Experience with tirzepatide and weight management during and after a clinical trial in Japanese patients with obesity disease: a qualitative study

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Supplementary Figure S1. Pre-survey

Please answer the following questions about yourself and the obesity study.

Please provide your current working status.

☐ Full-time work

☐ Part-time or temporary work

( ) days per week/( ) hours per day

☐ Self -employed and/or freelance

☐ Not currently working

Job description* ( )

*Only answer if you are currently working

What prompted you to take part in an obesity clinical trial?

☐ Referred by a doctor

☐ Found the information myself and consulted a doctor

☐ Asked a family member or friend and consulted a doctor

☐ Other

( )

Please rate your overall satisfaction with the obesity study you participated in.

Scale: 0 (minimum score) to 10 (maximum score)

☐ 0 points ☐ 1 points ☐ 2 points ☐ 3 points

☐ 4 points ☐ 5 points ☐ 6 points ☐ 7 points

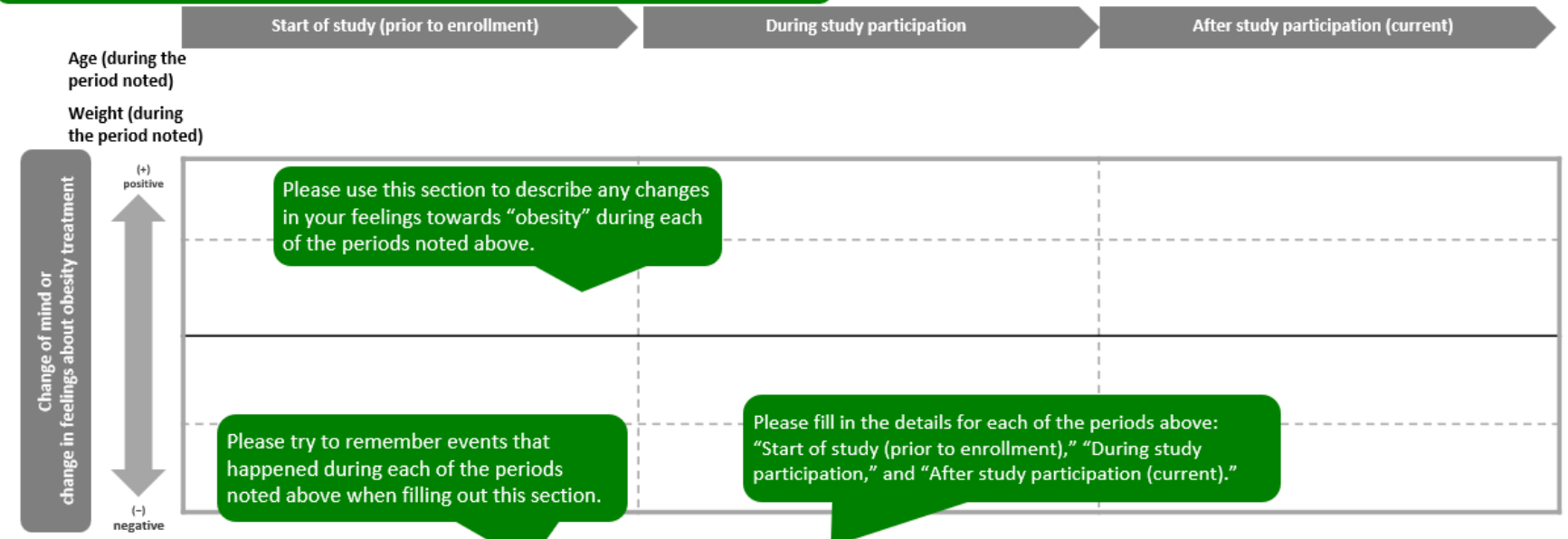
☐ 8 points ☐ 9 points ☐ 10 points

Please provide your medical history up to the present (obesity-related and other diseases). If you have been to more than one hospital, please report all of them.

Visit	Department	Treatment

Please provide your motivation for taking part in the clinical trial for obesity. Please be as specific as possible.

Please describe your history starting from before participating in the obesity clinical trial and continuing to the present.



Obesity-related events/triggers for the loss–gain weight cycle, etc.			
Weight reduction efforts			
Things you tried to do to lose weight but were not able to do			

Supplementary Text S1. Study interview guide

PATIENT EXPERIENCE WITH TIRZEPATIDE AND BODYWEIGHT MANAGEMENT DURING AND AFTER COMPLETION OF A PHASE 3 CLINICAL TRIAL IN JAPANESE PATIENTS WITH OBESITY DISEASE: A QUALITATIVE INTERVIEW STUDY

[INTERVIEW GUIDE]

[How to proceed with the interviews]

- Because 1 to 2 years have passed following the completion of treatment with tirzepatide, the following measures should be taken to refresh participants' memory.

(1) Pre-survey (Questionnaire): Sections separately prepared for before, during, and after use of tirzepatide.

(2) Send the outline of the questions in advance.

- During the interview, the research participant's answers should be shared on the screen, and more details should be asked based on their answers.

[OPENING]

Thank you for taking the time to participate in this survey.

This survey will include people who participated in the clinical trial for individuals with obesity disease conducted from May 2021 to June 2023 who were prescribed the investigational drug rather than a placebo. We will ask about your experience and how things have been going since then. We would like to listen to what you have to say while looking at the pre-survey that you answered in advance. It has been a little while since the end of the clinical trial, but please try to remember and tell us as much as possible.

1. WARM-UP (5 minutes)

1. Age/family member(s) living together
2. Details of work or part-time job/how are weekends and holidays spent/hobbies and exercise

2. PRE-SURMOUNT-J TRIAL AND REASONS FOR PATICIPATION (15 minutes)

1. When did your obesity disease start? Or when did you start recognizing it yourself?

2. Did you have any problem caused by obesity disease or incident that made you feel disadvantaged because of obesity disease?

   (The following questions should be prompted depending on the participant's response)

   - Has obesity disease ever affected your feelings and actions?
   - Have you ever been spoken to about your weight at the hospital, etc.? If so, how did you feel?
   - What is your ideal weight loss relative to your current weight?

3. Please tell us about what you did to improve your obesity disease before you participated in the clinical trial.
   - What efforts did you make to improve your eating habits?
   - What else did you work on?

4. Treatment of obesity disease at a medical institution.
   - What made you decide to seek obesity disease treatment at a hospital?
   - What conversations did you have with the doctor to decide on the treatment?
   - What kind of treatment did you actually receive?
     - Treatment with medication → What medication was prescribed?

       (Anticipated answer: Mazindol [Sanorex], etc.) → (<u>Only spontaneous answers, no questions for reassurance</u>)
     - Besides medication, what other treatment or guidance did you receive? (e.g., guidance on cognitive behavioral therapy, exercise therapy, or diet therapy)
   - Duration and effectiveness of the treatment received.
   - On a scale of 1 to 10, what is your level of satisfaction with the treatment?
   - (If you discontinued the cognitive behavioral therapy, exercise therapy, or diet therapy) What was the reason for discontinuation?

5. Please tell us why you decided to participate in this clinical trial (SURMOUNT-J).

3. DURING THE SURMOUNT-J TRIAL (15 minutes)

1. Please provide any comments you may have about your participation in this clinical trial.
2. Please tell us about any changes that have occurred for you since you started taking the medication.
   - What kind of impact has it had on your daily life? (e.g., daily life, amount of physical activity)
3. Which of these changes is the most important to you?

