Supplementary Online Content


eAppendix. Compulsive Behaviors Questionnaire (CBQ)

This supplementary material has been provided by the authors to give readers additional information about their work.
Compulsive Behaviors Questionnaire

Please circle the number that best represents your behavior during the past month.

1. How often do you drink alcohol?

   0 ---- 1 ---- 2 ---- 3 ---- 4 ---- 5 ---- 6 ---- 7 ---- 8 ---- 9 ---- 10
   not at all                occasionally                all of the time

   a. Have other people complained about this behavior?

   0 ---- 1 ---- 2 ---- 3 ---- 4 ---- 5 ---- 6 ---- 7 ---- 8 ---- 9 ---- 10
   not at all                occasionally                all of the time

   b. Do you feel you have a problem with this behavior?

   0 ---- 1 ---- 2 ---- 3 ---- 4 ---- 5 ---- 6 ---- 7 ---- 8 ---- 9 ---- 10
   not at all                occasionally                all of the time

2. How often do you use recreational drugs?

   0 ---- 1 ---- 2 ---- 3 ---- 4 ---- 5 ---- 6 ---- 7 ---- 8 ---- 9 ---- 10
   not at all                occasionally                all of the time

   a. Have other people complained about this behavior?

   0 ---- 1 ---- 2 ---- 3 ---- 4 ---- 5 ---- 6 ---- 7 ---- 8 ---- 9 ---- 10
   not at all                occasionally                all of the time

   b. Do you feel you have a problem with this behavior?

   0 ---- 1 ---- 2 ---- 3 ---- 4 ---- 5 ---- 6 ---- 7 ---- 8 ---- 9 ---- 10
   not at all                occasionally                all of the time

3. How often do you smoke cigarettes?

   0 ---- 1 ---- 2 ---- 3 ---- 4 ---- 5 ---- 6 ---- 7 ---- 8 ---- 9 ---- 10
   not at all                occasionally                all of the time

   a. Have other people complained about this behavior?
b. Do you feel you have a problem with this behavior?

4. How often do you go shopping?

a. Have other people complained about this behavior?

b. Do you feel you have a problem with this behavior?

5. How often do you engage in gambling?

a. Have other people complained about this behavior?

b. Do you feel you have a problem with this behavior?

6. How often do you engage in sexual activity?
a. Have other people complained about this behavior?

b. Do you feel you have a problem with this behavior?

7. How often do you use the internet?

a. Have other people complained about this behavior?

b. Do you feel you have a problem with this behavior?

8. How often do you engage in physical exercise?

a. Have other people complained about this behavior?
b. Do you feel you have a problem with this behavior?

0 ----1----2----3----4----5----6----7----8----9----10
not at all occasionally all of the time

9.) Are you currently in therapy? YES NO

10.) Please only answer **post-surgery**: Since your surgery, have you engaged in any behaviors that you think or feel substitute for eating?

    YES NO

*If so, what behaviors:* ________________________