**HFpEF Medical Interface Mapping Research – Questionnaire – HCPs**
**August 10, 2020**

**Methodology**

- 25-minute online survey

**Screening Criteria:**

- Physician and qualified specialty (primary care physician, clinical cardiologist, heart failure (HF) specialist or those in HF clinics) or NP/PA at a primary care practice or cardiology practice/HF clinic
- In practice/role 3-35 years
- Board certified in qualified specialty (physicians)
- Treats a minimum number of patients with HFpEF and obesity (5 for PCPs and NP/PAs, 10 for other CARDs)

| SECTION S: SCREENER |
| :---: |

**ALL RESPONDENTS**
**S0**     Thank you for your interest in this survey. We appreciate your willingness to participate in this important research on healthcare issues.  Before participating, KJT Group requires you to review the following information:

- KJT Group is a **global market research company**.
- Your responses to this survey will **help the sponsor design new products/services to meet patient needs**.
- Your responses will be kept **strictly confidential** and will never be associated with your name (double-blind).
- We expect, on average, it will take respondents like yourself **25 minutes** to participate.
- Your **participation is voluntary**, and you may choose to stop participating at any time (withdraw consent).

Do you consent to these terms and wish to continue with the survey?

1.  Yes     **CONTINUE**
2.  No      **TERMINATE**

[IF CONSENTS TO TERMS (S0r1) ASK AE1. ELSE TERMINATE]

**CONSENTS TO TERMS (S0r1)**
**AE1**     We are required to pass on to the pharmaceutical company sponsoring the study details of adverse events and/or other safety information - hereinafter referred to as safety information - that are mentioned during this study. Although what you say will be treated in confidence, should you mention safety information during the study, we will need to report it even if you have already reported it to the company or regulatory authorities.

In relation to reporting safety information, situation we need to know if you are willing to waive the confidentiality given to you under the Market Research Codes of Conduct.  In the event that you waive confidentiality in relation to safety information reporting, any personal data provided during the reporting will be processed as follows:

a)   Any personal data in relation to the safety information reported will be forwarded to the project sponsor; and

b)   The project sponsor will record any safety information, including personal data received in the sponsor's global database, in the interests of patient safety and in compliance with all applicable global laws and regulations; and

c)   During the reporting of safety information, the project sponsor will not disclose such personal data to any un-associated third parties, with the exception of any disclosures required by applicable law, regulation or the order of a competent authority.

Do you agree to waive the confidentiality given to you under the Market Research Codes of Conduct in relation to any safety information you report to us? If you agree, your contact details will be forwarded to the sponsor's Safety department for the express and sole purpose of follow-up of such report(s).  Details of safety information maybe reported to regulatory authorities along with your personal data.  All other information provided by you in this study will remain confidential.  If you prefer to preserve the confidentiality of this information, please select 'I do not agree'. If you do so, you can still participate in this survey.

1.   I agree     Please enter your email here:  [MANDATORY OPEN TEXT BOX. MUST BE IN EMAIL FORMAT BUT NO VALIDATION REQUIRED]
2.   I do not agree

[IF AGREES (AE1r1) ASK AE2. IF DISAGREES (AE1r2) JUMP TO AE3]

**AGREES (AE1r1)**
**AE2**     Thank you.  Please note that if your email address is provided during the Adverse Event, other safety information or product complaints reporting, this will not be linked in any way to your responses given during the interview.

Are you happy to proceed with this research?

1.   Yes
2.   No

[IF YES (AE2r1) JUMP TO S3. ELSE TERMINATE]

**DOES NOT AGREE (AE1r2)**
**AE3**     If we become aware of safety information we are obliged to report this to the pharmaceutical company.  We will file this report without giving any of your details.

Are you happy to proceed with this research?

1.   Yes
2.   No

[IF HAPPY TO PROCEED (AE3r1) ASK S3. ELSE TERMINATE]

**HAPPY TO PROCEED (AE2r1 OR AE3r1)**
**S3**     To begin, we would like to gather some basic information to be used for categorization purposes.

Which of the following best describes your professional title?

[ALPHA SORT]
| | | |
|---|---|---|
| 1. | Physician | **CONTINUE** |
| 2. | Nurse Practitioner | **CONTINUE** |
| 3. | Physician Assistant | **CONTINUE** |
| 4. | Physical Therapist | **TERMINATE** |
| 5. | Nurse | **TERMINATE** |
| 6. | Medical Assistant | **TERMINATE** |
| 96. | Other, please specify [MANDATORY TEXT BOX] [ANCHOR] | **TERMINATE** |

[IF PHYSICIAN OR NP/PA (S3r1-3) ASK S5. ELSE TERMINATE]

**PHYSICIAN, NP/PA (S3r1-3)**
**S5**     How many years have you been in [IF PHYSICIAN (S3r1) INSERT "practice beyond your residency or fellowship" ELSE INSERT "your role"]?

[IF PHYSICIAN (S3r1) INSERT "*If you are still in your residency, are currently a fellow, or have not been in practice for at least one year, please enter "0" (zero).* "]

[RANGE: 0-50]
     1.   |_|_|_| # of years

[IF IN PRACTICE/ROLE 3-35 YEARS (S5=3-35) ASK S10. IF ELSE MARK AS NOT QUALIFIED AND CONTINUE]

**PHYSICIAN OR NP/PA (S3r1-3)**
**S7**     In which of the following settings do you **primarily** see patients?

*Please select all that apply.*

[MULTI SELECT. ALPHA SORT]

| | | |
|---|---|---|
| 1. | Physician office | **CONTINUE** |
| 2. | Inpatient hospital | |
| 3. | Outpatient hospital (such as an ER, but not a clinic) | |
| 4. | Clinic (standalone or outpatient) | **CONTINUE** |
| 5. | Ambulatory surgery center | |
| 6. | Government or VA hospital | |
| 96. | Other, please specify [MANDATORY TEXT BOX] [ANCHOR] | **CONTINUE BUT TERM AT S100** |

[IF SEES PATIENTS IN AN OFFICE OR CLINIC SETTING (S7r1,4) ASK S10. IF OTHER SETTING (S7r96) MARK AS NOT QUALIFIED AND CONTINUE. ALL ELSE TERMINATE]

**SEES PATIENTS IN AN OFFICE, CLINIC OR OTHER SETTING (S7/1,4,96)**

**S10** What is your [IF PHYSICIAN (S3/1) INSERT "primary specialty" IF NP/PA (S3/2-3) INSERT "the primary specialty of the practice or clinic where you work"]?

[ALPHA SORT]

| | | |
|---|---|---|
| 1. | Family Practice | **CONTINUE** |
| 2. | General Practice | **CONTINUE** |
| 3. | Internal Medicine | **CONTINUE** |
| 4. | Cardiology | **CONTINUE** |
| 5. | Endocrinology | **TERMINATE** |
| 6. | Rheumatology | **TERMINATE** |
| 7. | Orthopedic | **TERMINATE** |
| 8. | Pulmonology | **TERMINATE** |
| 9. | Neurology | **TERMINATE** |
| 10. | Nephrology | **TERMINATE** |
| 11. | General Surgery | **TERMINATE** |
| 12. | Gastroenterology | **TERMINATE** |
| 13. | Bariatrics/Obesity Medicine | **TERMINATE** |
| 96. | Other, please specify: [MANDATORY TEXT BOX. ANCHOR] | **TERMINATE** |

[IF PHYSICIAN AND QUALIFIED SPECIALTY (S3r1 AND S10r1-4) ASK S10A. IF NP/PA AND WORKS IN PCP OFFICE (S3r2-3 AND S10r1-3) ASK S12. IF NP/PA AND WORKS IN CARD OFFICE (S3r2-3 AND S10r4) JUMP TO S11. ELSE MARK AS NOT QUALIFIED AND CONTINUE]

**PHYSICIAN AND QUALIFIED SPECIALTY (S3r1 AND S10r1-4)**
**S10A** Are you board certified or board eligible in your primary specialty?

| | | |
|---|---|---|
| 1. | Yes | **CONTINUE** |
| 2. | No | **TERMINATE** |

[IF BOARD CERTIFIED IN SPECIALTY (S10Ar1) CONTINUE. ELSE TERMINATE]

**CARDIOLOGIST WHO IS BOARD CERTIFIED OR CARD NP/PA AND IN A PRACTICE ((S3r1 AND S10r4 AND S10Ar1) OR (S3r2-3 AND S10r4) AND S7r1)**
**S10B** Which of the following best describes [IF PHYSICIAN (S3/1) INSERT "your Cardiology sub-specialty" IF NP/PA (S3/2-3) INSERT "the primary specialty of the Cardiology practice where you work"]?

IF NP/PA (S3/2-3) INSERT "*Please select all that apply.*" IF PHYSICIAN (S3/1) INSERT "*Please select only one response.*"

IF PHYSICIAN (S3/1) SINGLE SELECT, IF NP/PA (S3/2-3) MULTISELECT.

1. Clinical/general cardiology
2. Heart failure
3. Cardiac surgery
4. Interventional cardiology
5. Congenital heart disease
6. Cardio-oncology
7. Cardiac rehabilitation
96. Other, please specify: [MANDATORY TEXT BOX. ANCHOR]

**CARDIOLOGIST WHO IS BOARD CERTIFIED OR CARD NP/PA AND IN A CLINIC ((S3r1 AND S10r4 AND S10Ar1) OR (S3r2-3 AND S10r4) AND S7r4)**
**S11** Which of the following best describes the primary specialty of the clinic where you work?

[RANDOMIZE]

1. Clinical/general cardiology
2. Heart failure
3. Cardiac surgery
4. Interventional cardiology
5. Congenital heart disease
6. Cardio-oncology
7. Cardiac rehabilitation
97. Other, please specify: [MANDATORY TEXT BOX. ANCHOR]

[IF HF CLINIC (S11r2c2) ASK S11A. ALL ELSE JUMP TO S12.]

**HF CLINIC (S11r2c2)**
**S11A** What proportion of the time you spend seeing patients is specifically in a heart failure clinic (versus another setting)?

1. |_|_|_|% of time is in a heart failure clinic

**PCP WHO IS BOARD CERTIFIED OR PCP NP/PA ((S3r1 AND S10r1-3 AND S10A/1) OR (S3r2-3 AND S10r1-3))**
**S12** Regardless of your official medical specialization (or the specialty of your office), does your current practice and caseload focus primarily on the treatment of obesity or excess weight?

1. Yes
2. No

**PHYSICIAN AND BOARD CERTIFIED OR NP/PA IN PCP OR CARD OFFICE ((S3r1 AND S10r1-4 AND S10Ar1) OR (S3r2-3 AND S10r1-4))**
**S15** In what state do you primarily work?

*If you work in more than one state, please select the state where you work the majority of the time.*

[INSERT STATE DROP DOWN] **TERMINATE IF VT OR OUS**

**PRACTICES IN THE US BUT NOT VT (S20/1-4 AND S15/NE VT)**
**S20** HIDDEN QUESTION FOR REGION

1. Northeast
[S15=CT, MA, NH, NJ, NY, PA, RI, VT]
2. Midwest
[S15=IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI]
3. South
[S15=AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV]
4. West

[S15=AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY]
5.      Outside of US
        [ALL OTHERS]

[IF PRACTICES IN THE US BUT NOT VT (S20R1-4 AND S15 NE VT) ASK S31. ALL ELSE TERMINATE.]

## PRACTICES IN THE US BUT NOT VT (S20r1-4 AND S15 NE VT)
**S31**    In the past month, approximately how many total adult patients (age 18 and older) did you personally see/treat (in-person or telemedicine) across all conditions and across all care settings?

*Your best estimate is fine.*

> [RANGE: 0-9999]
> 1.    |_|_|_|_| patient(s) in the past month **CONTINUE IF >0**

[IF SAW PATIENTS IN THE PAST MONTH (S31>0) ASK S31A. ALL ELSE TERMINATE.]

## SAW PATIENTS IN THE PAST MONTH (S31>0)
**S31A**    In the past month, out of the [INSERT S31] adult patients you saw/treated (in-person or telemedicine), approximately how many have obesity? Please consider a person with obesity as someone with a Body Mass Index (BMI) of 30 or greater with or without comorbidities.

*Please consider all persons that have obesity, whether or not their weight was discussed during their visit. Your best estimate is fine.*

> [RANGE: 0-S31]
> 1.    |_|_|_|_| patient(s) with obesity in the past month **CONTINUE IF >0**

[IF SAW PWO IN THE PAST MONTH (S31A>0) ASK S35. ALL ELSE TERMINATE.]

## SAW PWO IN THE PAST MONTH (S31A>0)
**S35**    Considering the [INSERT S31A] adult patients you saw in the past month with obesity, approximately how many of these patients are also diagnosed with each of the following conditions?