4. Regarding the medication you used in the clinical trial.
   - Would you tell me your thoughts related to using the medication provided in this clinical trial? (e.g., preparing the injection device, disposing of injections, fitting it into your routine, achieving the correct dose of medication every time, ease of handling, understandability of the medical package insert, etc.)

4. HISTORY AND CHANGES AFTER THE SURMOUNT-J TRIAL (15 minutes)

1. After completion of the clinical trial (after completion of tirzepatide treatment), please tell us how you changed compared with how you were pre-trial.
   - How did your weight change as a result of your participation in the clinical trial?
   - How did you feel about the most important change (3-3) for you after the completion of the trial?
   - The following should be briefly inquired about regarding the changes referred to in question 3, e.g., daily life, amount of physical activity.
2. Please tell us about the change in your weight after completion of the clinical trial (ask for the specific numerical value of the change).
   - No increase: How do you maintain your weight control?
   - Gained weight: Did you do anything by yourself to deal with the weight gain (diet, exercise, etc.)?
     - Did you receive drug treatment?
   - Please tell us why you were/were not able to maintain weight control.
3. Did your awareness of weight management change through your participation in this clinical trial → How?

5. REQUESTS FOR FUTURE OBESITY DISEASE TREATMENT (10 minutes)

1. Would you like to continue your obesity disease treatment with any medication?
   - Would you like to continue with the medication you took this time?
     - Want to continue: Can you continue using a dosing device (auto injector) like this one? →What motivates you to continue?
2. If a healthcare provider recommended drug treatment to someone who is suffering from obesity disease and is currently treating with diet and exercise, what are your thoughts?

- Want to recommend: What are the main points that you would recommend this medication for?

3. Please tell us your opinions and wishes regarding obesity disease treatment at medical facilities.
   - What kind of support would you like to receive from the medical staff to make it easier for you to continue your treatment without stopping?
   - Are there any therapies that you would like to receive in addition to drug treatment? For example, exercise therapy/diet therapy/cognitive behavioral therapy.
   - Do you have any concerns or suggestions for improvement in communication with the medical staff?
4. Finally, please tell us whatever you would like to wish for in relation to "obesity disease treatment".

Supplementary Table S1. Representative participant narratives for each interview category

Major classifications	Category	Quote
During the clinical trial	Appetite loss due to tirzepatide efficacy	I feel full very quickly now. […] I finish without getting an extra serving of noodles even when I have pork bone-based ramen. The portion of the ramen is small to begin with. But that is how I felt. […] (Having an extra serving of noodles before the trial) was just normal for me. Well, I used to be done with just one extra serving anyway. (Male, 50s) ただ、すぐお腹いっぱいになっちゃうんで。(中略)とんこつラーメンも替え玉なしで終了みたいな。元々少ないじゃないですか、とんこつラーメンって。みたいな感じでしたね。(中略)(治験前は替え玉が)デフォルトでしたね。まあ、でも逆に言えば替え玉 1 杯くらいで終わってたんで。(男性、50 代)
		I noticed a drastic decrease in my food intake. I think this change was due to the medication […] I kept purchasing large quantities of food initially; however, I could not finish it all when I tried to eat. I started feeling that the portions were too big to finish. My eating habits have changed drastically as my food intake decreased. (Male, 40s) 本当に食べること、本当にもう食事量が極端に減ったっていうのが、もう最初の印象で、もちろん多分その薬の影響だとは思うんですけれども(中略)食事の量が、その減ったとか、最初のうちはなんかたくさん、前みたいにたくさん買ったりはしてたんですけども、いざ食べてみると全然もう食べられない。もう逆に多すぎて食べられないぐらいになってしまって、もう本当にそこの面もすごい、なんでしょうね、で、どんどんその食事の量も減っていくことで、なんでしょうね、そこらへんの食生活がガラッと変わっていったって感じです。(男性、40 代)
		(Decrease in alcohol consumption) I feel like it is about half. I used to drink around 20 glasses in a night—well, in about four hours—across the first and second bars before participating in the trial. I used to drink nearly 20 glasses. […] I normally ordered drinks such as “Draft beer, please” or “Sour, please” at a pub and drank nearly 20 regular or medium-sized drinks. I would start feeling full by the time I reached 20. However, after I received the first injection during the clinical trial, I had never had more than 10 drinks. […] My coworkers even asked, “No, no, I’m fine. I just ate too much at lunch.” (Male, 40s) (飲酒量の減り具合を問われて)えー、半分ぐらいですね。感覚的に。なんでしょうね。治験始める前は多分一晩、一晩っていっても 4 時間

		ぐらい、1 軒目 2 軒目ぐらいで、多分 20 いくかいかないぐらい飲んだんです。20 杯近く飲んでたんです。(中略)だから普通に居酒屋さんで「生、ください」とか「サワー、ください」って普通のグラス、中ジョッキで 20 杯近く、10 の後半ぐらいになるとそろそろお腹いっぱいだな、みたいだったんですけど、治験して初めて注射してる時は 10 はいったことないですね。(中略)「どうした？お前病気か？」って同僚に聞かれて、「いや、大丈夫、大丈夫。昼、食いすぎただけ」って言ってごまかしてましたけど。(男性、40 代)
		For instance, I feel completely satisfied with a regular-sized beef bowl now. I still felt full even when I had a smaller portion earlier. (Female, 40s) 例えば牛丼だったら、牛丼の並、では十分間に合うんですけど、前だったらそれこそ少なめにしたとしても全然満たされてしまうっていうか。(女性、40 代)
	Conscious changes in eating habits	(Changes in eating habits after losing weight during the clinical trial) I shifted from buying, eating, and drinking whatever I liked to being more mindful of ingredients and choosing healthier options. I used to select things based on price, but now I look at the ingredients rather than the cost. I have become more conscious of my choices. That said, I am not very knowledgeable, so I cannot control my calorie intake precisely. However, I have started choosing options that seem better. I no longer eat impulsively. Instead, I think about whether I actually need it at that moment. I have started pausing for a moment before meals. (Female, 50s) (治験中に痩せて変わったことを問われて)まずはもう、あの、好きなものを買う、好きなものを食べる、好きなものを飲むの生活から、成分を気にしたり、よりいいものを買うようにしたり。もう今までは値段で決めていたものを、値段ではなく中身を見るようになったりとか、そういう意識が高まったことと、それほど知識があるわけではないので、正確なカロリーコントロールができるわけではないんですけど、これよりはこれかなみたいな。食べる、衝動的に食べるよりも、今これが必要かどうかを考えたりっていう、あの食事の前にワンクッションが入るようになりました。(女性、50 代)
		I used to consume excess amounts of carbohydrates and oily foods. I tried to cut back on those foods as much as possible and made an effort to eat more vegetables, yogurt, and soy-based products. (Female, 40s) 炭水化物とか油物がやっぱり多かったんですけど、今までは。そういうのをなるべく控えて、野菜を摂ったり、ヨーグルトとか大豆食品を摂ったりっていうふうに心がけました。(女性、40 代)

