

NAME/ID:

DATE:

Current Weight: _____ kg lbs

Date checked: _____ n/a

Height: _____ feet/inches cm

*Body Mass Index (BMI): _____ *To be calculated by clinician

Blood Pressure: _____/_____ mmHg

Date checked: _____ n/a

Fasting Glucose: _____ mmol/L mg/dl

Date checked: _____ n/a

HbA1c: _____ %

Date checked: _____ n/a

We are interested in your own beliefs about your weight. We are NOT interested in what others believe or may wish you to believe.

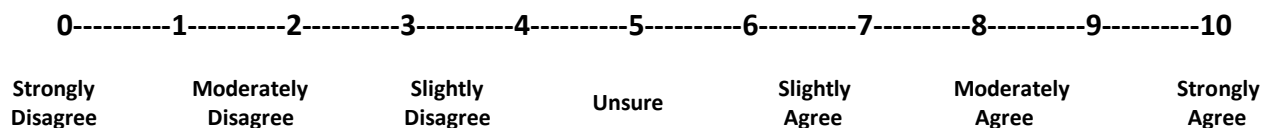
Indicate if you have ever had any of the following health related experiences by reading the questions and marking either Yes or No.

	Yes	No
A) Do you regularly have trouble breathing, particularly with movement (i.e. walking, running, climbing stairs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
B) Do you regularly have trouble sleeping at night?	<input type="checkbox"/>	<input type="checkbox"/>
C) Do you regularly wake up gasping for air?	<input type="checkbox"/>	<input type="checkbox"/>
D) Are you regularly fatigued?	<input type="checkbox"/>	<input type="checkbox"/>
E) Do you regularly feel down or depressed?	<input type="checkbox"/>	<input type="checkbox"/>
F) Do you avoid being around other people?	<input type="checkbox"/>	<input type="checkbox"/>
G) Do you regularly have aches and pains?	<input type="checkbox"/>	<input type="checkbox"/>
H) Do you frequently have chest pain, particularly with movement (i.e. walking, running, climbing stairs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
I) Do you sometimes lose control of your bladder?	<input type="checkbox"/>	<input type="checkbox"/>
J) Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

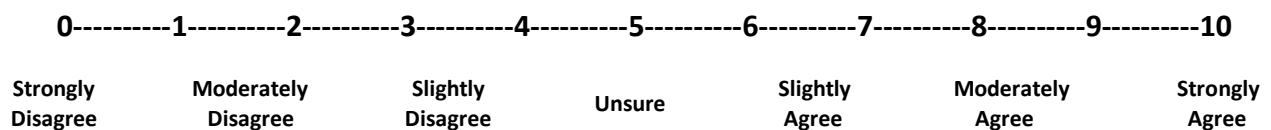
If 'NO' to ALL of the above, please go to the next page.

If 'YES' to any of the above, indicate the extent to which you agree or disagree at the present moment with each of the following statements by circling the appropriate number, keeping in mind your health related experiences.

1) My experiences are due to being overweight or obese.

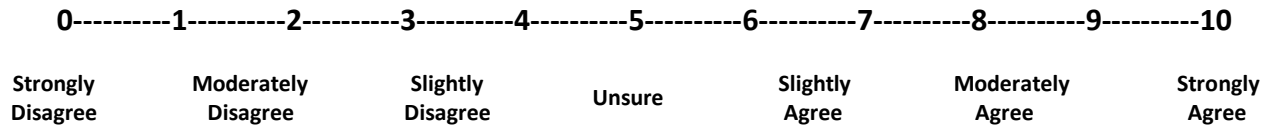


2) My experiences are due to other reasons than my weight regardless of what other people think (e.g. doctors, family, friends, etc.).

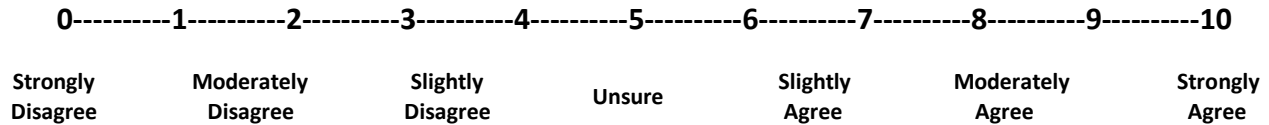


Please indicate the extent to which you agree or disagree at the present moment with each of the following statements by circling the appropriate number.