*Please consider a person with obesity as someone with a Body Mass Index (BMI) of 30 or greater with or without comorbidities. Your best estimate is fine.*

[RANDOMIZE; GROUP CODES 1/10, 2/4]                    [RANGE: 0-S31A]
1.    Type 2 Diabetes                                 |_|_|_|
2.    Cardiovascular disease                          |_|_|_| **CONTINUE IF >0**
3.    Non-Alcoholic Fatty Liver Disease (NAFLD) / Non-alcoholic       |_|_|_|
      steatohepatitis (NASH)
4.    Hypertension                                    |_|_|_|
5.    Dyslipidemia                                    |_|_|_|
6.    Polycystic ovarian syndrome (PCOS)              |_|_|_|
7.    Asthma                                          |_|_|_|
8.    Chronic Obstructive Pulmonary Disease (COPD)    |_|_|_|
9.    Sleep Apnea                                     |_|_|_|
10.   Pre-diabetes                                    |_|_|_|

11. Cancer |_|_|_|

[IF SAW PWO WITH CVD IN THE PAST MONTH (S35r2>0) ASK S38. ALL ELSE TERMINATE.]

**SAW PWO WITH CVD IN THE PAST MONTH (S35r2>0)**
**S38**    Now thinking of the [INSERT S35r2 # OF CVD PATIENTS SEEN IN PAST MONTH] patients diagnosed with cardiovascular disease and obesity that you have seen in the past month, approximately how many of those patients have <u>heart failure</u>?

[RANGE 0-S35r2]
1.   |_|_|_|_| patients with diagnosed with cardiovascular disease and obesity AND <u>heart failure</u> in the <u>past month</u>  **CONTINUE IF >0**

[IF SAW PWO WITH HEART FAILURE IN THE PAST MONTH (S38>0) ASK S39. ALL ELSE TERMINATE.]

**HAS PATIENTS WITH HEART FAILURE (S38>0)**
**S39**    Among your [INSERT S38 # OF HEART FAILURE PATIENTS] patients who have heart failure and obesity, approximately how many have each of the following types of heart failure?

*Preserved function is defined as EF ≥50 percent. Reduced function is defined as EF ≤ 40 percent.*

[ANSWERS DO NOT NEED TO SUM TO S38]

[RANGE: 0-S38]
1.   Heart failure with reduced left ventricular function (HFrEF)    |_|_|_|
2.   Heart failure with preserved left ventricular function (HFpEF)  |_|_|_| **CONTINUE IF >0**

[IF SAW PWO AND HFPEF IN THE PAST MONTH (S39r2>0) ASK S100. ALL ELSE TERMINATE.]

**ALL RESPONDENTS**
**S100**    **FINAL QUOTA QUESTION**                                    **TOTAL N=200**

1.   **QUALIFIED PRIMARY CARE PROVIDER**                                **N=60**
        o   CONSENTS TO TERMS (S0r1)
        o   HAPPY TO PROCEED (AE2r1 OR AE3r1)
        o   PHYSICIAN OR NP/PA (S3r1-3)
        o   IN PRACTICE/ROLE 3-35 YEARS (S5=3-35)
        o   SEES PATIENTS IN AN OFFICE OR CLINIC SETTING (S7r1,4)
        o   FP/GP/IM SPECIALTY (S10/1-3)
        o   IF PHYSICIAN: BOARD CERTIFIED IN SPECIALTY (S10Ar1 IF S3r1)
        o   PRACTICES IN THE US BUT NOT VT (S20r1-4 AND S25 NE VT)
        o   SAW PATIENTS IN THE PAST MONTH (S31>0)
        o   SAW PWO IN PAST MONTH (S31A>0)
        o   SAW PWO WITH CVD IN THE PAST MONTH (S35r2>0)
        o   SAW PWO WITH HEART FAILURE IN THE PAST MONTH (S38>0)
        o   SAW 5+ PWO WITH HFPEF IN THE PAST MONTH (S39r2>4)

2.   **QUALIFIED CLINICAL CARDIOLOGY PROVIDER**                          **N=70**

- o CONSENTS TO TERMS (S0r1)
- o HAPPY TO PROCEED (AE2r1 OR AE3r1)
- o PHYSICIAN OR NP/PA (S3r1-3)
- o IN PRACTICE/ROLE 3-35 YEARS (S5=3-35)
- o SEES PATIENTS IN AN OFFICE SETTING (S7r1)
- o CARD SPECIALTY (S10r4)
- o IF PHYSICIAN: BOARD CERTIFIED IN SPECIALTY (S10Ar1 IF S3r1)
- o CARDIOLOGY TYPE IS CLINICAL/GENERAL CARDIOLOGY (S10Br1)
- o NOT IN A CLINIC OR IS IN A CLINIC BUT NOT HF OR HF BUT NOT 50%+ OF TIME (S7≠ r4 OR (S7r4 AND S11c2≠r2) OR (S7r4 AND S11c2r2 AND S11A<75%)
- o PRACTICES IN THE US BUT NOT VT (S20/1-4 AND S25/NE VT)
- o SAW PATIENTS IN THE PAST MONTH (S31>0)
- o SAW PWO IN PAST MONTH (S31A>0)
- o SAW PWO WITH CVD IN THE PAST MONTH (S35r2>0)
- o SAW PWO WITH HEART FAILURE IN THE PAST MONTH (S38>0)
- o SAW 5+ PWO WITH HFPEF IN THE PAST MONTH IF NP/PA OR 8+ IF MD ((S3/2-3 AND S39r2>4) OR (S3/1 AND S39r2>9)

3. **QUALIFIED HEART FAILURE SPECIALIST PROVIDER**        **N=40**
- o CONSENTS TO TERMS (S0r1)
- o HAPPY TO PROCEED (AE2r1 OR AE3r1)
- o PHYSICIAN OR NP/PA (S3r1-3)
- o IN PRACTICE/ROLE 3-35 YEARS (S5=3-35)
- o SEES PATIENTS IN AN OFFICE SETTING (S7r1)
- o CARD SPECIALTY (S10r4)
- o IF PHYSICIAN: BOARD CERTIFIED IN SPECIALTY (S10Ar1 IF S3r1)
- o CARDIOLOGY TYPE IS HF (S10Br2)
- o NOT IN A CLINIC OR IS IN A CLINIC BUT NOT HF OR HF BUT NOT 50%+ OF TIME (S7≠r4 OR (S7r4 AND S11c2≠r2) OR (S7r4 AND S11c2r2 AND S11A<75%)
- o PRACTICES IN THE US BUT NOT VT (S20r1-4 AND S25 NE VT)
- o SAW PATIENTS IN THE PAST MONTH (S31>0)
- o SAW PWO IN PAST MONTH (S31A>0)
- o SAW PWO WITH CVD IN THE PAST MONTH (S35r2>0)
- o SAW PWO WITH HEART FAILURE IN THE PAST MONTH (S38>0)
- o SAW 5+ PWO WITH HFPEF IN THE PAST MONTH IF NP/PA OR 8+ IF MD ((S3r2-3 AND S39r2>4) OR (S3r1 AND S39r2>9)

4. **QUALIFIED HEART FAILURE CLINIC PROVIDER**        **N=30**
- o CONSENTS TO TERMS (S0r1)
- o HAPPY TO PROCEED (AE2r1 OR AE3r1)
- o PHYSICIAN OR NP/PA (S3r1-3)
- o IN PRACTICE/ROLE 3-35 YEARS (S5=3-35)
- o SEES PATIENTS IN AN CLINIC SETTING (S7r4)
- o CARD SPECIALTY (S10r4)
- o IF PHYSICIAN: BOARD CERTIFIED IN SPECIALTY (S10Ar1 IF S3r1)
- o CARDIOLOGY CLINIC TYPE IS HF (S11c2r2)
- o SPENDS  50%+ OF TIME IN HF CLINIC (S11A≥50%)
- o PRACTICES IN THE US BUT NOT VT (S20r1-4 AND S25 NE VT)
- o SAW PATIENTS IN THE PAST MONTH (S31>0)
- o SAW PWO IN PAST MONTH (S31A>0)
- o SAW PWO WITH CVD IN THE PAST MONTH (S35r2>0)

- o SAW PWO WITH HEART FAILURE IN THE PAST MONTH (S38>0)
- o SAW 5+ PWO WITH HFPEF IN THE PAST MONTH IF NP/PA OR 8+ IF MD ((S3r2-3 AND S39r2>4) OR (S3r1 AND S39r2>9)

**99. NOT QUALIFIED**

**ALL QUALIFIED RESPONDENTS (S100r1-4)**
**S105    ROLE QUOTA**

| | | | |
|---|---|---|---|
| 1. | PCP MD | (S100r1 AND S3r1) | N=30 |
| 2. | PCP NP/PA | (S100r1 AND S3r2-3) | N=30 |
| 3. | CARD MD | (S100r2-4 AND S3r1) | N=110 |
| 4. | CLINICAL CARD NP/PA | (S100r2 AND S3r2-3) | N=10 |
| 5. | HF SPECIALIST NP/PA | (S100r3 AND S3r2-3) | N=10 |
| 6. | HF CLINIC NP/PA | (S100r4 AND S3r2-3) | N=10 |

**ALL QUALIFIED PCPs (S100r1)**
**S110    SOFT QUOTA OBESITY SPECIALIST**

| | | | |
|---|---|---|---|
| 1. | Obesity Specialist | (S12r1) | N=999 |
| 2. | Non-Obesity Specialist | (S12r2) | N=999 |

| SECTION 200:   DIAGNOSIS AND MANAGEMENT OF PWHFO |
|---|

**ALL QUALIFIED RESPONDENTS (S100r1-4)**
**Q200**    You have qualified for the full survey. Thank you for your responses thus far. The remainder of this survey should take approximately 22 minutes to complete. As a reminder, your responses to this survey are critical to the success of this research in helping the sponsor design new products/services to help you support your patients' needs. Your responses will be kept strictly confidential and only reported in combination with other respondents' data. In addition, you may be asked certain questions for quality control purposes.

**ALL QUALIFIED RESPONDENTS (S100r1-4)**
**Q205**    For the remainder of the survey please focus on your patients who are <u>diagnosed with heart failure with preserved ejection fraction (HFpEF)</u> **and** <u>also have obesity (BMI of 30 or greater)</u>.

You indicated you see [INSERT S39_2] adult patients per month who have HFpEF and obesity. Approximately what proportion of these patients fall into each of the age ranges below?

*Your best estimate will do. Your answers must sum to 100%.*

[RANGE 0-100. SHOW CONSTANT SUM INDICATOR. FORCE SUM 100]
                                                Proportion of patients with HFpEF and obesity
1.  Age 18-29                |_|_|_|%
2.  Age 30-45                |_|_|_|%
3.  Age 46-60                |_|_|_|%
4.  Over 60 years old     |_|_|_|%

**ALL QUALIFIED RESPONDENTS (S100r1-4)**
**Q220**    Still thinking of your patients who have HFpEF and obesity, approximately what proportion of these patients are <u>diagnosed</u> with HFpEF in the following ways?

*Your best estimate will do. Your answers must sum to 100%.*

[RANGE 0-100. SHOW CONSTANT SUM INDICATOR. FORCE SUM 100. DO NOT FORCE ZEROS]
                                                                Proportion of patients with HFpEF and obesity
1.  I personally diagnose with HFpEF                |_|_|_|%
2.  Are diagnosed by someone else                   |_|_|_|%
3.  I refer to someone else for diagnosis           |_|_|_|%

[IF DIAGNOSES SOME PWHFO (Q220r1>0) ASK Q225. ELSE SKIP TO PN BEFORE Q232A]

**DIAGNOSES SOME PWHFO (Q220_1>0)**
**Q225**    Thinking of your patients with HFpEF and obesity that **you personally diagnose with HFpEF**, what proportion of these patients do you diagnose in each of the following settings?

*Your best estimate will do. Your answers must sum to 100%.*

[RANGE 0-100. SHOW CONSTANT SUM INDICATOR. FORCE SUM 100. DO NOT FORCE ZEROS. DISPLAY ONLY SETTING OPTIONS SELECTED AT S7, SHOW r4-r5 IF S7r4=1; ALWAYS SHOW OTHER (CODE 96)]
                                                                        Proportion of patients with HFpEF and obesity **who you diagnose**
1.  Office setting                                              |_|_|_|%
2.  Inpatient hospital                                          |_|_|_|%
3.  Outpatient hospital (such as an ER, but not a clinic)   |_|_|_|%

4. Clinic (standalone or outpatient)                                        |_|_|_|%
5. Heart failure clinic (private or hospital affiliated)          |_|_|_|%
96. Other setting                                                              |_|_|_|%


**DIAGNOSES SOME PWHFO (Q220r1>0)**
**Q230**    Thinking of your patients with HFpEF and obesity that **you personally diagnose with HFpEF**, we'd like to understand how you first start the process of diagnosing these patients.

First please think about when you first hear about their HFpEF symptoms before they are formally diagnosed. What proportion of the time are you hearing about symptoms in the following scenarios?

*Your best estimate will do. Your answers must sum to 100%.*

[RANGE 0-100. SHOW CONSTANT SUM INDICATOR. FORCE SUM 100]

|  | Proportion of patients with HFpEF and obesity **who you diagnose** |
|---|---|
| 1. Appointment made specifically to discuss HFpEF symptoms | |_|_|_|% |
| 2. Appointment made for another reason, but HFpEF symptoms came up | |_|_|_|% |
| 3. Acute cardiac event during which I cared for the patient | |_|_|_|% |
| 4. Other scenario not listed | |_|_|_|% |

**DIAGNOSES SOME PWHFO (Q220r1>0)**
**Q232**    When a patient who has obesity (BMI greater than 30) comes to you with symptoms that may indicate HFpEF, what do you typically do to confirm a diagnosis of HFpEF?