	Positive feelings associated with body weight loss	(After losing weight) I was happy. I actually wanted to maintain that weight, but losing weight was just so much fun. It made me happy to hear “Do you even need to?” when I told people I was on a diet (Female, 50s) (体重が減って)嬉しかったです。本当はそこでキープしたかったんですけど、減ったのが楽しすぎて。それこそ、その周りにダイエット中って言うと、「ダイエット必要？」って言われるのが嬉しくて。(女性、50 代)
		[…] I somehow felt lighter. It was not just about losing weight. My clothing size changed, which made me feel like my body was lighter too. I mean, I am still heavy (laughs), but I felt lighter mentally. (Female, 40s) (前略)なんかこう楽でしたね。こう体重が軽くなって軽くなるっていうか、やっぱり服のサイズが変わってきて、そう、それがやっぱりすごい身体もなんかこう軽くなったような気がしますよね。重いことは重いんですけれど(笑)。気持ち的に軽い感じがして。(女性、40 代)
		[…] I was able to see that my actions led to weight loss. This made me believe that I could change if I put in the effort. (Male, 30s) (前略)一度こう、何か自分でやることによって体重が減少するっていう事実を確認ができましたので、そういうのが、いざ自分がやれば何とか変われるっていうふうな気持ちにはなったのかなと思います。(男性、30 代)
	Joy of being able to choose clothes	(Good things associated with losing weight) I thought, “Hmm, was there anything?” My clothing size has changed. Is that a bad thing? I had to replace my old clothes as they do not fit anymore. I dropped several sizes, and my old clothes became baggy—so big that it felt like two people could fit in them (laughs). My waist shrank by approximately 20 cm. I could manage to wear my jackets, but I had to replace my pants and trousers as they no longer fit at all. So I replaced them all. […] I was happy about it. Although it cost money, I could finally choose from a variety of clothes. Not many stylish options were available when I wore larger sizes. So it was a positive change in that sense. (Male, 40s) (痩せて良かったことを問われて)ああ、そうだ、あれか、何かあったかな。洋服が痩せて良かった、これは悪かったもんなのか。洋服も全部着れない、着れないんで、もう新しいのに取り替えて、サイズが全然、ダウンしちゃったんで。はい。もういままでのがブカブカで、もう 2 人分ぐらい入っちゃうんじゃないかっていうぐらい(笑)。ウエストだけでも 20 センチぐらい減ったのかな。ええ。だから、まるっきり。上着はまだ、だましだまし着られますけど、もう下のズボンとかパンツはもうダメですよね。総取っ替えですよね。はい。(中略)嬉しいことですよね。色々やっぱお金がかかりましたけども、いろんな種類のものを選べ、やっぱサイズがデカいとあんまりかっこいい服とかもないので、はい。その辺は良かったですね。(男性、40 代)

		Yes. Not just my appearance, but my waist also shrank by 20-30 cm, I think. I started looking for my old pants to wear again. I was happy to be slimmer. (Male, 50s) そうですね。見た目もそうなんですけど、ウエストなんかも 20、30 センチぐらい。おそらくそうですね。20 センチぐらいは減ったりしましたんで、ズボンも前のを探して履くような感じになったんで、まあ、そうですね、スリムになって嬉しかったなっていう感じですかね。（男性、50 代）
	Lighter body movements	[…] I realized that my body became much easier to move as I continued losing weight. Going up and down the stairs did not feel as difficult anymore. (Male, 50s) （前略）やっぱりどんどん痩せて、体は随分、あのー、動かしやすくなったなっていうのは実感しましたね。あの階段とかもそんなつらくなくなってきたっていうのは感じました。（男性、50 代）
		[…] My husband told me that I have been running a lot since losing weight. For instance, I would run when taking out the trash. I would also run when going out to grab something from the car since I felt lighter. I actually felt that my body was lighter. I just feel like running. (Female, 50s) （前略）主人に言われたのが痩せてきてからはよく走ってるって言われたんです。例えばゴミ出しに行くのも走っていくとか、軽いので、どこかに出かけて車に何かを取りに行くっていう時も、私が走って行ってたんですって。実際に本当に体が軽いっていう自覚があったので。走りたくなるって言うんですかね。（女性、50 代）
		[…] (Before the clinical trial,) I felt that my daily life was greatly affected. For instance, I would get tired easily. This is a bit embarrassing to admit, but using the toilet had become very difficult. […] (The most valuable change after losing weight) using the toilet has become easier (laughs). I realized that it had been a major source of stress for me. (Male, 20s) （前略）（治験前は）生活にすごく支障が出るので、例えば疲れやすいもそうだし。すごい。ピンポイントで、かつちょっとお恥ずかしい話なんですけど、トイレがすごくしづらくなりました。（中略）（痩せて一番価値があったことは）トイレがしやすくなったっていうか（笑）、一番なのかなあ。かなりストレスだったので。（男性、20 代）

	Improvement in laboratory data	Becoming healthier was the biggest positive change. I get a health examination once a year at my company, and my numbers had clearly improved. I no longer had any B or C ratings—everything was an A—so I think my health was the most significant improvement. (Male, 30s) やはり健康になったことが一番のプラスですかね。はい。健康診断が年に 1 回、やっぱり会社の方で受けるんですけれど、明らかに数値が良くなっておりました。はい。それで B とか C とかそういったものもなく、全て A でしたので、そういう意味では健康面が一番のプラスだったかなと思ってます。(男性、30 代)
		I remember that my weight was recorded during my final medical examination right before changing jobs. My overall numbers were good at that time, and my cholesterol levels were low. Although the levels were within the standard range, the blood test results were also favorable. My overall blood test results had also improved […] (Female, 40s) 多分その時って、ちょうどその転職間際の最後の人間ドックに行った時の体重なんですけど、その時にやっぱり数値とかもすごく、コレステロール値とかも低かったりとか、まだまだ基準は、基準超えてないんですけど。はい。やっぱり全体に血液検査した結果も良くなっていたし(後略)(女性、40 代)
	Adverse events	I used to work in a restaurant kitchen. Sometimes the smell of food, especially the smell of cooking meat, made me feel nauseous […] (Female, 20s) 飲食店でキッチンの仕事してたので、お肉焼く時とかは食品の匂いで結構気持ち悪くて、(後略)(女性、20 代)
		[…] I started feeling that I had lost too much weight at some point and thought I needed to eat more. I sometimes experienced dizziness—when I stood up, my vision would black out, and I actually collapsed twice. I would forget to eat sometimes or get caught up walking around while out, which led to long gaps between meals. Standing up in that state caused dizziness. This was not just at home—I experienced dizziness outside as well. I thought, “This is bad” then. I felt that losing too much weight had significantly reduced my motivation. (Male, 50s) (前略)途中から痩せすぎたなっていうところで、なんか食わなきゃっていうふうにはなったんですよ。痩せすぎたっていうか、書いた通りなんですけど、立ちくらみとか、ふっと立ち上がった瞬間に画面がブラックアウトしてカタンと倒れるっていうのを 2 回ぐらいしまして。なんかち

