

## Appendix A. PCORI Discussion Guide: March 25-29, 2014

### 1. INTRODUCTION AND GUIDELINES – 5 MIN

- Welcome and thank you
- Purpose of group - To understand your experience with surgery/weight loss treatment in order to help with patient decision making tool/aid.
- Recording, confidentiality, no right or wrong answers
- Moderator role, timeframe (60 min, restrooms, phones off)
- Introductions – name, where you live, occupation, date of surgery or beginning of weight loss treatment

### 2. LIFE CHANGES SINCE SURGURY/WEIGHT LOSS TREATMENT –30 MIN

- How have things changed for the better in your life and since you had bariatric surgery or began medical weight loss treatment? What things have changed for the worse?
- What were some of the surprises? What changes occurred in your life which were unexpected?
- Just focusing on your **health**, what effects has bariatric surgery/medical weight loss had on your health?
  - Probe diet, side effects, follow up care
- How about your **social life** and relationships, what specific effects did the surgery /medical weight loss have in this area?
  - Probe family and friends
- How about any **lifestyle** changes, your activities, interests, etc., how has the surgery/medical weight loss changed this aspect of your life?
  - Probe effects on work
- Thinking about your **emotions** and personality and the way you feel, how has the surgery/medical weight loss program affected this part of your life?
  - Probe any other psychological related changes
- Overall what would you say are some of the things you struggle with the most since your surgery or starting weigh loss treatment?

**3. DECISION MAKING CRITERIA - 10 MIN**

**Ranking exercise - handout**

Based on our conversation some things seemed to be more important than others when you were making the decision about surgery. Attached is a list of things that could be considerations. I would like you to circle the five items that are/were most important to you personally and then rank them 1 to 5 with 1 being the very most important factor. You will see an “other” category. You may write in there and include anything you don’t see on the list. We will discuss after this.

What are some of the things that you gave a 1 or 2 (most important) and why? (Moderator will go around and get top 2 from each person). Why are these at the top of your list?

**4. POST SURGICAL/MEDICAL WEIGHT LOSS EXPERIENCE – 10 MIN**

- Is there anything that you wish you had known or you wished you had asked about BEFORE having surgery or starting a medical weight loss program?
- Does anyone have any regrets related to having the surgery or starting a medical weight loss program? If yes, what specifically are the regrets? What did you not realize before that you know now?

**5. WRAP – UP AND THANK YOU - 5 MIN**

Before we conclude are there any other comments or advice for us moving forward?