*Please select all that apply.*

[RANDOMIZE; GROUP CODES 3-6; MULTIPLE SELECT]
1. Physical exam
2. Physical function test
3. Imaging (e.g., X-Ray, MRI, CT Scan)
4. Order/review blood testing
5. Cardiac catheterization
6. Echocardiogram (Echo)
7. Heart function test
8. Stress test
9. Review patient medical history
10. Refer to a specialist/another physician
96. Other, please specify [MANDATORY TEXT BOX. ANCHOR]

[IF REFERS TO OTHER PHYSICIAN (Q232/10 OR Q220r3>0) ASK S232A. ELSE SKIP TO Q235]

**REFERS TO OTHER PHYSICIAN FOR DIAGNOSIS (Q232r10 OR Q220r3>0)**
**Q232A**    To what provider(s) do you typically refer patients to confirm their diagnosis of HFpEF?

*Please select all that apply.*

[ALPHA SORT. MULTIPLE SELECT]
1. [IF PCP S100r1 "Another"] Primary Care Provider

2. [IF CLINICAL CARD S100r2 "Another"] Clinical/General Cardiologist
3. [IF HF SPECIALIST S100r3 "Another"] Heart Failure Specialist
4. Provider at [IF HF CLINIC S100r4 "another" if S100r1-3 "a"] Heart Failure Clinic
96. Other, please specify: [MANDATORY TEXT BOX. ANCHOR]

**ALL QUALIFIED RESPONDENTS (S100r1-4)**
**Q235**   When you diagnose a patient who has HFpEF and obesity, or see them for the first time (after diagnosis), which of the following topics do you typically cover in that conversation?

*Please select all that apply.*

[MULTIPLE SELECT]
1. Cause of HFpEF
2. Treatments for HFpEF (e.g., lifestyle modifications, prescription medications)
3. How HFpEF is related to or impacts other health conditions
4. Progression of HFpEF
5. Referral to a specialist or other healthcare provider for HFpEF
96. Other, please specify: [MANDATORY TEXT BOX]
97. I do not typically discuss their HFpEF with them [EXCLUSIVE]

**DISCUSSES HFPEF WITH PATIENTS (Q235 NE97)**
**Q235A**   When you diagnose a patient who has HFpEF and obesity, or see them for the first time (after diagnosis), how do you typically <u>explain or refer to</u> their diagnosis?

*Please select all that apply.*

[MULTIPLE SELECT, RANDOMIZE]

1. Heart condition (general)
2. Heart failure (general)
3. "Stiff" heart
4. A "thickened" heart
5. Diastolic heart failure
6. Heart failure with <u>preserved ejection fraction</u>
7. Heart failure with ejection fraction >50%
96. Other, please specify: [MANDATORY TEXT BOX]

**ALL QUALIFIED RESPONDENTS (S100r1-4)**
**Q238**   When you diagnose a patient who has HFpEF and obesity or see them for the first time (after diagnosis): what, if any, resources do you provide to you to help your patients' understanding or management of HFpEF?

*Please select all that apply.*

[MULTIPLE SELECT. RANDOMIZE]
1. Reading material (i.e., pamphlet/brochure, book, magazine) about the condition
2. Website
3. Information on local support group
4. Smartphone app
96. Other, please specify: [MANDATORY TEXT BOX]      [ANCHOR]
97. I do not provide any resources [EXCLUSIVE][ANCHOR]

**DIAGNOSES SOME PWHFO (Q220_1>0)**
**Q239** How frequently do you typically have follow-up appointments with your patients who have HFpEF and obesity after diagnosis <u>specific to HFpEF</u>?

1. Weekly
2. Monthly
3. Bi-monthly (every other month)
4. Quarterly (every 3 months)
5. Bi-annually (every 6 months)
6. Yearly
96. Other, please specify: [MANDATORY TEXT BOX. ANCHOR]
97. I typically do not have follow-up appointments with patients specific to their HFpEF [EXCLUSIVE][ANCHOR]

**ALL QUALIFIED RESPONDENTS (S100r1)**
**QC1** For quality control purposes, please select no.

1. Yes
2. No

**ALL QUALIFIED RESPONDENTS (S100r1-4)**
**Q239A** Thinking of your patients who have HFpEF and obesity, approximately what proportion of these patients do you treat personally or refer for treatment of <u>HFpEF</u>?

*Your best estimate will do.*

[RANGE 0-100. DO NOT FORCE SUM. DO NOT FORCE ZEROS]

|  | Proportion of patients with HFpEF and obesity |
|---|---|
| 1. I initiate HFpEF treatment for patients | \|_\|_\|_\|% |
| 2. I adjust HFpEF treatment for patients | \|_\|_\|_\|% |
| 3. I refer to someone else for treatment of HFpEF | \|_\|_\|_\|% |

**TREATS SOME PWHFO (Q239Ar1>0 OR Q239Ar2>0)**
**Q240** Which, if any, clinical guidelines do you follow for the treatment and management of **HFpEF**?

*Please select all that apply.*

[MULTIPLE SELECT. ALPHA SORT]
1. American Academy of Cardiology (AAC)
2. American Heart Association (AHA)
3. Heart Failure Society of America (HFSA)
4. American College of Cardiology Foundation (ACCF)
96. Other, please specify [MANDATORY TEXT BOX. ANCHOR]
97. None [EXCLUSIVE. ANCHOR]

**TREATS SOME PWHFO (Q239Ar1>0 OR Q239Ar2>0)**

**Q243** What type of treatment(s) do you <u>personally</u> prescribe or recommend to patients with HFpEF and obesity **for the treatment of HFpEF symptoms**?
*Please provide your response for both newly diagnosed patients, as well as those who are on ongoing treatment/management.*

*Please select all that apply.*

[COLUMNS]
1. For patients newly diagnosed with HFpEF
2. For ongoing HFpEF treatment and management of HFpEF

[ROWS. RANDOMIZE]
1. Over the counter pain relievers (e.g., acetaminophen, ibuprofen, etc.)
2. Prescription pain relievers
3. Diruetics  (e.g., Aldactone, CaroSpir, Inspra)
4. Lifestyle changes (e.g., diet and exercise)
5. Beta-blockers (e.g., Sectral, Tonormin, Zebeta, Toprol, Bystolic)
6. ACE inhibitors (e.g., Lotensin, Vasotec, Prinivil, Accupril, Aceon)
7. ARB (e.g., Atacand, Edarbi, Avapro, Diovan, Cozaar, Benicar)
8. Digoxin (Lanoxin)
9. <u>Prescription </u>weight loss medication (e.g., Saxenda, Xenical, Qsymia, Contrave)
96. Other, please specify [MANDATORY TEXT BOX. ANCHOR]
97. I do not prescribe or recommend treatment [ANCHOR, EXCLUSIVE]

**TREATS SOME PWHFO (Q239Ar1>0 OR Q239Ar2>0)**
**Q256** How do you determine when a <u>change in treatment</u> is needed for a patient with HFpEF and obesity?

*Please select all that apply.*

[MULTIPLE SELECT. RANDOMIZE]
1. The patient is not getting adequate relief from HFpEF symptoms on current treatment
2. The patient is having a decline in function or limited in activities of daily living
3. Current treatment regimen is not well tolerated by the patient
4. Change in patient's insurance coverage limits access to current therapies
5. The patient specifically requests a treatment that is appropriate for their condition
6. The patient is unwilling to continue the current treatment regimen
7. The patient's comorbidities or medications for comorbidities restrict treatment options
8. When severity of HFpEF significantly increases (e.g., from moderate to severe)
96. Other, please specify: [MANDATORY TEXT BOX. ANCHOR]
97. I do not typically determine this (someone else does) [ANCHOR; EXCLUSIVE]

**REFERS SOME PATIENTS FOR TREATMENT (Q239Ar3>0)**
**Q260** What percent of your patients with HFpEF and obesity do you typically refer to each type of healthcare provider listed below for <u>ongoing treatment and management of HFpEF</u>?

*Your responses do not need to add to 100%.*

[ALPHA SORT. DO NOT FORCE ZEROS. RANGE 0-100]     Proportion of patients with HFpEF and obesity
1. [IF PCP S100r1 "Another"]  Primary Care Provider                              |_|_|_|%

2.  [IF CLINICAL CARD S100r2 "Another"]  Clinical/General Cardiologist        |_|_|_|%
3.  [IF HF SPECIALIST S100r3 "Another"] Heart Failure Specialist        |_|_|_|%
4.  Provider at [IF HF CLINIC S100r4 "another" if S100r1-3 "a"] Heart Failure Clinic        |_|_|_|%
5.  Bariatric Surgeon        |_|_|_|%
6.  Obesity Medicine Specialist        |_|_|_|%
7.  Endocrinologist        |_|_|_|%
8.  Pulmonologist        |_|_|_|%
9.  Registered Dietician/Nutritionist        |_|_|_|%
96.  Other provider        |_|_|_|%
97.  I do not typically refer any of my patients for ongoing management [EXCLUSIVE. ANCHOR]

[IF REFER TO SPECIALISTS FOR TX/MANAGEMENT (S100/1-4 AND Q260 ANY>0) ASK Q261. IF REFER TO OTHER PROVIDER (Q260R96>1) ASK Q260A. ELSE SKIP TO Q265]

**REFER TO OTHER PROVIDER (Q260r96>0)**
**Q260A**   To what other provider do you refer?

[MANDATORY TEXT BOX]

**HCPS WHO REFER TO SPECIALISTS FOR TX/MANAGEMENT (S100/1-4 AND Q260 ANY>0)**
**Q261**      For each specialist that you refer your patients to for <u>ongoing treatment and management of HFpEF</u>, what are the primary reason(s) for doing so?

*Please note: "Heart Failure" is abbreviated as "HF" in the options below.*

*I primarily refer to this type of provider because the patient…*

[COLUMNS; SHOW ONLY IF RESPONSE AT Q260 >0]
1.  PCP
2.  Clinical/General CARD
3.  HF Specialist
4.  HF Clinic
5.  Bariatric Surgeon
6.  Obesity Medicine
7.  ENDO
8.  PULM
9.  Dietician/Nutritionist
10. [INSERT Q260A IF Q260r96>1]

[ROWS, MULTISELECT.]
1.  [DO NOT USE]
2.  Additional management/treatment of HFpEF
3.  Needs to lose weight (i.e., to undergo surgery, to improve HFpEF prognosis and progression)
4.  Struggles with lifestyle modifications
5.  Needs treatment for comorbidities (e.g, sleep apnea, diabetes, chronic kidney disease)
6.  The patient's HFpEF has progressed (e.g., mild to severe)
7.  Experienced a heart-related acute event (e.g., heart attack)
8.  Requires medications not offered in my practice
96.  Other reason  [POP UP TEXT BOX ON NEXT PAGE IF SELECTED]

**REFERS TO BARIATRIC SURGEONS (Q260r5 > 0)**

**Q263**    How would you describe your level of collaboration with the **bariatric surgeon(s) you refer to** when managing a patient with HFpEF and obesity?

*Use a scale where a "0" indicates "Do not collaborate at all," and a "10" indicates "Actively collaborate."*

| Do not collaborate at all | | | | | | | | | Actively collaborate | |
|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**ALL QUALIFIED RESPONDENTS (S100r1-4)**

**Q265**    What providers **refer patients <u>to you</u>** for <u>ongoing treatment and management of HFpEF</u>?

*Please select all that apply.*

[ALPHA SORT. DO NOT FORCE ZEROS]
1. [IF PCP S100r1 "Another"]  Primary Care Provider
2. [IF CLINICAL CARD S100r2 "Another"]  Clinical/General Cardiologist
3. [IF HF SPECIALIST S100r3 "Another"] Heart Failure Specialist
4. Provider at [IF HF CLINIC S100r4 "another" if S100r1-3 "a"] Heart Failure Clinic
5. Bariatric Surgeon
6. Obesity Medicine Specialist
7. Endocrinologist
8. Pulmonologist
9. Registered Dietician/Nutritionist
96. Other, please specify: [MANDATORY TEXT BOX. ANCHOR]
97. N/A - other providers do not typically refer to me for this reason [EXCLUSIVE. ANCHOR]

**ALL QUALIFIED RESPONDENTS (S100r1-4)**

**Q268**    What type of healthcare provider do you typically think of as the "coordinator of care" of patients who have HFpEF and obesity?