		ょっと食べるのを忘れてたりとかすると、外に遊びに行っちゃったりすると歩いたりとかしたりするじゃないですか。ちょっと食事の時間が空いちゃったみたいな時に立ってとかやるととか。だから家で立ちくらみじゃなくて、外で立ちくらみみたいになっちゃうんでこれはまずいと。俺にとってはちょっと痩せすぎたなっていうことで。そうそう。そう。なので、やる気ゲージが激減してるのはその辺なんですけど。(男性、50 代)
	Changes in exercise habits	(During the clinical trial) I started getting off the train one or two stations early and walking home. […] Yes, that is pretty much how it was. I like walking, but I consistently did it every day only during the clinical trial. […] I knew I could lose weight through diet alone, but I thought exercise might make it even more effective. I felt that diet therapy had its limits, so I decided to incorporate exercise into my routine. (Female, 20s) (治験中は)帰り道、電車を 1 駅 2 駅前で降りて歩いたりとか、そういうふうな行動はとっていました。(中略)そうですね、ほぼそうです。歩くのは好きなんですけど、ずっと続けて毎日っていうのは治験参加中だけです。(中略)やっぱり食事だけでもどんどん痩せるんですけど、やっぱり運動したらもっと痩せるかなとか、あとはやっぱり食事療法だけだと限界があると思ったので、運動も合わせて習慣になればいいなと思ってやりました。(女性、20 代)
		I started attending a stretching class during the clinical trial. I became more active and was able to do things I could not do before. The stretching felt more like a massage and also improved my metabolism. So I felt more motivated to keep attending the class. (Female, 50s) 治験中に(ストレッチの教室に)行きましたね。やっぱり活動性が上がるから、何かもう、そういうことすらできなかったのが、なんか教室っていうか、ストレッチをやってもらうんですけど、マッサージみたいにして、で、ストレッチして代謝も良くなるんで、で、そこに行く気力ができたっていうか。(女性、50 代)
		[…] I lost weight just by taking the medication. So I thought, “Maybe I do not even need to exercise.” But I was also successful with dietary restrictions and kept up at least some form of exercise like cycling. I think that I was getting more exercise than others weighing the same as me. (Male, 20s) (前略)別に変な話、薬を投薬したらそれだけで痩せたので。運動しなくていいじゃんっていう。で、食事制限も成功してるし、サイクリングもしてるし、最低限の運動をしてるって時期だったので、同じ体重の人と比べたら。比べたら多分運動はしてる方と思ってて。(男性、20 代)

	Positive reaction from others	I was happy as I obviously started losing weight. My sister told me “You’ve lost quite a bit of weight.” This made me happy and motivated me to keep going. (Female, 40s) 体重が落ちてきたから、やっぱりそれも目に見えて嬉しかったっていうのもあると思います。で、家族に会うと、姉が、「結構痩せたね」ってやっぱり言ってくれてたので、ちょっと嬉しくなって頑張ってたって感じです。(女性、40 代)
		(Others' reactions) I actually felt like there were two patterns. People would say, “You’ve lost weight,” or “You’re getting even thinner—what happened?” when I lost about 10 kg. But no one said anything after losing more than 10 kg (around 20 kg). People seemed to be holding back, wondering, “What happened?” or “Is something wrong?”—perhaps because of my age as well. I have gained back a little weight now, so I am technically in a rebound phase (laughs). I have recovered a bit, and my complexion looks better too. Apparently, I looked completely drained when I was at my thinnest. People around me probably did not know what to say because of that. Now that I have regained some weight, a few people have told me, “To be honest, no one knew what to say when you got that thin.” I realized, yeah, that makes sense. (Female, 50s) (周囲の反応を問われて)実はですね。2 パターンありまして、10 キロぐらいまでのときは、「ああ、痩せたね」とか、「また細くなったね、どうしたの？」って、10 キロを超えて 20 キロぐらいになると、逆に誰も言わなくなるんですよ。「あれどうしたのかな？」って、「ああ、ご病気なのかな？」って、年齢的にも、なので、皆さん、段々遠慮し出すんですよ。今少しリバウンドして微増して、絶賛リバウンド中なんですけれど(笑)。少し良くなって、顔色とかも。一時一番落ちたときは、やっぱりげっそりしていたみたいなんですよね。はい。なので、周りが言えないぐらいだったみたいなんですよ。で、今、少し戻してきたところで、「いや実はあのときね、やっぱちょっと、あそこまで行くとやっぱり周りは言えないものよ」と、何人かに言われて、でも確かにそうだなっていうのはちょっと思いました。(女性、50 代)
	Gain confidence because of a better appearance	Moving became easier and more enjoyable, so I have started going out more. I used to feel self-conscious about my body and dreaded going out. I hated going outside even if I put on nice makeup because I felt unappealing, so I avoided seeing people. […] I was able to go on trips, take photos with friends, and do things I used to avoid. I even started enjoying going to the pool with my grandchild. (Female, 50s) とにかく動くのが楽になって楽しくなったので、外に出る、その自分の体型のせいで外に出るのも憂鬱ですし、綺麗にお化粧しても見苦し

		い体型の私が外に行くのは嫌だったり、人に会うのが嫌だった部分がなくなったので。（中略）旅行に行って友達と写真を撮るですとか、今まで嫌がっていた全て。孫と一緒にプールに行くとか。（女性、50 代）
	Alleviation of lower back and joint pain	(Lower back pain during the clinical trial) I did not experience any. Of course, I think being more mindful of my posture also played a role. Losing weight most likely reduced the strain on my lower back. This is just my personal opinion, but that is probably why I barely experienced any back pain. (Male, 40s) (治験中に腰痛がどうなったか問われて)なかったですね。それは。まあ、もちろん自分もそういう気をつけるようになったので、その姿勢とか、そういうのも含めて。やっぱりなんでしょうね。多分、その体重はやっぱ腰にかからなくなったんだろうと思うんですね。素人ながらの考えで。それでその腰痛も全然痛いっていうのはなくなったので、そこはそういう楽になった感じですね。（男性、40 代）
	Decreased physical strength	[…] I sometimes have to push and pull heavy loads at work. There were times when I could not push them all the way. The loads became heavier than me after losing weight, and I just could not push through sometimes. […] I sometimes found it inconvenient for my job. (Male, 40s) (前略)(仕事で)荷物を結構ね、押したり引いたりすることもあるので、そのときにあの～、押し切れない。自分が軽くなっちゃっているんで、荷物の方が重くなっているんで押し切れなくなったりとかっていうのもありました。(中略)仕事上では悪いときもありましたね。そういう面では。（男性、40 代）
	Improved sleep quality	I used to have a really hard time waking up. I felt sluggish when I woke up regardless of how much I slept . […] I did not feel that way often after losing weight. I still feel it sometimes, but not as often. (Male, 40s) やっぱり寝起きがすごく。寝て、起きても、どれだけ寝て起きても、やっぱり何かちょっとだるさを感じてましたんで。はい。（中略)痩せてからはそういう感じることが、まあ、たまにありますけども、少なくなりました。（男性、40 代）