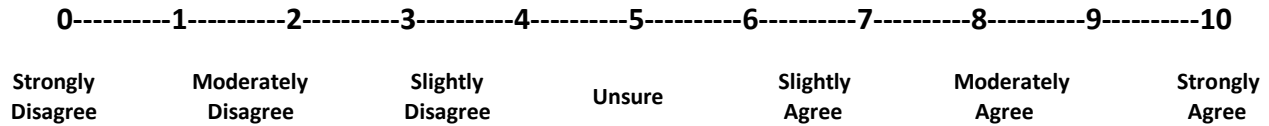
3) I have an excessive amount of body fat.



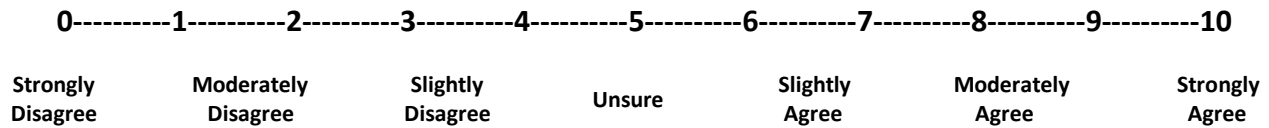
4) I NEED to make or maintain healthy life style changes to improve my diet and increase the amount I exercise.



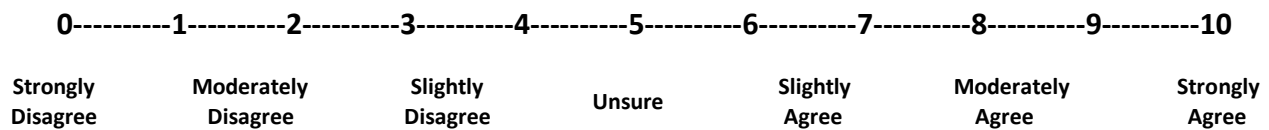
5) I am at a healthy weight.



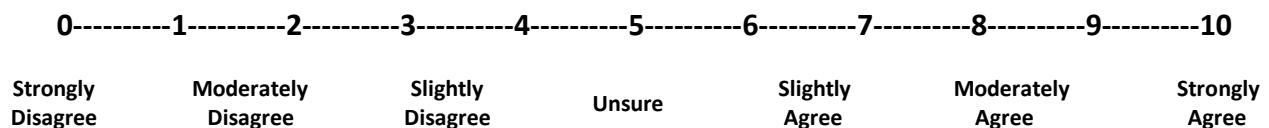
6) I can safely carry on my current lifestyle (i.e. eating and exercising as I currently do).



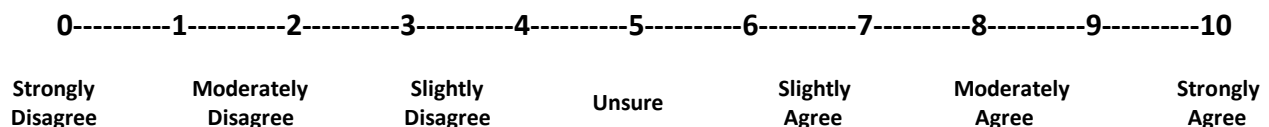
7) My weight has led or can lead to negative health consequences (e.g. high cholesterol, hypertension, diabetes, heart disease, depression, etc.).



8) I am overweight or have obesity (i.e. Body Mass Index greater than 25 = overweight; Body Mass Index greater than 30 = obese).



9) I need weight loss treatment.



THE END

NAME/ID:

DATE:

Awareness Category	Calculation	Score ¹
Illness Awareness	$Q3___ + (10 - Q5___) + Q8___$ $\div \text{total \# of responses}___$	
Symptom Attribution	$Q1___ + (10 - Q2___)$ $\div \text{total \# of responses}___ *$ <p style="text-align: center;">*Exclude questions indicated as N/A</p>	
Awareness of Need for Treatment	$Q4___ + (10 - Q6___) + Q9___$ $\div \text{total \# of responses}___$	
Awareness of Negative Consequences	$Q7___$	
	Subtotal (sum of scores)	
OASIS Average Total Score²	$\text{Subtotal} \div ___$	

¹ The score for each Awareness Category should be left blank if NO items were completed for that category.

² The Average Total Score calculation should be the Subtotal ÷ 4 or the number of Awareness Categories for which a score could be calculated.

OBESITY EDUCATION

WHAT IS OBESITY?