*By "coordinator" please consider the healthcare provider who is primarily responsible for managing the patient's HFpEF in conjunction with any other comorbidities they have.*

[ROWS, ALPHA SORT.]
1. I am the coordinator of care [ANCHOR AT TOP]
2. [IF PCP S100r1 "Another"]  Primary Care Provider
3. [IF CLINICAL CARD S100r2 "Another"]  Clinical/General Cardiologist
4. [IF HF SPECIALIST S100r3 "Another"] Heart Failure Specialist
5. Provider at [IF HF CLINIC S100r4 "another" if S100r1-3 "a"] Heart Failure Clinic
6. Bariatric Surgeon
7. Obesity Medicine Specialist
8. Endocrinologist
9. Pulmonologist
10. Registered Dietician/Nutritionist
96. Other, please specify [INSERT TEXT BOX. ANCHOR]

**TREATS SOME PWHFO (Q239Ar1>0 OR Q239Ar2>0)**

**Q273**    In your opinion, what are the **top three** reasons patients who have HFpEF and obesity **stop seeing you for management of their HFpEF**?

*Please select up to three responses.*

[RANDOMIZE. MULTIPLE SELECT. ONLY ALLOW THREE SELECTIONS]
1. Personal financial limitations
2. Change in insurance coverage
3. Lack of treatment efficacy
4. Unwilling to comply with treatment algorithm
5. Transportation difficulties
6. Expense of multiple visits
7. Improvement in symptoms
8. Using self-care/OTC measures
9. Difficulty with weight loss/management
10. I do not ask/require them to schedule a follow-up
96. Other, please specify [INSERT TEXT BOX. ANCHOR]

**ALL QUALIFIED RESPONDENTS (S100r1-4)**
**Q276**    To what extent to do you feel a patient's obesity impacts…

*Please use the below scale where "1" means "Doesn't impact at all", and 7 means "Greatly impacts."*

| [RANDOMIZE ROWS] | 1 – Doesn't impact at all | 2 | 3 | 4 | 5 | 6 | 7 – Greatly impacts |
|---|---|---|---|---|---|---|---|
| 1. Initial development of HFpEF | | | | | | | |
| 2. How quickly HFpEF progresses | | | | | | | |
| 3. Severity of HFpEF symptoms | | | | | | | |

**ALL QUALIFIED RESPONDENTS (S100r1)**
**QC2**    For quality control purposes, please select "slightly happy" from the list of options below.
1. Very unhappy
2. Slightly unhappy
3. Neutral
4. Slightly happy
**5.** Very happy

| SECTION 300:    OBESITY MANAGEMENT |
|---|

**ALL QUALIFIED RESPONDENTS (S100r1-4)**
**Q300**   Have you received any advanced formal training in the treatment of obesity/weight management beyond medical school training?

1.   Yes
2.   No

**ALL QUALIFIED RESPONDENTS (S100r1-4)**
**Q305**     To what extent do you agree with the following?

*Use a scale where a "1" indicates "Strongly disagree," and a "7" indicates "Strongly agree."*

| Strongly disagree | | | | | Strongly agree | |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

1.   I am **confident** in handling obesity/weight management with my HFpEF patients
2.   I am **fully informed** to handle obesity/weight management with my HFpEF patients
3.   I am **interested** in handling obesity/weight management with my HFpEF patients

**ALL QUALIFIED RESPONDENTS (S100r1-4)**
**Q306**     Would you be interested in receiving additional training or support on obesity/weight management?

1.   Yes
2.   No

**INTERESTED IN ADDITIONAL TRAINING (Q306r1)**
**Q306A**   What kind of additional training or support on obesity/weight management would you be interested in?

[MANDATORY LARGE TEXT BOX]

**ALL QUALIFIED RESPONDENTS (S100r1-4)**
**Q307A**   What is your level of interest in learning about obesity and weight management, specifically for your patients with HFpEF and obesity?

*Use a scale where a "1" indicates "Not at all interested," and a "7" indicates "Extremely interested."*

| Not at all interested | | | | | Extremely interested | |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

**ALL QUALIFIED RESPONDENTS (S100r1-4)**
**Q307**    We would like to understand your preferred sources for information about obesity and weight management. Please rank your **top five** sources for learning about weight management in the future.

*Please click or drag and drop to rank, starting with '1' meaning "most preferred," '2' meaning "second most preferred," and so on until your top five are ranked.*

[RANK TOP 5; DRAG AND DROP]
1. Press articles from medical press
2. Scientific journals
3. Paper brochures
4. Professional organization websites
5. Congresses/Conferences
6. In-person courses/workshops
7. Discussions with peers/colleagues
8. Online courses/webinars
9. E-books
10. Podcasts
11. Patient testimonials
12. Case studies
13. Social media
14. General online searches
15. Discussions with pharmaceutical representatives

**ALL QUALIFIED RESPONDENTS (S100r1-4)**
**Q309**    Are you (or the organization where you primarily work) associated with an obesity specialist/weight management practice or center?

1. Yes
2. No
3. Not sure

**ALL QUALIFIED RESPONDENTS (S100r1-4)**
**Q310**    What clinical treatment guidelines (if any) are you aware of for treatment and management of **obesity**?

[MANDATORY TEXT BOX]

**ALL QUALIFIED RESPONDENTS (S100r1-4)**
**Q311**    Which of the following clinical treatment guidelines (if any) do you follow for treatment and management of **obesity**?

*Please select all that apply.*

[MULTISELECT]
1. Local/regional
2. National (American Heart Association / American College of Cardiology / Obesity Society Clinical Practice Guideline)
3. International (e.g., European Association for the Study of Obesity (EASO))
96. Other, please specify [MANDATORY TEXT BOX. ANCHOR]
97. I do not follow any obesity guidelines [EXCLUSIVE][ANCHOR]

**FOLLOWS GUIDELINES (Q311r1-96)**
**Q313**   How effective do you think current clinical guidelines are for treating and managing obesity?

1. Not at all effective
2. A little effective
3. Somewhat effective
4. Very effective
5. Extremely effective

**ALL QUALIFIED RESPONDENTS (S100r1-4)**
**Q316**   For you, what are the **top 3 biggest barriers** to treating and managing **obesity** in your patients with HFpEF?

*Please click or drag and drop to rank, starting with '1' meaning "most important," '2' meaning "second most important," and so on until your top three are ranked.*

[RANKING QUESTION; RANK TOP 3]

1. Lack of time during patient visit
2. Lack of patient motivation and compliance
3. Patient comorbidities (other than HFpEF or obesity)
4. Lack of education on obesity/weight management for providers like me
5. Lack of appropriate treatments (e.g., Rx medications, diet plans)
6. Lack of in-network specialists (e.g., nutritionists, obesity specialists, bariatric surgeons) for referral
96. Other barrier not specified here

**RANKED OTHER (Q316r7 IS RANKED IN TOP 3)**
**Q318**   For you, what **other barrier(s)** impact treating and managing **obesity** in your patients with HFpEF?

[MANDATORY TEXT BOX]

**ALL QUALIFIED RESPONDENTS (S100r1-4)**
**Q323**   Approximately how often do you discuss weight or weight management with your patients who have HFpEF and obesity?

1. Never
2. Sometimes (every few visits)
3. Often (almost every visit)
4. At every visit

**DISCUSSES WEIGHT WITH PWHFO (Q323r2-4)**
**Q326**   Which of the following topics do you typically discuss when talking about weight or weight management with your patients who have HFpEF and obesity?

*Please select all that apply.*

[MULTIPLE SELECT. RANDOMIZE]
1. Explain the effect their weight has on their <u>overall health</u>
2. Explain the effect their weight has on their <u>HFpEF</u>
3. Help them set goals to improve their weight
4. Help them understand why they have excess weight
5. Make them aware of medications that will help them lose weight
96. Other, please specify [MANDATORY TEXT BOX. ANCHOR]

**DISCUSSES WEIGHT WITH PWHFO (Q323r2-4)**
**Q330**     For approximately what proportion of your patients with HFpEF and obesity do you…?

*Your best estimate will do. Your responses do not need to add to 100%.*

[RANGE 0-100]

|  | Proportion of patients with HFpEF and obesity |
|---|---|
| 1. Prescribe weight loss medications | \|_\|_\|_\|% |
| 2. Refer to a medical weight loss program | \|_\|_\|_\|% |
| 3. Suggest general lifestyle modifications (diet and exercise) | \|_\|_\|_\|% |
| 4. Suggest a specific type of diet | \|_\|_\|_\|% |
| 5. Suggest a commercial weight loss program | \|_\|_\|_\|% |
| 6. Suggest referral to weight loss clinic | \|_\|_\|_\|% |
| 7. Suggest referral to registered dietician/nutritionist | \|_\|_\|_\|% |

**ALL QUALIFIED RESPONDENTS (S100r1-4)**
**Q331**     Please indicate how much you agree with the following regarding <u>prescription medications for weight loss</u>…

*Use a scale where 1 means "Completely disagree" and 7 means "Completely agree."*

[RANDOMIZE, CAROUSEL]

1 – Completely disagree    2   3   4   5    6   7- Completely agree

1. Prescription weight loss medications are more effective for my patients than other treatment options for weight loss.
2. I am likely to prescribe new prescription weight loss medications in the future
3. I am more likely to recommend my patients take a prescription medication than have a surgery (bariatric) to lose weight.
4. I am concerned about the side effects associated with prescription weight loss medications.
5. My patients would like me to offer prescription weight loss medication to help them with their weight loss efforts.
6. My patients trust me to recommend a prescription weight loss medication that is right for them.
7. There are good options available today for prescription weight loss medications.
8. Cost is a major barrier for my patients to consider prescription weight loss medications.
9. Patients would rather lose weight on their own than depend on medication.
10. I am likely to review the prescription weight loss medications available with my patients.
11. I am concerned about the long-term safety associated with prescription weight loss medications.
12. I don't know enough about prescription weight loss medications to feel comfortable prescribing them to my patients with obesity.

**ALL QUALIFIED RESPONDENTS (S100r1-4)**

**Q333** What weight loss medications are you aware of for treating patients with HFpEF and obesity?

[LARGE MANDATORY TEXT BOX]

**PRESCRIBES ANTI-OBESITY MEDICATIONS (Q330r1>0)**
**Q335** Which of the following weight loss medications do you currently prescribe to your patients with HFpEF and obesity?

*Please select all that apply.*

[MULTISELECT. RANDOMIZE]

1. Liraglutide (Saxenda)
2. Orlistat (Xenical, Alli)
3. Naltrexone-bupropion (Contrave)
4. Phentermine (Adipex, Suprenza)
5. Phentermine/Topiramate ER (Qsymia)
96. Other, please specify [MANDATORY TEXT BOX. ANCHOR]

**PRESCRIBES ANTI-OBESITY MEDICATIONS (Q330r1>0)**
**Q335A** For what reasons do you discontinue pharmacotherapy for weight loss for a patient with HFpEF and obesity?

*Please select all that apply.*

1. Lack of patient willingness to adhere to therapy
2. Cost to patient / insurance coverage
3. Not seeing desired effects (e.g., % BMI reduction, pounds lost)
4. Patient concern over long-term use
5. Patient exhibiting side effects
6. I prefer patients use traditional lifestyle modifications
7. Patient achieved desired weight loss goal
96. Other, please specify [MANDATORY TEXT BOX. ANCHOR]
97. I never discontinue pharmacotherapy for weight loss among HFpEF patients [ANCHOR. EXCLUSIVE]

**ALL QUALIFIED RESPONDENTS (S100r1-4)**
**Q343** Thinking of your patients with HFpEF and obesity, please indicate how much you agree with each of the following…

*Use a scale where 1 means "Do not agree at all" and 7 means "Completely agree."*

*1 - Do not agree at all     2     3     4     5     6     7 - Completely agree*

[RANDOMIZE, CAROUSEL]

1. My patients could lose weight if they really set their mind to it.
2. I have a responsibility to actively contribute to my patients' weight loss effort.
3. My patients' weight loss is completely their responsibility.
4. For my patients to lose weight, they would need to completely change their lifestyles.

5. My patients are happy with their current weight.
6. My patients are past the point where they can lose weight on their own.
7. My patients are motivated to lose weight.
8. Obesity is less important than many of the other diseases I treat.
9. I do not feel comfortable bringing up a patient's weight unless they mention it first.
10. My patients know how to keep the weight off

**ALL QUALIFIED RESPONDENTS (S100r1-4)**
**Q346** What are the **top 5 types of support that would be most helpful** for your patients with HFpEF and obesity to be successful with managing their weight?

*Select your top 5.*

[5 SELECTIONS] [RANDOMIZE]

1. Resources for family and friends to help understand how to be supportive
2. Specific meal plans to follow for weight management
3. Online support groups for those trying to lose weight
4. Local in-person support groups for those trying to lose weight
5. More programs offered at workplaces to help people lose weight
6. Financial support for healthy choices (gym membership, healthy foods)
7. App with weight loss tracking and ideas for healthy eating and physical activity
8. Weekly follow-up visits with a healthcare provider
9. Meetings with dietitian / nutritionist
10. Access to mental health support
11. Access to a physician who specializes in obesity
    96. Other, please specify  [MANDATORY TEXT BOX. ANCHOR]

**ALL QUALIFIED RESPONDENTS (S100r1)**
**QC3** For quality control purposes, please select "5" from the list of options below.

1. 1
2. 2
3. 3
4. 4
5. 5

| SECTION 400: BENEFITS OF WL AND CLINICAL TRIALS |
|---|

**ALL QUALIFIED RESPONDENTS (S100r1-4)**
**Q410**    Now, imagine there is hypothetical treatment going into clinical trials to assess improvement in HFpEF symptoms among people with obesity. Please indicate your **level of interest in participation** in this clinical trial.

