

## Supplementary Online Content

Conason A, Teixeira J, Hsu CH, Puma L, Knafo D, Geliebter A. Substance use following bariatric weight loss surgery. *Arch Surg*. Published online October 15, 2012. doi:10.1001/2013.jamasurg.265.

### **eAppendix.** Compulsive Behaviors Questionnaire (CBQ)

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



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

**4. How often to do you go shopping?**

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

**5. How often to you engage in gambling?**

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

**6. How often to you engage in sexual activity?**

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

**7. How often do you use the internet?**

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

**8. How often do you engage in physical exercise?**

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

