>
<td>2.1</td>
</tr>
<tr>
<td>G</td>
<td>SMILE service</td>
<td>5</td>
<td>10.6</td>
</tr>
</tbody>
</table>