Body Mass Index (BMI) is a measure that is typically used to see if an individual's weight is appropriate for his or her height. An individual will be categorized as overweight or obese based on the following BMI range:

- Normal weight: BMI between 18.5 and 24.9
- Overweight: BMI between 25 and 29.9
- Obese: BMI of 30 or greater

If an individual is overweight or obese, his/her weight is considered too heavy for his/her height.

WHAT ARE THE SYMPTOMS OF OBESITY?

Common symptoms of obesity include difficulties breathing (particularly with movement), trouble sleeping at night, regularly feeling fatigued or depressed, regularly having aches and pains, including chest pain, and occasionally losing control of one's bladder.

WHAT ARE THE CONSEQUENCES OF OBESITY?

Being obese increases a person's risk of developing several serious health issues, including diabetes, high blood pressure, high cholesterol, heart disease, stroke, asthma, sleep apnea, and cancer. Obesity may also contribute to a person dying younger than expected.

WHAT ARE THE TREATMENT OPTIONS FOR BEING OVERWEIGHT OR OBESE?

Lifestyle changes, including dietary modifications and increased physical activity, are important to losing weight. In severe obesity, for those who have not been able to lose weight through diet and exercise, medication and surgery are options.

* Please note that this manual is for the original psychometrically tested scale (<https://www.sciencedirect.com/science/article/pii/S2451847618300046>).

This version includes **Item 2**, which was excluded from the updated version due to weak internal consistency.

INSTRUCTION MANUAL

The OASIS measures the core domains of illness awareness in obesity, including general illness awareness, accurate symptom attribution, awareness of need for treatment, and awareness of negative consequences.

OASIS is the first validated, obesity-specific instrument that reliably and comprehensively measures subjective obesity awareness. Item development was guided by existing theoretical models and previously validated scales of illness awareness in other conditions such as neuropsychiatric disorders. OASIS show good psychometric properties with strong internal consistency, convergent and discriminant validity, and test-retest reliability. The 9-item scale can be completed in less than 2 minutes. Each scale item consists of a 10-point Likert scale to capture small differences in awareness. OASIS can be used clinically and for research, including epidemiological studies and prospective treatment trials to investigate the extent to which subjective obesity awareness contributes to medication adherence and clinical outcomes; or neuroimaging and neurophysiological studies to identify the neural correlates of obesity awareness.

The OASIS is available for download at www.illnessawarenessscales.com. Please see legal terms of use.

Below you will find instructions on how to use and score OASIS.

Prior to administering OASIS, the participant or the clinician is to enter data on the most recent weight and height, calculated BMI, blood pressure, fasting glucose, and HbA1c level on the top of page 1.

The scale consists of the following:

- 1) **ASSESSMENT OF SYMPTOM ATTRIBUTION (Page 1)**
- 2) **ASSESSMENT OF GENERAL ILLNESS AWARENESS, AWARENESS OF NEED FOR TREATMENT, AND AWARENESS OF NEGATIVE CONSEQUENCES (Page 2)**
- 3) **SCORING SHEET (Page 3)**

The participant should read all content of the OASIS in order to accurately report his/her understanding of his/her illness, symptoms, need for treatment and negative consequences of the illness.

ASSESSMENT OF SYMPTOM ATTRIBUTION (Page 1)

The ASSESSMENT OF SYMPTOM ATTRIBUTION (page 1) consists of an introductory statement indicating that the participant should report on his/her own beliefs about his/her weight and NOT on what others may wish him/her to believe.

We are interested in your own beliefs about your weight. We are NOT interested in what others may wish you to believe.

Indicate if you have ever had any of the following health related experiences by reading the questions marking either Yes or No.

Following the introductory statement, the participant is to report on current or past health-related symptoms in a categorical fashion, i.e. by marking 'Yes' or 'No' beside the listed symptoms. The aim is for the participant to indicate *any* health-related symptoms he/she has ever had.

If the participant reported 'No' to all of the listed symptoms, he/she is instructed to proceed to the next page.

If the participant said 'Yes' to any of the listed symptoms, he/she is instructed to indicate the extent to which he/she agrees or disagrees at the present moment with the

proceeding statement by circling the appropriate number, keeping in mind his/her health-related experience.