*Use a scale where a "1" indicates "Not at all interested," and a "7" indicates "Extremely interested."*

| Not at all interested | | | | | | Extremely interested |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

**ALL QUALIFIED RESPONDENTS (S100r1-4)**
**Q415**    Still thinking of a hypothetical treatment going into clinical trials to assess improvement in HFpEF symptoms among people with obesity, please indicate how **meaningful** each of the following endpoints would be to you in your decision to prescribe the medication.

*Use a scale where a "1" indicates "Not at all meaningful," and a "7" indicates "Extremely meaningful."*

| Not at all meaningful | | | | | | Extremely meaningful |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

1.  Impact of Weight on Quality of Life (IWQOL)
2.  Minnesota Living with Heart Failure Questionnaire (MLHFQ)
3.  Kansas City Cardiomyopathy Questionnaire (KCCQ)
4.  Improvement in Echo results
5.  Improvement in NYHA classification
6.  Improvement in associated comorbidities (e.g., decreased A1C, lower blood pressure)
7.  5-10% weight loss
8.  11-25% weight loss
9.  Reduction in waist circumference
10. Reduced number of hospitalizations
11. Decreased number of cardiac events
96. Other, please specify: [MANDATORY TEXT BOX. ANCHOR]

**ALL QUALIFIED RESPONDENTS (S100r1-4)**
**Q426**    What are your expectations on how **obesity management** will be handled for patients with HFpEF and obesity in the next 5 years?

[MANDATORY LARGE TEXT BOX]

**ALL QUALIFIED RESPONDENTS (S100r1-4)**
**Q430**    What are your expectations on how **heart failure management** will be handled for patients with HFpEF and obesity in the next 5 years?

[MANDATORY LARGE TEXT BOX]

| SECTION 100: DEMOGRAPHICS |
|---|

**ALL QUALIFIED RESPONDENTS (S100r1-4)**
**Q100** How do you describe yourself?

1. Male
2. Female
3. Transgender
4. Do not identify as female, male or transgender

**ALL QUALIFIED RESPONDENTS (S100r1-4)**
**Q105** Which description best categorizes the setting where you work most often?

1. Urban
2. Suburban
3. Rural

**ALL QUALIFIED RESPONDENTS (S100r1-4)**
**Q106** Thinking about where you work most often, what percentage of revenue comes from patients with the following insurance types?

*Your total must sum to 100%. Please check the box below if you are not sure.*

[RANGE: 0-100; SUM TO 100; CONSTANT SUM; RECODE BLANK TO ZERO]

1. Medicare                                   [_] %
2. Medicaid                                   [_] %
3. Commercial insurance/Private pay           [_] %
4. Self-pay/Cash                              [_] %
5. Other                                      [_] %
6. Not sure            [EXCLUSIVE]

**ALL QUALIFIED RESPONDENTS (S100/r-4)**
**Q107** What proportion of your revenue is based on the following types of reimbursement?

*Your total must sum to 100%. Please check the box below if you are not sure.*

[RANGE: 0-100; SUM TO 100; CONSTANT SUM; RECODE BLANK TO ZERO]

1. Value-based                                [_] %
2. Fee-for-service                            [_] %
3. Other                                      [_] %
4. Not sure                   [EXCLUSIVE]

**ALL QUALIFIED RESPONDENTS (S100r1-4)**
**Q110** What is your height (feet, inches)?

*Your best estimate will do.*

[RANGE 1-9]

1. Feet:         |_|
[RANGE 0-11]
2. Inches:       |_|_|

**ALL QUALIFIED RESPONDENTS (S100r1-4)**
**Q115** What is your current weight (pounds)?

*Please be as exact as possible.*

[RANGE 50-1000]
1. Pounds |_|_|_|_|

**ALL QUALIFIED RESPONDENTS (S100r1-4)**
**Q116** HIDDEN QUESTION FOR BMI CALCULATION

1. [BMI = (Q115*703) / (Q110r1*12 + Q110r2) ^2]

**ALL QUALIFIED RESPONDENTS (S100r1-4)**
**Q117** HIDDEN QUESTION FOR WEIGHT CLASSIFICATION

1. Underweight      (Q116 < 18.5)
2. Normal Range     (Q116 ≥ 18.5 AND Q116 < 25)
3. Overweight       (Q116 ≥ 25 AND Q116 < 30)
4. Obese Class I     (Q116 ≥ 30 AND Q116 < 35)
5. Obese Class II    (Q116 ≥ 35 AND Q116 < 40)
6. Obese Class III   (Q116 ≥ 40)

- 25-minute online survey

- Age 30+
- Diagnosed with heart failure with preserved ejection fraction (HFpEF; self-reported)
- BMI≥30
- Mix of: age, gender, obesity class, race/ethnicity

Thank you for your interest in this research. We appreciate your willingness to participate in this important research on healthcare issues. Before participating, KJT Group requires you to review the following information:

- KJT Group is a                                            .
- Your responses to this survey will
  .
- Your responses will be kept                                and will never be associated with your name (double-blind).
- We expect, on average, it will take respondents like yourself                  to complete this survey.
- Your                                , and you may choose to stop participating at any time (withdraw consent).

If you qualify for and complete the survey, you will be eligible to receive the honorarium referenced in your invitation.

Do you consent to these terms and wish to continue?

1. Yes
2. No

[IF CONSENTS TO TERMS (S0r1) ASK AE1. ELSE TERMINATE]

We are required to pass on to the pharmaceutical company sponsoring the study details of adverse events and/or other safety information - hereinafter referred to as safety information - that are mentioned during this study. Although what you say will be treated in confidence, should you mention safety information during the study, we will need to report it even if you have already reported it to the company or regulatory authorities.

In relation to reporting safety information, situation we need to know if you are willing to waive the confidentiality given to you under the Market Research Codes of Conduct. In the event that you waive confidentiality in relation to safety information reporting, any personal data provided during the reporting will be processed as follows:

a) Any personal data in relation to the safety information reported will be forwarded to the project sponsor; and

b) The project sponsor will record any safety information, including personal data received in the sponsor's global database, in the interests of patient safety and in compliance with all applicable global laws and regulations; and

c) During the reporting of safety information, the project sponsor will not disclose such personal data to any un-associated third parties, with the exception of any disclosures required by applicable law, regulation or the order of a competent authority.

Do you agree to waive the confidentiality given to you under the Market Research Codes of Conduct in relation to any safety information you report to us? If you agree, your contact details will be forwarded to the sponsor's Safety department for the express and sole purpose of follow-up of such report(s). Details of safety information maybe reported to regulatory authorities along with your personal data. All other information provided by you in this study will remain confidential. If you prefer to preserve the confidentiality of this information, please select 'I do not agree'. If you do so, you can still participate in this survey.

1. I agree     Please enter your email here:  [OPEN TEXT BOX]
2. I do not agree

[IF AGREES (AE1r1) READ AE2. IF DISAGREES (AE1r2) ASK AE3]


Thank you.  Please note that if your email address is provided during the Adverse Event, other safety information or product complaints reporting, this will not be linked in any way to your responses given during the interview.

Are you happy to proceed with this research?

1. Yes
2. No

[IF YES (AE2r1) CONTINUE TO S2. ELSE TERMINATE]


.     If we become aware of safety information we are obliged to report this to the pharmaceutical company.  We will file this report without giving any of your details.

Are you happy to proceed with this research?

1. Yes
2. No

[IF HAPPY TO PROCEED (AE3r1) ASK S2. ELSE TERMINATE]


Thank you. Your honest answers throughout this survey are very much appreciated. To begin, we would like to gather some basic information to be used for categorization purposes.

In what year were you born?

*Please enter as a four-digit number, e.g., 1963*

[RANGE: 1890-2019]
1. |_|_|_|_|


HIDDEN COMPUTE FOR AGE

[IF AT LEAST 30 YEARS OLD (S3>29) ASK S5. ELSE MARK AS NOT QUALIFIED AND CONTINUE]


How do you describe yourself?

1. Male
2. Female
3. Transgender

4. Do not identify as female, male or transgender


In what state is your residence?

*If you have residences in more than one state, please select the state where you spend the majority of the time.*

[INSERT STATE DROP DOWN]


HIDDEN QUESTION FOR REGION

1. Northeast
   [S11=CT, MA, ME, NH, NJ, NY, PA, RI, VT]
2. Midwest
   [S11=IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI]
3. South
   [S11=AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV]
4. West
   [S11=AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY]
5. Outside of US
   [ALL OTHERS]

[IF RESIDES IN US (S11R1-4) CONTINUE. ELSE TERMINATE]


Are you Spanish/Hispanic or Latino?

1. Yes
2. No
3. Decline to answer


Are you…?

Please select all that apply.

[MULTIPLE SELECT]
1. White
2. Black or African American
3. American Indian or Alaska Native
4. Asian
5. Other, please specify: [MANDATORY TEXT BOX]
6. Decline to answer               [EXCLUSIVE]

Have you ever been diagnosed by a healthcare professional (physician, nurse practitioner, etc.) with any of the following conditions?

*Please select all that apply.*

[RANDOMIZE; GROUP CODES 1/5, 2/3]

1. Type 2 Diabetes
2. Cardiovascular / heart disease (including heart failure)
3. Hypertension (high blood pressure)
4. Dyslipidemia (high cholesterol or high triglycerides)
5. Pre-diabetes (which is a slightly elevated blood glucose levels, regarded as indicative that a person is at risk of progressing to Type 2 diabetes)
6. Non-Alcoholic Fatty Liver Disease (NAFLD) / Non-alcoholic steatohepatitis (NASH)
7. Asthma
8. COPD (chronic obstructive pulmonary or lung disease)
9. Cancer
10. Obesity
11. Sleep apnea
12. PCOS (Polycystic ovary syndrome) and infertility in women
99. None of the above [EXCLUSIVE]

[IF S16r2 ASK S18. ELSE TERMINATE]

Has your healthcare provider (your primary care doctor, a specialist such as a cardiologist, a nurse practitioner, etc.) ever told you that you have _____?

*Heart failure* is a chronic, progressive condition in which the heart muscle is unable to pump enough blood to meet the body's needs for blood and oxygen. Basically, the heart can't keep up with its workload.

1. Yes
2. No
3. Not sure

[IF HAS OR MAY HAVE HEART FAILURE (S18r1 OR r3) ASK S18B. ELSE MARK AS NOT QUALIFIED AND SKIP TO S22]

Which _____ have you been diagnosed with?

*Ejection fraction (EF) is a measurement, expressed as a percentage, of how much blood the left ventricle pumps out with each contraction.*

1. heart failure/ Ejection Fraction (HFrEF)
2. heart failure / Ejection Fraction (HFpEF)
3. Not sure

[IF HAS HFPEF BASED ON SELF REPORT (S18Br2) CONTINUE. IF NOT SURE, ASK S18C. ELSE MARK NOT QUALIFIED AND SKIP TO S22].

I'm going to give you a brief description of each type of heart failure. If you're still not sure after this, that's fine. Can you confirm which of these two types of heart failure you have based on the following descriptions?

1.                                          Sometimes called a
. With this type of heart failure, your heart muscle is not able to contract adequately and, therefore, expels less oxygen-rich blood into the body. If you have this form of the disease, you will have a lower-than-normal ejection fraction on an echocardiogram. (<40% EF)

2.                                          Sometimes called
With this type of heart failure, you would likely have a normal ejection fraction. The muscles of your heart contract normally and your heart may seem to pump a normal proportion of the blood that enters it. However, heart muscle thickening may cause your heart to hold an abnormally small volume of blood. Therefore, although your heart's output may still appear to be in the normal range, its limited capacity is inadequate to meet the body's requirements. (>50% EF)

3.

[IF HAS HFPEF BASED ON SELF REPORT (S18Cr2) CONTINUE. ELSE MARK NOT QUALIFIED AND SKIP TO S22].

What is your height (feet, inches)?

*Your best estimate will do.*

    [RANGE 1-9]
1. Feet:       |_|
    [RANGE 0-11]
2. Inches:     |_|_|

What is your current weight (pounds)?

*Please be as exact as possible.*

    [RANGE 50-1000]
1. Pounds |_|_|_|_|

HIDDEN QUESTION FOR BMI CALCULATION

1. [BMI = (S25*703) / (S22_1*12 + S22_2) ^2]

HIDDEN QUESTION FOR WEIGHT CLASSIFICATION

1. Underweight         (S27 < 18.5)
2. Normal Range      (S27 ≥ 18.5 AND S27 < 25)
3. Overweight         (S27 ≥ 25 AND S27 < 30)

4. Obese Class I       (S27 ≥ 30 AND S27 < 35)
5. Obese Class II      (S27 ≥ 35 AND S27 < 40)
6. Obese Class III     (S27 ≥ 40)

[IF CURRENT BMI 30+ (S30R4-6) ASK S35. ELSE MARK AS UNQUALIFIED AND CONTINUE.]

