

**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
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Non-Hispanic White | <input type="checkbox"/> African American | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> Hispanic White     | <input type="checkbox"/> Asian            | <input type="checkbox"/> 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? \_\_\_\_\_