		I was frustrated that food did not taste good to me. […] I was in a state of "nothingness" since I never felt hungry […] It was truly a feeling of "nothingness"—there was just nothing. I had no curiosity without hunger—it was a strange feeling (laughs). […] Yes. The food in front of me just felt like nutrition. I could still taste it, and it was delicious when I ate. However, I did not feel like having more. I also did not have the urge to say, "I want to eat that" or "Let's go out to eat somewhere." (Female, 30s) ご飯がおいしく感じないのはアンハッピーだった。(中略)やっぱりお腹空かないから、なんか「無」なんですよね。(中略)「無」って感じです。何もないの「無」ですね。お腹空かないから好奇心も湧かない、というか、何だろうな、よく変な感じでしたよ(笑)。(中略)そうですね。目の前にあるのが栄養って感じです。味はあるんですよ。もちろんあるし、食べたら美味しいんですけど、もっと食べたいなんて思わないし、あれが食べたい、どこどこへ出かけようとかっていうのもないですし。(女性、30 代)
	Loss of joy in eating	I had always enjoyed eating and drinking. I was told during the clinical trial that the injection would suppress my hunger, and that is exactly what happened. My brain, mouth, and stomach felt disconnected since I never felt hungry at all, and I had this lingering sense of discomfort throughout the trial. […] I did not openly talk about participating in the clinical trial, and I could not just say, "I'm in a trial." I would get excited about going out for drinks before the injection trial—"Yeah!"—or when my family suggested eating out on the weekend, I would happily say, "Sounds great, yay!" But I did not feel as excited as before during the trial. I still enjoyed the atmosphere, but I kept thinking, "I probably will not be able to drink much today" or "I probably will not be able to eat much today." I ate anyway since I was not really hungry, but I got full quickly and ended up feeling kind of… off. (Male, 40s) やっぱり食べ、食べたりとか飲むのは基本は好きなので。その注射を、治験をすることによって空腹感を抑制するみたいなことが起きますよというご説明はいただいてて、本当にその通りになり。なんでしょう、全然お腹が空かないっていうか、お腹が空かないから、なんでしょうね、脳みそと、口と脳みそとお腹がアンマッチな状態がやっぱり治験中ずっと続いてたのはモヤモヤしてましたね。(中略)表には出さなかったので、治験やってますとも言えず、言えないので、表には出さなかったですけど、やっぱりあの注射の治験をしている、してない時はやっぱ飲みに行こうってなったら、「やったー」みたいなとかだったり、週末家族で、「何々食べに行こうか？」「いいね、わーい！」っていうテンションの上がりはなかったまでは言わないですけど、そんなにないですね。場は楽しいから行くけど、今日もそんなに飲めないだろうなとか、今

		日もそんなに食べれないだろうなって行ってみたら、別にお腹空いてないし、とりあえず食べたけど、やっぱり何かすぐお腹いっぱいになった感じがするし、なんだかな～みたいなのはありましたね。(男性、40 代)
Investigational drug	Resolving resistance to injection quickly	I was never afraid of injections. However, I felt a little scared about injecting myself in the stomach at first. I had no problem with a doctor giving me a shot, but I was hesitant about doing it myself. Since it was a pen-type injector where I just had to press a button, I was nervous the first time, but it did not bother me at all by the second time. (Female, 40s) 多分私注射全然平気な人なので、ただお腹に何か自分で打つっていうのが最初はちょっと怖かったですね。病院の先生とかが注射するのとか別に平気なんですけど、自分で刺して。ただペンなのでカチッと押すだけで良かったので、最初怖かったですけど、もう 2 回目ぐらいからはもう全然平気でした。(女性、40 代)
		I felt a little scared about inserting the needle at first. But I could do it without hesitation once it became a part of my routine. […] Hmm… I am not sure how many times it took. I think I was completely fine after two or three times. (Male, 40s) 最初はちょっと針を刺すっていう行為が怖かったですけども、それでちょっと日課になってからは何の抵抗もなくやることができました。(中略)う～ん、何回目ぐらいだろう。でも 2、3 回やったらもうあれかな、はい、大丈夫になりましたかね。はい。(男性、40 代)
	Ease to use	(The usability of the injector) I think it is easy to use. The needle still went in at a consistent depth even if the pressure I applied varied, which I felt was really good. Although I'm sensitive to pain, it was manageable for me since the needle was very thin. Moreover, the needle was safe to handle after use, which made it easy to manage. It was smooth and the mechanism worked well. (Female, 30s) (注射器の使い勝手を問われて)使いやすいと思いますね。自分の押す力が、ムラがあったとしても、ちゃんと一定の入る深さ、入るので、すごくいいなって思いますし、針がすごく細いので大丈夫な、痛みに弱い方ですけど、大丈夫だなって思える範囲だったし、何だろうな、使用後の針もきちんと危なくないし、扱いやすいって思いますね。スムーズだし、動きもいいと思います。(女性、30 代)
		I felt that the pamphlet actually made the injection seem scarier. [...] Maybe it was because the illustrations made it more intimidating than necessary. It was much easier than it looked in reality. (Female, 40s) パンフレットの方が逆に怖さを助長する感じがします。(中略)なんですかね、挿絵のせいですかね。何かこれを見るとハードル高く感じます。もっと簡単なのにって思いますね。(女性、40 代)

	Difficulties with refrigeration and transport of the device	(Difficulty in managing the once-weekly injection) I did not feel that it was a problem. I did my injections on weekends, so I asked, “What should I do when traveling?” and was instructed to take it on the day I returned. That small adjustment was all it took. I sometimes worried about what to do when traveling. I could not carry it around. I consulted a few times about what to do if I was away for about a week since I was flying. (Female, 40s) （週 1 回の投与に無理がなかったかと問われて）無理がなかったんですね。ただ、週末とかに私打ってたので、旅行とかに行く時に、「どうしたらいいですか？」って言ったら、「戻ってきた、何日に打ってください」っていう感じだったので、そのぐらいですね。旅行にやっぱりちょっと行く時とかはどうしようっていう、さすがに持ってはいけないしとか、飛行機乗るしとか、そういうのがあったので、多分 1 週間ぐらいとか、留守にするとかだと、ちょっとどうしようっていうのは結構相談しましたね。（女性、40 代）
		[…] I think this was entirely due to my work schedule, but it was a bit of a hassle when my injection day overlapped with a business trip or an overnight stay at a hotel. I could not just carry a single injector with me. I had to pack it in a cooler box since it needed refrigeration and bring everything together each time. I received a two-month supply, so it became quite a lot to carry. (Male, 20s) （前略）これは完全に仕事柄だと思うんですけど、出張に行ったりとか、まあ前乗りでホテルに泊まったりとか、そういうのがちょうど投薬の日と被っちゃったりすると、面倒っちゃあ面倒。その注射 1 本だけ持ってるわけにもいかないけど、やっぱりクーラーボックスというか冷蔵しとかなきゃいけなかったから、毎回丸ごと持ってたんですけど。だから 2 ヶ月分もらってた時期とかは結構、結構な荷物だなっていう感じではある。（男性、20 代）
	Convenient dosing frequency	(Experience using the investigational drug) Well, I found it to be pretty simple. I set a specific day and time to do it since it was a once-a-week injection. It was not particularly troublesome, and I thought it was easy to manage. (Female, 40s) (治験薬を使った感想を問われて)そうですね。わりと手軽だったので。で、1 週間に 1 回だったと思うんですね、確か。なので曜日決めて、曜日と時間決めてやってたので、特に、何か面倒なこととかはなかったですね。てか、割と手軽だったと思います。（女性、40 代）
		(Whether the once-a-week injection was an easy cycle to follow) Well, yes. I do not remember which day it was, but I would wake up in the morning and give myself the injection around 7 o’clock (laughs). It was not a problem at all since it became a habit to do it right after waking up. (Male, 40s)