- o CONSENTS TO TERMS (S0r1)
- o AGREES TO AE REPORTING (AE2r1 OR AE3r1)
- o AT LEAST 30 YEARS OLD (S3>29)
- o DIAGNOSED WITH CVD (S16r2)
- o DIAGNOSED WITH HFPEF (S18Br2 OR S18Cr2)
- o HAS OBESITY (S30r4-6)

| | | |
|---|---|---|
| 1. DIAGNOSED WITH T2D (S16r1) | | N=999 |
| 2. NOT DIAGNOSED WITH T2D (S16rNE1) | | N=120 |

| | | |
|---|---|---|
| 1. 30-45 years old (S3=30-45) | | N=999 |
| 2. 46-60 years old (S3=46-60) | | N=999 |
| 3. 61+ years old (S3=61+) | | N=999 |

| | | |
|---|---|---|
| 1. Male (S5r1) | | N=75 |
| 2. Female (S5r2) | | N=75 |
| 3. Other (S5r3-4) | | N=999 |

| | | |
|---|---|---|
| 1. Class I (S30/4) | | N=999 |
| 2. Class II (S30/5) | | N=999 |
| 3. Class III (S30/6) | | N=999 |

[MULTIPLE RESPONSE]

| | | |
|---|---|---|
| 1. | White (S13A1) | N=120 |
| 2. | Black or African American (S13A/2) | N=999 |
| 3. | Spanish/Hispanic or Latino (S13/1) | N=999 |
| 4. | American Indian or Alaska Native (S13A/3) | N=999 |
| 5. | Asian (S13A/4) | N=999 |
| 6. | Other  (S13A/5) | N=999 |
| 7. | Decline to answer (S13A/6)) | N=999 |

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You have qualified for the full survey. Thank you for your responses thus far. The remainder of this survey should take approximately 22 minutes to complete. As a reminder, your responses to this survey are critical to the success of this research in helping the sponsor design new products/services to help you support your needs. Your responses will be kept strictly confidential and only reported in combination with other respondents' data. In addition, you may be asked certain questions for quality control purposes.

For the remainder of the survey, we would like to understand your experiences being diagnosed with, and treated for, heart failure with preserved ejection fraction                                    We will ask about the time from when you first started experiencing symptoms until today.

To the best of your knowledge, which of the following are the cause(s) of HFpEF?

*Please select all that apply.*

[RANDOMIZE, MULTIPLE SELECT]
1. Natural aging
2. Excess weight / being overweight
3. Genetics
4. Another condition I have been diagnosed with
5. Side effect of a medication for another condition
6. Lifestyle habits (i.e., diet, exercise)
96. Other, please specify: [INSERT TEXT BOX. ANCHOR]
97. Not sure [EXCLUSIVE, ANCHOR]

Prior to being diagnosed with HFpEF, did any healthcare provider discuss the risk of developing heart failure with you?

1. Yes
2. No
3. Not sure

What was the specialty of the healthcare provider (or the specialty of their office/clinic) who discussed your risk of developing heart failure?

*Please select all that apply.*

[RANDOMIZE, MULTIPLE SELECT; GROUP CODES 1/2, 3/4, 5/6]
1. Primary Care
2. Cardiology
3. Bariatric Surgery
4. Obesity Medicine
5. Endocrinology
6. Pulmonology
7. Nutrition (i.e., Registered Dietician/Nutritionist)
96. Other, please specify: [MANDATORY TEXT BOX. ANCHOR]

97.  I do not recall [ANCHOR, EXCLUSIVE]


Did the Cardiologist that discussed your risk of heart failure prior to your diagnosis have a specialty in heart failure?

1.   Yes
2.   No
3.   I am not sure/do not recall


How did you first experience HFpEF symptoms?

1.   My HFpEF symptoms developed                over time
2.   I experienced HFpEF symptoms              (for example, due to a cardiac event


What HFpEF symptoms did you experience prior to discussing your symptoms for the first time with a healthcare provider?

*Please select all that apply.*

[MULTPLE SELECT, RANDOMIZE]
1.   Fatigue
2.   Shortness of breath (with exertion or at rest or lying flat)
3.   Difficulty participating in / completing physical activity
4.   Swelling of lower extremities
5.   Chest pain or discomfort
96.  Other, please specify: [ANCHOR, MANDATORY TEXT BOX]
97.  None of the above [EXCLUSIVE][ANCHOR]


Before talking to a healthcare provider about your symptoms, what, if anything did you do to manage your symptoms on your own?

*Please select all that apply.*

*To manage my symptoms I…*

[RANDOMIZE, MULTIPLE SELECT; GROUP CODES 3/4]
1.   Took over the counter (OTC) pain medications (ibuprofen [Advil], nonsteroidal anti-inflammatory drug (NSAID) [Aleve], acetaminophen [Tylenol], aspirin [Bayer], etc.)
2.   Took supplements or vitamins
3.   Reduced my physical activity
4.   Increased my physical activity
5.   Changed my diet
96.  Other, please specify: [INSERT TEXT BOX][ANCHOR]

97. I did not do anything to manage my symptoms on my own [EXCLUSIVE; ANCHOR]


What caused you to finally discuss your HFpEF symptoms with a healthcare provider?

*Please select all that apply.*

[RANDOMIZE. MULTIPLE SELECT]
1. My symptoms worsened (in degree of discomfort/frequency/etc.)
2. My symptoms were interfering too much with my daily life
3. I was encouraged by family or friends
4. I started experiencing new symptoms that concerned me
5. My healthcare provider asked me about my symptoms
96. Other, please specify: [ANCHOR. INSERT TEXT BOX]


For what reasons did you not bring up your symptoms with your healthcare provider <u>sooner</u>?

*Please select all that apply.*

[RANDOMIZE. MULTIPLE SELECT]
1. I didn't want to admit I was experiencing a health issue
2. I didn't think there was anything that my healthcare provider could do about it
3. I was afraid to find out what was going on
4. I thought my symptoms were due to normal aging or another condition
5. I was able to manage my symptoms with self-care methods (e.g., over-the-counter medications, a change in physical activity or diet)
6. My symptoms did not limit my daily function and activities up until that point
96. Other, please specify: [ANCHOR. INSERT TEXT BOX]
97. I didn't wait to bring up my symptoms – it was the <u>soonest I could get an appointment</u> [EXCLUSIVE; ANCHOR]


For quality control purposes, please select no.

1. Yes
2. No

---

Now, think back to early in your experience with HFpEF, when you <u>first</u> started experiencing symptoms and <u>before</u> you were formally diagnosed.

First, how old were you when you <u>first started experiencing symptoms of HFpEF</u>?

*Please consider symptoms you may have thought were caused by another health condition if you now know they were caused by HFpEF.*

[RANGE: 1-S3]
1. |_|_| years old

You mentioned that you first started experiencing HFpEF symptoms at [PIPE Q206r1] years old.

How long after you first started experiencing symptoms at age [PIPE Q206r1] did you

?

*If less than one year, enter 0 for "years" and then only enter in the number of months. If less than one month, enter "0" for both "months" and "years."*

1. |_|_| years   [RANGE: 0-(S3-Q206)]
2. |_|_| months [RANGE: 0-11]

1. [INSERT MONTHS: Q207r1/2 + Q207r2]

You mentioned that you first started experiencing HFpEF symptoms at [PIPE Q206r1] years old.

How long after you first started experiencing symptoms at age [PIPE Q206r1] were you

*If less than one year, enter 0 for "years" and then only enter in the number of months. If less than one month, enter "0" for both "months" and "years."*

1. |_|_| years   [RANGE: 0-(S3-Q206)]
2. |_|_| months [RANGE: 0-11]

2. [INSERT MONTHS: Q207Cr1/2 + Q207Cr2]

You mentioned that you first started experiencing HFpEF symptoms at [PIPE Q206r1] years old.

How long after you first started experiencing symptoms at age [PIPE Q206r1] were you

*If less than one year, enter 0 for "years" and then only enter in the number of months. If less than one month, enter "0" for both "months" and "years."*

1. |_|_| years  [RANGE: 0-(S3-Q206)]
2. |_|_| months [RANGE: 0-11]

3. [INSERT MONTHS: Q207Er1/2 + Q207Er2]

Thinking of your <u>first treatment</u> initiated by a healthcare provider specifically for HFpEF, was this treatment…

1. A continuation of a treatment you were already using (e.g., for HFpEF symptom management or another condition)
2. A new treatment initiated after diagnosis with HFpEF

Now, we want to know more about the types of healthcare providers you've seen for HFpEF over time - from the <u>first discussion of symptoms until today</u>.

What specialties of healthcare providers (or the specialty of their office/clinic) have you       seen for HFpEF?

*Please consider all providers you saw (regardless of the initial reason) so long as seeing them was related to HFpEF (i.e., initial evaluation, diagnosis, ongoing treatment and management, weight management related to HFpEF).*

[RANDOMIZE, GROUP CODES 3/4; MULTIPLE SELECT]
1. Primary Care
2. Cardiology
3. Bariatric Surgery
4. Obesity Medicine
5. Endocrinology
6. Pulmonology
7. Nutrition (i.e., Registered Dietician/Nutritionist)
8. Emergency Medicine (i.e., provider in an emergency room who is not a cardiologist)
96. Other, please specify: [MANDATORY TEXT BOX. ANCHOR]

How many of each of the following types of provider have you         seen for HFpEF?

*Again, please consider all providers you saw (regardless of the reason) so long as seeing them was related to HFpEF (i.e., initial evaluation, diagnosis, ongoing treatment and management, weight management related to HFpEF).*

[COLUMN]
1.   Number of providers

[ROWS, ONLY SHOW THOSE SELECTED AT Q600 IN SAME ORDER; RANGE 1-99]
1.   Primary Care                    |_|_|_|
2.   Cardiology                      |_|_|_|
3.   Bariatric Surgery               |_|_|_|
4.   Obesity Medicine                |_|_|_|
5.   Endocrinology                   |_|_|_|
6.   Pulmonology                     |_|_|_|
7.   Nutrition (i.e.,

*Please note: from this point on we will only ask you about up to 2 providers of a particular specialty, even if you have seen more than 2. If you've seen more than 2:*

- ***Provider 1 should be the first provider*** *you saw of a particular specialty*
- ***Provider 2 should be*** *another provider –* ***whichever has been most influential on your HFpEF care****.*

*For example, if you saw three Cardiologists, you would enter the initials of the 1st Cardiologist you saw for HFpEF, as Cardiologist 1 and for Cardiologist 2 you would enter the initials of one of the other two Cardiologists you've seen – whichever has been most influential on your HFpEF care.*

[COLUMNS]
1. Initials (or other unique identifier) |_|_|_|

[ROWS; INSERT BASED ON Q605A]
1. Primary Care Provider 1
2. Primary Care Provider 2
3. Cardiologist 1
4. Cardiologist 2
5. Bariatric Surgeon 1
6. Bariatric Surgeon 2
7. Obesity Medicine Physician 1
8. Obesity Medicine Physician 2
9. Endocrinologist 1
10. Endocrinologist 2
11. Pulmonologist 1
12. Pulmonologist 2
13. Nutritionist 1
14. Nutritionist 2
15. Emergency Medicine Physician 1
16. Emergency Medicine Physician 2
17. [INSERT Q600r96 RESPONSE] 1
18. [INSERT Q600r96 RESPONSE] 2

[FOR QUESTIONS BELOW REQUIRING PIPING OF PROVIDER, DISPLAY AS ROW LABEL AND INITIALS FROM Q605Bc1 IN PARENTHESES, BUT CODE AS ROW LABEL]

Now, please place the providers you have seen in chronological order starting with the type of healthcare provider you saw first, the type you saw next, etc.

*If you indicated you saw more than one of a provider type, multiple options for each provider type will be available – for example, if you saw two Cardiologists, "Cardiologist 1" will be the first Cardiologist you saw. If you saw more than 2 of a provider type, please use the 2nd provider category to indicate the most recent provider of that type seen.*

[SHOW RELEVANT SELECTION FROM Q605A USING ROW LABEL AND INITIALS FROM Q605B IN PARENTHESES. DRAG AND DROP RANK ORDER]

For what reason(s) have you ever seen the following providers related to your HFpEF care?

*Please select all that apply.*

*You may only select one provider for "diagnosis" and "initial treatment."*

[FORCE RESPONSE FOR EACH ROW. FORCE RESPONSE FOR C2 AND C4, DO NOT FORCE RESPONSE FOR ALL OTHER COLUMNS]

[COLUMNS]

1. Initial symptom evaluation (prior to diagnosis)
2. Diagnosis of HFpEF [ONLY ALLOW 1 SELECTION]
3. Second opinion for diagnosis
4. Initial treatment for HFpEF symptoms [ONLY ALLOW 1 SELECTION]
5. Ongoing treatment and management of HFpEF
6. Weight management related to HFpEF

[ROWS]
[SHOW SELECTIONS FROM Q605A IN Q610 ORDER WITH ROW LABEL AND Q605B INITIALS IN PARENTHESES]

Does [INSERT ROW LABEL ([INSERT ROW LABEL (INSERT Q605B PROVIDER INITIALS)] have a specialty in heart failure?