	Yes	No
A) Do you regularly have trouble breathing, particularly with movement (i.e. walking, running, climbing stairs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
B) Do you regularly have trouble sleeping at night?	<input type="checkbox"/>	<input type="checkbox"/>
C) Do you regularly wake up gasping for air?	<input type="checkbox"/>	<input type="checkbox"/>
D) Are you regularly fatigued?	<input type="checkbox"/>	<input type="checkbox"/>
E) Do you regularly feel down or depressed?	<input type="checkbox"/>	<input type="checkbox"/>
F) Do you avoid being around other people?	<input type="checkbox"/>	<input type="checkbox"/>
G) Do you regularly have aches and pains?	<input type="checkbox"/>	<input type="checkbox"/>
H) Do you frequently have chest pain, particularly with movement (i.e. walking, running, climbing stairs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
I) Do you sometimes lose control of your bladder?	<input type="checkbox"/>	<input type="checkbox"/>
J) Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

- If 'NO' to ALL of the above, please go to the next page.
- If 'YES' to any of the above, indicate the extent to which you agree or disagree at the present moment with each of the following statements by circling the appropriate number, keeping in mind your health related experiences.

Item 1 and 2 specifically assess the participant's *Symptom Attribution*, i.e. the degree to which the participant is able or unable at the present moment to attribute his/her health-related symptoms (current or past) to his/her weight.

In some cases, a participant may not report any health-related symptoms, which may leave the participant unable to rate item 1 and 2 for the ASSESSMENT OF SYMPTOM ATTRIBUTION (page 1). If this is the case, the participant should leave item 1 and 2 unrated as though it were 'Not applicable', which will allow for proper scoring of OASIS (See SCORING SHEET).

ASSESSMENT OF GENERAL ILLNESS AWARENESS, AWARENESS OF NEED FOR TREATMENT, AND AWARENESS OF NEGATIVE CONSEQUENCES (Page 2)

The ASSESSMENT OF GENERAL ILLNESS AWARENESS, AWARENESS OF NEED FOR TREATMENT, AND AWARENESS OF NEGATIVE CONSEQUENCES (Page 2) consists of an introductory statement indicating that the participant should indicate the extent to which he/she agrees or disagrees at the present moment with the statements from item 3 to item 9.

Please indicate the extent to which you agree or disagree at the present moment with each of the following statements by circling the appropriate number.

Item 3, item 5, and item 8 specifically assesses the participant's *General Illness Awareness*, i.e. the participant's awareness that he/she is overweight or obese (i.e. Body Mass Index greater than 25 = overweight; Body Mass Index greater than 30 = obese).

Item 4, item 6 and item 9 specifically assess the participant's *Awareness of Need for Treatment*, i.e. the participant's awareness of the need for lifestyle modifications (physical activity and dietary changes) or treatment.

Item 7 specifically assesses the participant's *Awareness of Negative Consequences* attributable to the obesity, including e.g., high cholesterol, hypertension, diabetes, heart disease, depression.

SCORING SHEET (Page 3)

The SCORING SHEET (Page 3) allows for the proper scoring of the OASIS' Awareness Categories and Total Score. Step-by-step instructions are provided below.

- 1) Calculate each Awareness Category score by copying the rating from each item of the ASSESSMENT OF SYMPTOM ATTRIBUTION (Page 1), ASSESSMENT OF GENERAL ILLNESS AWARENESS, AWARENESS OF NEED FOR TREATMENT, AND AWARENESS OF NEGATIVE CONSEQUENCES (Page 2) to the corresponding blank space on the SCORING SHEET (Page 3), e.g. if the rating for Item 1 is '8', and Item 2 is '2', then '8' and '2' should be respectively copied to the Q1 and Q2 of the SCORING SHEET (Page 3).

Awareness Category	Calculation	Score ¹
Illness Awareness	$Q3_ + (10 - Q5_) + Q8_$ $\div \text{total \# of responses}_$	
Symptom Attribution	$Q1_ \overset{8}{+} (10 - Q2_ \overset{2}{})$ $\div \text{total \# of responses}_ \overset{2}{*}$ <p><small>*Exclude questions indicated as N/A</small></p>	8

- 2) The calculations in the Calculation column of the SCORING SHEET (page 3) should be performed to generate the Awareness Category scores in the Score column.
- 3) Once calculated, the Awareness Category Scores should be summed to determine the Subtotal.
- 4) The OASIS Average Total Score is calculated by dividing the Subtotal by the number of Awareness Categories for which a score could be determined. The OASIS Average Total Score should be divided by four if all categories were measured. The OASIS Average Total Score should be divided by three if no score was reported for Symptom Attribution.