		(週 1 回の投与が無理のないサイクルだったかと問われて)あ、そうですね。あの～、もう何曜日かちょっと忘れましたけど、朝起きて、7 時だったか、7 時台のどこかで(笑)、パチッて、朝起きてすぐ打ってっていうそんな感じだったので、何も問題なかったです。(男性、40 代)
	Inconvenient handling of the cap	(Whether it was difficult to use the investigational drug without errors) Well, yes. The injection on its own was not a problem, but there was one time when I tried to put the cap back on, and it did not fit right, which ended up bending the needle. […] I thought, "It's just a cap, so it should go back on easily, right?" but it did not work smoothly. (Male, 40s) (治験薬をエラー無く使い続けられたか問われて)そうですね。はい。あの、打つこと自体は全然問題なかったんですけれど、あの、打った後、もう 1 回キャップみたいなものをつけますけど、その打った後にキャップをつけるときに、何かこううまくキャップがはまらなくて、針が曲がっちゃったときが 1 回だけあって。(中略)いやいや、キャップなんで、常識的に戻すよねっていうふうに思うんですけれど。(男性、40 代)
		(Difficulties in using the investigational drug) Not really. Once I followed the instructions the first time, it was just the same steps repeated afterward. You turn the color dial similar to how you open and close a padlock, remove the black cap, place the needle on your stomach, and inject. I had to be careful when removing the black cap to avoid bending the needle. […] It would not come off smoothly if I pulled too hard, so I remember being extra careful when taking it off. (Male, 40s) (治験薬の使いにくかった点を問われて)いや、特にないですね。説明書通りに 1 回やってしまえば、もうあと同じことの繰り返しなどで、あの～、鍵のマークが南京錠の鍵のマークが確か開いたり閉めたりする色を回して、針の黒いキャップだったかな、なんかそれを抜いてお腹に当てて打つって形なので、強いて言うと、その黒いキャップを抜くのがちょっと結構針が曲がらないように抜かなきゃいけないっていうのが。(中略)力を入れるときれいにスポンと抜けないので、なんか慎重に抜いていたイメージありますね。(男性、40 代)
After the clinical trial	Poor appetite control	I struggled to control my appetite and overate more often. […] For instance, I ate ramen every day before the clinical trial and would order 3-4 extra servings of noodles. However, I was fine with just a regular bowl during the trial without even upgrading the size. I started ordering large portions or eating two servings after the trial ended, and maybe my stomach gradually stretched. My weight increased as I ate more. (Male, 40s) 食欲がなくなるっていうことがなくなっちゃったので食べ過ぎっていうのがやっぱ増えてきちゃってましたね。(中略)あの～、まあ、変な話、わかりやすいのかわかんないんですけど、あの毎日治験前に例えばラーメン食べて替え玉 3 杯とか、4 杯食べてたのが、試験中は普通の

		ラーメンで大盛にもしませんよで済んでいたものが、あの～、(治験終了後は)大盛りにしたり、2 玉食べてみたりとか、やっぱりそういう形で徐々に徐々になんていうか、胃が大きくなって来ちゃっているんですかね。食べる量が全然食べれてしまうので、それでどんどんどんどんやっぱ比例して体重も増えていったって形です。(男性、40 代)
		[…] I thought I would be able to maintain the weight after "successful weight loss" even without the help of the medication, but I gradually started gaining weight again. I sometimes thought, "Wait, is this not working…?" I ended up eating something delicious when I met up with friends, and that might have had an impact. I really felt like, "It's tough after all without the help of the medication." (Female, 50s) (前略)薬の手助けがなくなると、あの～、なかなか最後に減らしてきた人初めてですって言われた体重をキープしようと思ってたんですけど、やっぱりちょっとずつなんか増えてきてしまって、「あれ～、ダメなのかな～」っていう感じで、やっぱりあの～、そうですね。やっぱり友達と会ったりするといいもの、美味しいものを食べようとかってなっちゃったりっていうのは、どうしてもありますので、それでこう、ああ、薬の手助けがないとやっぱり…。(女性、50 代)
	Maintenance of eating behavior changes	Yes. I like to think that I am living a pretty healthy lifestyle now. […] I have started feeling like I just cannot eat ramen anymore (laughs). […] My food preferences have changed a lot. […] I cannot even eat fried chicken anymore. […] I could not tolerate greasy foods during the trial and felt like they were "too much." But oily ramen makes me feel nauseous, even after the trial ended, maybe because of my age. I just cannot eat it anymore. (Male, 40s) はい。今は大変健康的な食生活をしているように自分では勝手に思ってるんですよ。(中略)なんかもうラーメンとか無理とか思って(笑)。(中略)そこは結構変わりましたね。好きなものが。(中略)唐揚げとかも無理です。(中略)治験中はもう油物とかも受け付けない、無理っていう感じでしたけども、治験終わってから、もう、年齢ももしかしたらあるのかもしれないですけど、さすがにちょっと油っこいラーメンとか、なんかもうムカムカするんで、ちょっと受け付けないなっていう感じにはなりました。(男性、40 代)
		Yeah, I have changed. I no longer eat mindlessly—I have become more aware of portion sizes as I eat. I also focus on having vegetable-based side dishes and try to keep staples and meat portions smaller. Moreover, I think that my cooking patterns have changed a bit too. (Female, 70s) そうですね、変わりましたね。やはりものを食べるのも漠然と食べないで、ちゃんと量をある程度自分の頭の中に認識しながら、量を量りな

		がら食べていくとか、食べ物も野菜中心の副菜はそういうふうにするとか、主食の肉とかそういうのは、なるべく少なめにするとか、なるべく料理のあれもパターンもちょっと変わってきたかなっていうふうに。（女性、70 代）
		Yes. I mean, I do not plan on binge eating or anything, but yesterday, something small happened. There was some rice left in the rice cooker. I was not sure what to do with it—it was not enough to freeze—so I thought, “I can probably finish this,” and took it. However, I was completely stuffed by the time I got to about one and a half bowls and thought, “Ah, I should not have eaten that.” (Male, 40s) そうですね。まあ多分たまに別に暴飲暴食をするつもりはないんですけど、昨日もたまたま小さい話で恐縮ですけど、中途半端にご飯、ご飯ジャーにご飯が残ってたのでどうしようと。冷凍する量でもないし、これぐらいなら食べれるだろうと思って食べたら大変なことになりました。それで 1.5 杯目ぐらいなんですけど、もうパンパンで「あーぁ、食べなきゃよかった」っていう後悔を、後悔をしました。（男性、40 代）
	Failure to maintain exercise habits	[...] I have been overeating lately, and I have been gaining weight steadily. So I feel a bit anxious. But I am not sure where to start with exercise. I am thinking about just cutting back on how much I eat for now. I have tried doing stretches after taking a bath, following diet videos on YouTube, but I cannot seem to keep it up. (Female, 30s) (前略)最近つい食べ過ぎちゃって、どんどん体重が戻ってきちゃったので、ちょっと焦ってはいて。でもやっぱもう、運動とかも何していいかかもよくわからないので、やっぱご飯の量を減らそうかなとか。お風呂上がりにストレッチをしようかなーとか、で、ちょっと動画とかを観ながら YouTube でもいろんなダイエットの動画とかもあるので、これなら続けられそうかなと思ってやるんですけど、結局そんなに続かなくてっていう感じで。（女性、30 代）
		(Whether anything was done after the clinical trial) I went to a gym once, but I quit before even going more than once or twice. […] I was not very motivated to begin with, but I booked it just because I felt like, “I have to lose weight.” Moreover, the location was not convenient, so I ended up making excuses like, “It is too far” or “I am too tired,” and stopped going. (Female, 20s) （治験終了後に取り組んだことはあるか問われて）1 回だけジム見学したんですけど、でも 1、2 回行かないぐらいでもう行かなくなってしまって、やめちゃいました。（中略）ちょっとやる気が、そもそもあんまりなかったけど、気持ちだけ痩せなきゃっていうので予約してしまって。あと