1. Yes
2. No
   I am not sure/do not recall

In what setting did you typically see [INSERT ROW LABEL (INSERT Q605B PROVIDER INITIALS)]?

1. Office
2. Heart Failure Clinic
3. Emergency Room
96. Other setting, please specify: [MANDATORY TEXT BOX. ANCHOR]

Did you ever see [INSERT ROW LABEL (INSERT Q605B PROVIDER INITIALS)] in a Heart Failure Clinic?

1. Yes – once
2. Yes – more than once
3. No
4. I am not sure/do not recall

For what reason(s) did you see [INSERT ROW LABEL (INSERT Q605B PROVIDER INITIALS)], regardless of the role they ultimately played in your HFpEF care?

*Please select all that apply.*

[MULTISELECT]

1. To find out what was causing my symptoms
2. To get a second opinion about my HFpEF diagnosis
3. To start or change my treatment/treatment plan for HFpEF
96. Other, please specify: [MANDATORY TEXT BOX. ANCHOR]

Were you referred to [INSERT ROW LABEL (INSERT Q605B PROVIDER INITIALS)]?

1. Yes
2. No

Please indicate the provider that referred you to [INSERT ROW LABEL (INSERT Q605B PROVIDER INITIALS)].

1. [SHOW SELECTIONS FROM Q605B IN Q610 ORDER. HIDE CURRENT Q605B PROVIDER BEING LOOPED]
96. Other provider not listed

[IF ONLY 1 PROVIDER AT Q605A, AUTOFILL WITH r96]

Were you referred by a Cardiologist with a specialty in heart failure?

1. Yes
2. No
   I am not sure/do not recall

Were you referred by a Cardiologist in a Heart Failure Clinic?

1. Yes
2. No
3. I am not sure/do not recall

Are you still seeing [INSERT ROW LABEL (INSERT Q605B PROVIDER INITIALS)]?

1. Yes

2. No

For what reasons do you no longer see [INSERT ROW LABEL (INSERT Q605B PROVIDER INITIALS)]?

*Please select all that apply.*

[RANDOMIZE. MULTIPLE SELECT]
1. Moved away from the area they are in
2. Did not feel they were helpful/necessary
3. No follow-up visit was scheduled / recommended by provider
4. They did all they could to help, but it wasn't enough
5. Started seeing another type of provider
96. Other, please specify: [INSERT TEXT BOX, ANCHOR]

Now, we'd like to learn a little more about the treatments you have used for HFpEF.

Which of the following treatments have you ＿＿ used for treatment and management of your HFpEF symptoms?

*Please select all that apply.*

[MULTIPLE SELECT. RANDOMIZE]
1. Prescription medications for HFpEF (such as diuretics (water pills), beta-blockers, ACE inhibitors, ARBs)
2. General improvements in lifestyle (e.g., improving eating habits, increasing physical activity)
3. Specific diet or diet program (Jenny Craig, Medifast, Weight Watchers, Elimination diets (avoiding fats, sugary beverages, carbohydrates, etc.)
4. Prescription weight loss medication (e.g., Saxenda, Xenical, Qsymia, Contrave)
96. Other, please specify: [INSERT TEXT BOX. ANCHOR]
97. I have never been treated for my HFpEF symptoms [ANCHOR; EXCLUSIVE]

[IF HAS EVER BEEN TREATED FOR HFPEF (Q675r1-96) ASK Q677. ELSE JUMP TO Q306.]

Which of the following treatments are your ＿＿＿＿ using for treatment and management of your HFpEF symptoms?

*Please select all that apply.*
[MULTIPLE SELECT. SHOW SELECTIONS FROM Q675, IN SAME ORDER]
1. Prescription medications for HFpEF (such as diuretics (water pills), beta-blockers, ACE inhibitors, ARBs)
2. General improvements in lifestyle (e.g., improving eating habits, increasing physical activity)
3. Specific diet or diet program (Jenny Craig, Medifast, Weight Watchers, Elimination diets (avoiding fats, sugary beverages, carbohydrates, etc.)
4. Prescription weight loss medication (e.g., Saxenda, Xenical, Qsymia, Contrave)
96. [INSERT Q675r96 RESPONSE]
97. I am not currently being treated for my HFpEF symptoms [ANCHOR; EXCLUSIVE]

For quality control purposes, please select "slightly happy" from the list of options below.
1. Very unhappy
2. Slightly unhappy
3. Neutral
4. Slightly happy
   Very happy

---

Now, that we understand more about your experience with HFpEF overall, we want to know more about some specific points in time related to your diagnosis and ongoing care. First, we want to learn a little more about your experiences                         .

Which of the following <u>best describes</u> how you were formally diagnosed with HFpEF?

1. I was diagnosed at an appointment made specifically to discuss my HFpEF symptoms
2. I was diagnosed at an appointment for something else
3. I was diagnosed during a hospitalization (i.e., for this or another condition)
96. Other, please specify: [MANDATORY TEXT BOX][ANCHOR]
97. I do not recall [ANCHOR]


Which of the following did your                         use to formally <u>diagnose</u> you with HFpEF?

*Please select all that apply.*

[MULTIPLE SELECT. RANDOMIZE; GROUP CODES 3/6]
1. Physical exam
2. Physical function test
3. Imaging (i.e., X-Ray, MRI, CT Scan)
4. Blood testing
5. Cardiac catheterization
6. Echocardiogram (Echo)
7. Heart function test
8. Stress test
9. My description of my symptoms
96. Other, please specify: [INSERT TEXT BOX. ANCHOR]
97. I am not sure/do not recall [EXCLUSIVE][ANCHOR]


<u>When you were first diagnosed with HFpEF</u>, which of the following did your                         talk to you about?

*Please select all that apply.*

[RANDOMIZE; MULTIPLE SELECT]
1. Causes of HFpEF
2. Treatments for HFpEF (e.g., lifestyle modifications, prescription medications)
3. How HFpEF is related to, or impacts, my other health conditions
4. Progression of HFpEF (what to expect in the future)
96. Other, please specify: [INSERT TEXT BOX. ANCHOR]
97. I do not recall [EXCLUSIVE. ANCHOR]
98. None of these [EXCLUSIVE. ANCHOR]


<u>When you were first diagnosed with HFpEF</u>, what, if any, resources did your                         provide to help with your understanding of HFpEF or how to manage/treat it?

*Please select all that apply.*

[MULTIPLE SELECT]
1. Reading material (i.e., pamphlet/brochure, book, magazine) about the condition
2. Website
3. Information on local support group
4. Smartphone app
96. Other, please specify: [INSERT TEXT BOX. ANCHOR]
97. My healthcare provider did not provide me with any resources at this time [EXCLUSIVE. ANCHOR]
98. I do not recall [EXCLUSIVE. ANCHOR]

When you were first diagnosed with HFpEF, did your                              discuss your weight or weight management with you?

1. Yes
2. No
3. I don't recall

[IF DISCUSSED WEIGHT (Q326r1) ASK Q330. ELSE SKIP TO Q400A]

When you were first diagnosed with HFpEF, which, if any, of the following did your discuss about your weight?

*Please select all that apply. Please consider only the things your healthcare provider did/discussed when you were initially diagnosed, not anything that they may have recommended later in your care.*

[MULTIPLE SELECT. RANDOMIZE]
1. Explain the effect my weight has on my HFpEF
2. Help me set goals to improve my weight
3. Help me understand why I have excess weight
4. Make me aware of medications that will help me lose weight
5. Tell me about ways to lose weight (i.e., programs [e.g., Jenny Craig], diet, exercise)
6. Tell me about weight loss clinics
7. Suggest I see a registered dietician or nutritionist
96. Other, please specify: [INSERT TEXT BOX. ANCHOR]
97. I do not recall [ANCHOR. EXCLUSIVE]

Now, we'd like to learn a little more about the <u>ongoing treatment and management</u> of your HFpEF.

*Please click to continue.*


Below are the Primary Care Providers you have seen for HFpEF treatment and management. Which has been _____ in the treatment and management of your HFpEF?

*Please select one.*

[RANDOMIZE; IF ONLY ONE RESPONSE AVAILABLE AUTOFILL AND SKIP]
        [SHOW SELECTIONS FROM Q605Ar1-2 WITH ROW LABEL AND Q605B INITIALS IN PARENTHESES]


Below are the Cardiologists you have seen for HFpEF treatment and management. Which has been _____ in the treatment and management of your HFpEF?

*Please select one.*

[RANDOMIZE; IF ONLY ONE RESPONSE AVAILABLE AUTOFILL AND SKIP]
        [SHOW SELECTIONS FROM Q605Ar3-4 WITH ROW LABEL AND Q605B INITIALS IN PARENTHESES]


[MAX OF 2 SELECTIONS AT THIS QUESTION; ONLY ALLOWED TO SELECT CODE 3 IF CODE 1 NOT AVAILABLE]
    1.  [INSERT Q405A RESPONSE]
    2.  [INSERT Q405B RESPONSE]
    3.  [INSERT Q405B RESPONSE NOT SELECTED IF NO RESPONSE AVAILABLE FOR Q405A]

[LOOP Q420-Q440 THROUGH PROVIDERS IN Q410 ORDER. PIPED TEXT NEEDS TO BE ROW LABEL AND Q605B INITIALS IN PARENTHESES. IF NO PROVIDERS AVAILABLE TO SELECT AT Q410, SKIP TO Q473]


Over the next several questions, we'd like you to think about [INSERT Q410], and how this healthcare provider has helped you manage your HFpEF over time.

First, how frequently do you (or did you) typically have appointments with [INSERT Q410] ?

    1.  Weekly
    2.  Monthly
    3.  Every other month
    4.  Every 3 months
    5.  Every 6 months

6. Yearly
96. Other, please specify: [INSERT TEXT BOX]

Which of the following topics has [INSERT Q410] ____ discussed with you?

*Please select all that apply.*

[RANDOMIZE; MULTIPLE SELECT]
1. Causes of HFpEF
2. Treatments for HFpEF (e.g., lifestyle modifications, prescription medications)
3. How HFpEF is related to, or impacts, my other health conditions
4. Progression of HFpEF (what to expect in the future)
96. Other, please specify: [INSERT TEXT BOX. ANCHO]
97. I do not recall [EXCLUSIVE. ANCHOR]

Which resources has [INSERT Q410] ____ provided to you to help with your understanding or management of HFpEF?

*Please select all that apply.*

[MULTIPLE SELECT]
1. Reading material (i.e., pamphlet/brochure, book, magazine) about the condition
2. Website
3. Information on local support group
4. Smartphone app
96. Other, please specify: [INSERT TEXT BOX][ANCHOR]
97. My healthcare provider has not provided me with any resources [EXCLUSIVE]
98. I do not recall [EXCLUSIVE. ANCHOR]

How satisfied are you with [INSERT Q410]'s approach to your HFpEF care?

*Use a scale where a "1" indicates "Not at all satisfied," and a "7" indicates "Extremely satisfied."*

| Not at all satisfied | | | | | | Extremely satisfied |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

About how frequently (if at all) does [INSERT Q410] discuss your weight or weight management with you?

1. At every appointment
2. At most appointments
3. At some appointments
4. Rarely / at very few appointments
5. Never

When [INSERT Q410] discusses weight or weight management with you
, which of the following have they discussed?

*Please select all that apply.*

[MULTIPLE SELECT. RANDOMIZE]
1. Explain the effect my weight has on my HFpEF
2. Help me set goals to improve my weight
3. Help me understand why I have excess weight
4. Make me aware of medications that will help me lose weight
5. Tell me about ways to lose weight (i.e., programs [e.g., Jenny Craig], diet, exercise)
6. Tell me about weight loss clinics
7. Suggest I see a registered dietician or nutritionist
96. Other, please specify: [INSERT TEXT BOX. ANCHOR]
97. I do not recall [ANCHOR. EXCLUSIVE]

[LOOP THROUGH ALL Q410 REMAINING HCPS]

[END LOOP]


Which type of healthcare provider do you consider the "                                      ?

*By "coordinator" please consider the healthcare provider who is primarily responsible for managing your HFpEF in conjunction with any other conditions you have.*

1.  [INSERT Q605B PROVIDER LIST WITH INITIALS]
96. Other, please specify: [INSERT TEXT BOX]
97. I don't consider any healthcare providers to be the coordinator of my care [EXCLUSIVE]


What are the biggest challenges you have in managing your HFpEF?

*Please select up to 3 challenges.*

[MULTISELECT SELECT 3; RANDOMIZE]
1.  Ensuring all health care providers have current/accurate information on my condition/treatments
2.  Traveling significant distances to see specialists
3.  Limited choice of specialists due to insurance coverage
4.  Long wait times to see specialists
5.  Limited treatment options due to other conditions I have
6.  Limited ability to stay active and exercise
7.  Affording doctor's appointments and treatments
96. Other, please specify: [INSERT TEXT BOX, ANCHOR]
97. I don't have any challenges in managing my HFpEF [EXCLUSIVE. ANCHOR]

How much would you say your HFpEF (and any associated symptoms or requirements for managing it) impacts each of the following aspects of your daily life?

