Supplementary

Supplement I Metabolic complication in non-alcoholic steatohepatitis (NASH) patients survey

Section A: Medical history

1) How would you define your ethnicity? Please check one box
   □ Non-Hispanic White   □ African American   □ American Indian
   □ Hispanic White       □ Asian            □ Other: _____________

2) What year were you told you have fatty liver?

3) Do you have high blood pressure?
   □ Yes   □ No
   ↓
   What year were you diagnosed? ________________________

4) Do you have diabetes?
   □ Yes   □ No
   ↓
   What year were you diagnosed? ________________________

5) Do you have high cholesterol?
   □ Yes   □ No
   ↓
   What year were you diagnosed? ________________________

6) How much did you weigh 5 years ago? ________________________ lbs

7) How much did you weigh 10 years ago? ________________________ lbs

8) How much driving do you do a day on average?
   □ 0–29 min   □ 30–60 min   □ 60–120 min   □ >120 min

9) How many drinks with sugar do you drink daily? (soda, juices, smoothies, fruit drinks, coffee, sports drinks, energy drinks)
   □ 0–1 drinks a day   □ 2–3 drinks a day   □ 4–5 drinks a day   □ 6+ drinks a day

10) Have you changed your lifestyle after finding out about the diagnosis of Fatty Liver?
    □ Yes   □ No
    If No, please circle what applies:
    A. Did not think it was a real disease, I felt normal
    B. It required too much change in my lifestyle
    C. Financially I am not able to afford healthier food options
    D. Financially I do not have the ability to follow up with a physician for this problem
    E. I could not abide by this diet plan for personal reasons (example: I ate whatever my wife cooked)
    F. I was not given enough instruction on how to change my diet or how long I need to exercise for
    G. I was too embarrassed to see a health care provider for this problem
    H. Other reason ____________________
Section B: Family history

11) How many brothers do you have? ____________
   How many have fatty liver? ____________
   How many have high blood pressure? ____________
   How many have diabetes? ____________
   How many have high cholesterol? ____________
   How many are overweight? ____________

12) How many sisters do you have? ____________
   How many have fatty liver? ____________
   How many have high blood pressure? ____________
   How many have diabetes? ____________
   How many have high cholesterol? ____________
   How many are overweight? ____________

13) Mother
   Does your mother have fatty liver? ____________
   Does your mother have high blood pressure? ____________
   Does your mother have diabetes? ____________
   Does your mother have high cholesterol? ____________
   Is your mother overweight? ____________

14) Father
   Does your father have fatty liver? ____________
   Does your father have high blood pressure? ____________
   Does your father have diabetes? ____________
   Does your father have high cholesterol? ____________
   Is your father overweight? ____________