

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.

eAppendix: Compulsive Behaviors Questionnaire (CBQ)

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?*

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