		やっぱりちょっとアクセスが悪かったので、行かない理由にこれをしてしまってたと思う。遠いからとか、疲れてるからって理由で多分行かなくなって。(女性、20 代)
	Negative feelings associated with regaining body weight	I want to lose weight again, but I regret not being able to maintain it. […] I have spent a year and a half losing weight and getting close to my best weight. I keep wondering why I could not keep it off. (Male, 30s) まあ気持ち的にはもう一度痩せたいですっていう、なんでそれを維持できなかったのかなっていうところを悔やみですよね。はい。(中略)せっかくこう 1 年半かけて痩せてベスト体重ぐらいに近づいたのに、なんでそこを維持できなかったのかなっていうところですね。(男性、30 代)
	Habitual body weight measurement	(Awareness of weight management) I think it has changed a lot. I never weighed myself daily, but I do it every day now. I realized that taking the time to think about how to approach those goals is more important than I expected. I think that my awareness of weight management has improved significantly because of that. (Male, 20s) (体重管理の意識は)かなり変わりましたね。そもそも体重なんて量ってなかったので。なので、それが毎日体重を量るようになって、体重目標みたいなものも、その月間目標みたいなもんもできるようになって、それに対してこう、どうアプローチをしていくかってことを考える時間って結構大事だったなと思ったので。そういったところですごく意識は上がったような感じはありました。(男性、20 代)
	Alternative behaviors to prevent regaining body weight	Not just light exercise, but I often feel bloated. So I have been thinking about incorporating massages with massage oil to improve blood circulation, rather than building muscle. I think that my metabolism and lymphatic flow are sluggish, and the bloating bothers me. I sometimes think, “What if nothing I do works?” because of that. I think I should focus on improving the lymphatic flow first and making it smoother. (Female, 40s) 簡単な軽い運動をするっていうものだけじゃなくて、すごいむくんでる感じもしたので、流れを良くするっていう意味で、何かマッサージオイル使ってマッサージしたりとかっていうことをちょっと最近は考えてますね。(中略)でも何かやっぱり筋肉をつけるっていうことよりも、何か代

		謝がとか、リンパがみたいな、そういうのが滞っている感じがすごくして、むくんだりもするので、そこを、なんか、直さないと、多分何をやっても、なんか、効果が出ないんだろうなって思っているので、そこを滞り、リンパとかをちゃんと残らないように流すっていうことをやってた方がいいのかなというふうには思ってます。(女性、40 代)
		I am going to a beauty clinic now. Yes. I feel like spending money is my only option (laughs). I do not really know how to lose weight on my own anymore, and it does not look like my metabolism is improving as I get older. That is why. (Male, 50s) 今はだからエステに行ったりとか。はい。金に物言わせてやる感じですかね(笑)。要は自分じゃもう痩せ方がわからないので、もう年齢も上がっちゃって、その基礎代謝量も上がる気がしないので。(男性、50 代)
	Recurrence of joint pain	My knee does not feel great right now. I feel that its flexibility has worsened again because of my weight gain. There is some pain, but it is lesser than what I experienced before. However, it has become harder to stand up smoothly with my weaker knee since I have been moving less. My knee joint does not fully extend when I stand up and take my first step; I end up walking with it bent now. (Female, 70s) え〜っと、今は膝は、あの〜、やはりまた体重が増えてきたので、あの〜、なんか膝の伸びが悪くなったっていうんですかね。痛いのもあるけど、まあ、以前のあの痛さに比べれば全然ですけども、やっぱり動きが動かさなくなったので、悪い方の膝の立ち上がりですね。立ち上がって一歩歩き出すときに、この膝の関節が伸びない。(膝が)曲がった状態で歩くというのが今現状なんです。(女性、70 代)
Obesity treatment	Willingness to continue drug therapy	I think that I could have lost weight in a more healthy way if I had received the injections once every two weeks instead of weekly, even if the pace was slower. […] I personally think it might be better to continue at a slower pace by lowering the concentration or increasing the interval between the doses. (Male, 50s) 毎週打つっていうんじゃなくて、2 週に一遍くらいだったらば、普通にペースが落ちるにせよ、健康的に痩せられたのかなみたいな気はしました。(中略)もうちょっと濃度が低いのか、期間を空いてなのかみたいなので、薄くやり続けるみたいなのがいいのかなって個人では思ってます。(男性、50 代)

		I understand that I have to keep taking the medication for my appetite to decrease, but I still hope that it might serve as a trigger for change. […] Changing my behavior through willpower alone is extremely difficult […] I do not think that it is a bad thing if the medication can provide even a little support. […] When it comes to the management of obesity, I believe that the problem cannot be solved unless I change my own behavior. I often wish there were a quick and easy way to boost my motivation. Although it may not be appropriate to expect that from medical treatment, I still hope there is some effective way to increase motivation. Not just for obesity; whenever I struggle with obesity, I am looking for ways to maintain motivation and find a trigger to change my behavior. I know that is extremely difficult, but if I could unexpectedly find such a trigger during treatment, it would feel like a dream (laughs). (Female, 20s) うーん、結局やっぱり薬を投与し続けないと食欲は減らないと分かってはいるんですけど、何かのきっかけにはまたなるんじゃないかっていうちょっとした望みです。(中略)やっぱり自分の意思だけで行動変容するっていうの結構大変なことで、(中略)それを薬の力でちょっとでも助けになるんだったら、それはそれでいいと思ってるので。(中略)肥満症治療に関しては、やっぱり、自分の、何て言うんでしょう、行動が変わらないと根本的には解決にならないことだと思うので、そのモチベーションが手っ取り早く上がるといいなと私はいつも思ってて。なので、それをちょっと医療に求めるのは違うかなと思うんですけど、何かそこがうまく上がるようになるといいなと思ってるので、肥満症治療だけじゃないんですけど、肥満に対して悩んでいる時に、やっぱりその行動変容するだけのモチベーションを維持する方法というか、きっかけがいつもないかなって私は思ってるので、そこ、すごい難しいとは思うんですけど、治療に当たって、そのきっかけがもし、ふっとあったら、それは夢のようだなと思ってます(笑)。(女性、20 代)
		I think that I am the type of person with weak willpower. It might be better to rely on medical support considering the changes in my living environment and the effects of aging. Hormonal balance changes in late 40s. As I am about to reach my late 40s, I believe this should be taken into account. If relying on medical support can help maintain my health, I think the use of oral medication or injections could be one option. (Female, 40s) やっぱり私みたいな意志の弱い人とか、やっぱりその生活環境が変わったり変化で、あと年齢的にもやっぱり 40 代の後半なので、そのホルモンバランスとかが変わってくる時期だと、やっぱり何ですかね、その医療の力とか借りた方がいいなっていうふうにはちょっと思いまし