*Please use a scale from 1 to 7 where "1" means it "Doesn't impact at all" and "7" means "Greatly impacts."*

| [RANDOMIZE ROWS] | 1 – Doesn't impact at all | 2 | 3 | 4 | 5 | 6 | 7 – Greatly impacts |
|---|---|---|---|---|---|---|---|
| 1. Your social relationships and activities | | | | | | | |
| 2. Your family relationships and activities | | | | | | | |
| 3. Your finances | | | | | | | |
| 4. Doing household chores (cooking, cleaning, etc.) | | | | | | | |
| 5. Running errands (go to the grocery store, doctors' appointments, etc.) | | | | | | | |
| 6. Your job or career | | | | | | | |
| 7. Being active / exercising | | | | | | | |
| 8. Your hobbies | | | | | | | |
| 9. Your mental / emotional health | | | | | | | |

Using a 7-point scale where "1" means "Very <u>uncomfortable</u> with current weight" and "7" means "Very <u>comfortable</u> with current weight," please indicate how you feel about your current weight.

Very <u>uncomfortable</u> with current weight                                              Very <u>comfortable</u> with current weight

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

To what extent do you feel your weight has impacted…

*Please use the below scale where "1" means "Doesn't impact at all", and "7" means "Greatly impacts."*

| [RANDOMIZE ROWS] | 1 – Doesn't impact at all | 2 | 3 | 4 | 5 | 6 | 7 – Greatly impacts |
|---|---|---|---|---|---|---|---|
| 1. Initial development of HFpEF | | | | | | | |

| 2. How quickly your HFpEF progresses | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. The severity of your HFpEF symptoms | | | | | | | |

Please indicate how much you agree with each of the following…

*Use a scale where "1" means "Do not agree at all" and "7" means "Completely agree."*

*1 - Do not agree at all      2        3        4        5        6        7 - Completely agree*

[RANDOMIZE, CAROUSEL]

1. I could lose weight if I really set my mind to it.
2. I have a responsibility to actively contribute to my weight loss effort.
3. For me to lose weight, I would need to completely change my lifestyle.
4. I am past the point where I can lose weight on my own.
5. I am motivated to lose weight.
6. My weight is less important than my other conditions.
7. I do not feel comfortable bringing up my weight to my doctor unless they mention it first.
8. I know how to keep the weight off.

How many times in your adult life (after age 18) have you made a weight loss effort (e.g., followed a program, set goals, put your mind to it, or worked with a qualified healthcare professional), whether or not you were successful?

*Please enter 0 if you have never made a serious weight loss effort. If you are currently trying to lose weight, please include this in your estimate.*

*Please provide your best estimate.*

[RANGE 0-99]
# weight loss effort(s) |_|_|_|

[IF MADE WEIGHT LOSS EFFORT (Q513 >0) ASK Q516. ELSE JUMP TO Q512B.]

In which of the following ways have you ever tried to lose weight (whether or not you were successful)?

*Please select all that apply. If you are not currently trying to lose weight or have not tried any of these methods in the past, please select "None of the above" at the bottom.*

[RANDOMIZE. MULTIPLE SELECT}

1. General improvement in eating habits / reducing calories
2. Specific diet or diet program (Jenny Craig, Medifast, Weight Watchers, Elimination diets (avoiding fats, sugary beverages, carbohydrates, etc.)

HFpEF Patient Medical Interface Mapping Research
KJT Group (J20102)
3. Generally be more active / increase physical activity
4. A formal exercise program / Gym membership / Personal trainer
5. Over-the-counter (non-prescription) weight loss medication (dexatrim, vitamins, supplements, etc.)
6. Prescription weight loss medication
7. Visiting a nutritionist / dietician or other weight loss specialist (may be in a weight loss clinic)
8. Weight loss surgery
96. Other, please specify:        [MANDATORY TEXT BOX][ANCHOR]
97. None of the above        [EXCLUSIVE][ANCHOR]


What prescription weight loss medications (if any) are you aware of?

[MANDATORY OPEN TEXT BOX]


How long after you were diagnosed with HFpEF did you use a prescription weight loss medication?

*If less than one year, enter 0 for "years" and then only enter in the number of months. If less than one month, enter "0" for both "months" and "years."*


1. |_|_| years [RANGE: 0-S3]
2. |_|_| months [RANGE: 0-11]
3. I only used a prescription weight loss medication <u>before</u> my diagnosis with HFpEF [EXCLUSIVE][ANCHOR]


1. [INSERT MONTHS: Q518Br1/2 + Q518Br2]


Which of the following weight loss medications have you used?

*Please select all that apply.*

[MULTISELECT. RANDOMIZE]

1. Liraglutide (Saxenda)
2. Orlistat (Xenical, Alli)
3. Naltrexone-bupropion (Contrave)
4. Phentermine (Adipex, Suprenza)
5. Phentermine/Topiramate ER (Qsymia)
   Other, please specify: [MANDATORY TEXT BOX. ANCHOR]
   I am not sure


Are you still using a prescription weight loss medication?

1. Yes
2. No

For what reasons did you stop using a prescription weight loss medication?

[MANDATORY OPEN TEXT BOX]

How interested are you (if at all) in using a prescription medication to aid in weight loss in the future?

*Use a scale where a "1" indicates "Not at all interested," and a "7" indicates "Extremely interested."*

| Not at all interested | | | | | | Extremely interested |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Please indicate how much you agree with the following regarding prescription medications for weight loss…

*Use a scale where "1" means "Do not agree at all" and "7" means "Completely agree."*

[RANDOMIZE, CAROUSEL]

1 - Do not agree at all      2   3   4   5   6   7- Completely agree

1. Prescription weight loss medications are more effective than other treatment options for weight loss.
2. I am likely to use new prescription weight loss medications in the future.
3. I am more likely to take a prescription medication than have a surgery (bariatric) to lose weight.
4. I am concerned about the side effects associated with prescription weight loss medications.
5. I would like my doctor to offer prescription weight loss medication to help me with my weight loss efforts.
6. Cost is a major barrier for me to consider prescription weight loss medications.
7. I would rather lose weight on my own than depend on medication.
8. I am concerned about the long-term safety associated with prescription weight loss medications.
9. I don't know enough about prescription weight loss medications to feel comfortable using them.

Now that we've learned about the healthcare providers you have seen, thinking across those who have discussed weight or weight loss with you, which do you feel has been the most helpful in supporting you in managing your weight?

*Please select only one.*

1. [SHOW ONLY THOSE SELECTED AT Q615r6]
97. None of these providers have been helpful

For what reasons do you feel [INSERT Q526] is the most helpful in supporting you in managing your weight? What do they do that is helpful?

*Please be as specific as possible.*

[LARGE MANDATORY TEXT BOX]


Which, if any, of the following technologies have you used related to managing your HFpEF? In managing your weight?

*Please select all that apply.*

[COLUMNS]
1. HFpEF
2. Weight Management

[RANDOMIZE. MULTIPLE SELECT]
1   Online patient portal (to schedule appointments, view medical record, etc.)
2   Food / meal / nutrient tracking app or device
3   Exercise / activity tracking app or device
4   Other, please specify: [INSERT TEXT BOX. ANCHOR]
5   I have not used any technology related to managing my health [EXCLUSIVE. ANCHOR]


Which of the following have you used as a source of information related to <u>HFpEF</u> and which have you used as a source of information related to <u>weight or weight management</u>?

*Please select all that apply.*

[COLUMNS]
1. HFpEF sources
2. Weight/Weight Management sources

1.
2.
[ROWS. RANDOM, MULTI-SELECT]
3.
4.
5.          The Internet (Google, Social media, Websites)
6.          Family and friends
7.          Information from a healthcare provider
8.          Wellness coach or personal trainer
9.          Weight loss programs
            Registered dietician or nutritionist (non-physician)
            Peer support group
            Smartphone apps
            None of the above [ANCHOR, EXCLUSIVE]

What specific websites do you consult for information on HFpEF and/or weight management?

[MANDATORY TEXT BOX]

How would you most prefer to learn about HFpEF and weight management, whether you have used this source in the past or not?

*Please select your **top three** sources.*

[MULTIPLE SELECT. MAX 3 TO SELECT]

1.      The Internet (Google, Social media, Websites)
2.      Family and friends
3.      Information from a healthcare provider
4.      Wellness coach or personal trainer
6.      Weight loss programs
7.      Registered dietician or nutritionist (non-physician)
8.      Peer support group
9.      Smartphone apps
11.     Other

What is the other source you would prefer to use to learn about HFpEF and/or weight management?

[MANDATORY TEXT BOX]

What are the                                                              to be successful with managing your weight?

*Please select your top 5.*

[SELECT 5 ONLY]

   [RANDOMIZE]

   1.   Resources for family and friends to help understand how to be supportive
   2.   Specific meal plans to follow for weight management
   3.   Support groups (online or in-person) for those trying to lose weight
   4.   Programs offered at workplaces to help people lose weight
   5.   Financial support for healthy choices (gym membership, healthy foods)
   6.   App with weight loss tracking and ideas for healthy eating and physical activity
   7.   Weekly follow-up visits with a healthcare provider or dietician/nutritionist
   8.   Access to a physician who specializes in obesity

96. Other, please specify: [INSERT TEXT BOX. ANCHOR]
97. I don't need any type of support [EXCLUSIVE, ANCHOR]

For quality control purposes, please select "5" from the list of options below.

1. 1
2. 2
3. 3
4. 4
5. 5

.   What is the highest degree you received?

1.   High school diploma or the equivalent (GED)
2.   Associate degree
3.   Bachelor's degree
4.   Master's degree
5.   Professional degree (MD, DDS, DVM, LLB, JD, DD)
6.   Doctorate degree (Ph.D. or Ed.D.)

97. None of the above

What best describes your employment status?

1.   Employed full-time
2.   Employed part-time
3.   A homemaker
4.   A full-time student
5.   Retired
6.   Unable to work for health reasons
7.   Unemployed
8.   Other

In 2019, what was your household's total yearly income <u>before</u> taxes?

*Please remember that your individual information will never be shared. These questions are only used to ensure a representative mix of respondents is achieved.*

1.      Under $25,000
2.      $25,000 - $49,999
3.      $50,000 - $74,999
4.      $75,000 - $99,999
5.      $100,000 - $149,999
6.      $150,000 or more
7.      Decline to answer

Are you currently covered by any of the following types of health insurance or health coverage plans?

Please mark "yes" or "no" for each type of coverage.

[COLUMNS]
1. Yes
2. No

[ROWS]
1. Insurance through a current or former employer or union
2. Insurance purchased directly from an insurance company
3. Medicare, for people 65 and older, or people with certain disabilities
4. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
5. TRICARE or other military healthcare
6. VA (including those who have ever used or enrolled for VA health care)
7. Indian Health Service
8. Any other type of health insurance or health coverage plan

[IF HAS HEALTH INSURANCE (Q115r1-8c1), ASK Q165. ALL OTHERS JUMP TO NEXT QUESTION.]

Do you currently have a health insurance plan that helps pay for the cost of prescription drugs?

1. Yes
2. No
3. Not sure

**Supplementary Table 1.** Characteristics of HCPs Classified as NPs and PAs

| Characteristics of Survey Respondents | HCPs (n=200) | Physicians (n=118) | NPs* (n=40) | PAs* (n=14) |
|---|---|---|---|---|
| **Provider specialty, *n* (%)** | | | | |
| Primary Care | 61 (31) | 30 (15) | 21 (11) | 10 (5) |
| Total Cardiologists | 139 (70) | 118 (59) | 18 (9) | 3 (2) |
|    Cardiology Specialists | 94 (47) | 82 (41) | 10 (5) | 2 (1) |
|    Heart Failure Specialists | 45 (23) | 36 (18) | 8 (4) | 1 (<1) |

*percentages may not add to 100 due to rounding
Abbreviations: HCPs, healthcare providers; NPs, nurse practitioners; PAs, physician assistants.

**Supplementary Table 2.** Patient and Cardiology Specialist Recall of Methods for Diagnosis and Treatment of HFpEF and Obesity

| Item Recalled | Patients (n=114) | Cardiology Specialists (n=137) |
|---|---|---|
| **Method Used for Diagnosis, n (%)** | | |
|    Echocardiogram | 84 (74) | 133 (97) |
|    HF test | 65 (57) | 40 (29) |
|    Physical exam | 64 (56) | 119 (87) |
|    Blood test | 63 (55) | 95 (69) |
|    Symptoms / Review of medical history | 61 (54) | 96 (70) |
|    Stress test | 59 (52) | 73 (53) |
|    Imaging (i.e., X-Ray, MRI, CT Scan) | 57 (50) | 58 (42) |
|    Cardiac catheterization | 44 (39) | 33 (24) |
|    Physical function test | 25 (22) | 30 (22) |
| **Coordination of care, n (%)** | 74 (65) | 78 (57) |
| **Treatment currently using (patients) or recommended (providers), n (%)** | | **Total cardiology specialists (n=139)** |
| Lifestyle changes | 81 (72) | 126 (91) |
| Prescription weight loss medications | 13 (11) | 24 (17) |

*percentages may not add to 100 due to rounding
Abbreviations: HF, heart failure; HFpEF, heart failure with preserved ejection fraction.