

SUPPLEMENT III

Fear of Weight Gain

Please check the box that best describes how often you worry about each of the following items.

	Never	Rarely	Sometimes	Often	Almost Always
1. I worry about gaining weight	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2. I worry that my diabetic treatment makes me gain weight	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3. I worry about not being able to stabilise my weight	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 4