		た。それで健康が維持できるのであれば、やっぱり例えば飲み薬であったり、注射だったりとかでもあるんだったら、そこはいい意味で頼った方が健康を維持できるんじゃないかなというふうには感じました。(女性、40 代)
	Personalized diet and exercise therapy	I am sometimes told by doctors that I have obesity or dyslipidemia, but I feel that no advice is given afterward. […] When I ask, "So what should I do?" I am usually told to diet or exercise. But I would not be in this situation in the first place if I could do that. The truth is that I am in this condition because I cannot do it. I often end up without a solution even after seeking advice, and nothing changes. It would be ideal if I had more time. However, the lack of time is a major issue. When I ask, "What should I do in this situation?" I just get vague responses like, "Well, do your best" most of the time (laughs). That makes me feel like there is no point in asking for advice, and I keep experiencing the same thing repeatedly. […] It is not that the responses are cold, but I feel like I rarely receive specific advice that suits me. The conversation just ends with general instructions like "Make sure to exercise and eat more vegetables," most of the time, which sometimes feels like a routine response. I have often thought, "Yes, I already know that, but…." […] Right. I do feel like there are a lot of those standardized responses. (Male, 40s) ん～、あの～、病院で結構肥満症ですとか指摘、脂質異常症ですとか指摘されるんですけれど、その後がアドバイスってないのと。(中略)「じゃあ、どうしたらいいんですか？」っていうふうに聞くと、大体食事療法、運動療法になるんですけど、これができていればそもそもそういうふうになってないんじゃないのっていうのもあるので、できないからなってるんですよっていうのがやっぱ多いので、その辺、結局何て言うんですかね。それを投げかけても、結果として出るような答えがないので、そのままになっちゃいますよね。やっぱり。あの～、どうしてもね、時間があればいいんですけど、時間がないっていうのもやっぱ強い、あの～、ことが多いので、なかなか、そういうものに、「そういうときにはどうしたらいいんですか」っていうと、「まあ、頑張ってください」ぐらいなことしか結局ないので(笑)。だったらいっても一緒かなっていう話になって、ずっとそういう体験だったりとかしますよね。やっぱね。(中略)ん～っとね。なんて言うんだろうな。あの～、そっけないわけじゃないんですけど、結局あんまりその人に対して、まあ自分だったら自分に対して合った、なんていうんだろう、アドバイスっていうのはない。まあ、「運動と野菜を多く摂ってくださいね」で終わるような、そういうようなのは(笑)あんまり別になんか流れ作業じゃないですけど、感じるので、

		「いや、それはわかってますけど」とやっぱりありますよね。やっぱり思いますよね。ええ。(中略)そうですね。そういう通り一遍、おっしゃる通り、そういう感じのほうが多いですかね。(男性、40 代)
		[…] I feel that counseling is very necessary. I believe it is important to understand the background of each individual as different reasons and circumstances lead to obesity. For instance, some people overeat while drinking alcohol, while others—similar to the causes of diabetes—gain weight due to dining out with colleagues or business partners, especially men. Housewives may gain weight due to social gatherings such as tea parties with other housewives. Thus, appropriate guidance should be given to each person. It is important to listen to and provide guidance on how to improve the lifestyle habits of the individual. […] Suggesting exercises and habits that they can maintain is also essential. I have realized that the types of exercises I can do and the level of self-discipline I can maintain have changed from when I was younger. Consequently, if the guidance is not tailored to the person, they will not be able to sustain it. I think the most effective guidance is the kind that a person can actually stick with. (Female, 50s) (前略)カウンセリングが一番必要かなって思う、その人がその、何て言うかな、太っちゃった経歴とか機序とかあるわけじゃないですか。その、多分人によって違うと思うんですよね。お酒とかいっぱい飲んでいっぱい食べちゃって太っちゃった人もいれば、あとは糖尿の原因とかと一緒ですけど、男の人の場合は職場の付き合いとか取引先の付き合いで食べ過ぎたり飲み過ぎたりとかして太っちゃうパターンが多くて、主婦の人だったら、あの、主婦同士のお茶会とか、そういうもので太っちゃうことが多いっていうのは色々あるんで、その人によってこう指導とかも違ったりとかするから。うん。そうですね、まずは、どういう指導が必要かだよね、まずは話を聞いて、その人の生活をどうしたらいいのかっていうのが、その生活習慣の改め方を指導する。(中略)それから、その人が続けられることを指導する、運動とかね。結局、私が、何か身をもってわかったのは、やっぱり若い頃と今ではできる運動とかできる我慢が違うから、その人に合ったものを指導しないと続けられないんですよね。だから、その人に続けられることを指導するっていうのが、いいかな。(女性、50 代)

		I felt a strong resistance to simply being told to "exercise." I often thought, "I would not be here asking for advice in the first place if I could do that." Although the phrase "moderate exercise" is often used, "moderate" means something different for each person. I think more specific advice, like the health guidance at my previous company—such as "Try to use the stairs as much as possible"—would be more helpful in such cases. I feel that people may feel more motivated if the their own "moderate" level are clearly defined for them since the level of moderate exercise and effort a person can handle varies. For instance, I think it would be easier to get started if I were given a suggestion like "Let's start with stretching". (Female, 40s) 何かもうほんと無下に運動しろって言う人が本当にちょっと嫌でした。できてたら来てないよって私は思ったりするので、適度な運動っていう言葉をすごい使うんですけど、その適度って人によって全部適度違うよって思ったり、だったら明確に前の会社の健康指導の人みたいになるべく階段を使うようにしようとか、そういう何か具体的なアドバイスの方が、何か人によってその適度とか頑張れる範囲って違うと思うので、何かその人に合った適度を明確に伝えてくれたら、何かちょっとやる気になるのになって。ストレッチから始めてみようじゃないですけど、そういうところとかもあるのかなって私は思いました。(女性、40 代)
	Monitoring by healthcare providers	Yes. That is right. I think there will be people like me who find it interesting to use since this investigational drug causes dramatic weight loss, and some might even overdose (laughs). The effects are so strong that I feel excessive use could be life-threatening. That is why I felt it must be managed under the supervision of a doctor who monitors the patient properly. […] Yeah, that is right. I think it is important for the doctor to step in and stop treatment when necessary in cases like this clinical trial, where body weight drops too rapidly. Also, it is dangerous if a person continues to eat almost nothing. I think proper guidance is necessary, like explaining that "not eating for two to three days could be life-threatening" (laughs). I think that the presence of a doctor who can adjust the medication at the right time is essential in such situations. (Male, 40s) はい。でもそうですね。え〜っと、こういった文言は、今回の治験薬って結構劇的に体重が減っていくので、私みたいに面白がってやるような人だと、バンバカ打つ人が絶対いると思うんですよ(笑)。そうしたときに、多分これって、あの〜、過剰にやると、結構命の危険があるんじゃないかなって(笑)思うぐらい効くと思うので、そういう意味では近くにいるお医者さんじゃないと、結構診てくれる人じゃないとまずいのではないかって思います。はい。そのぐらい劇的に効いた気がします。(中略)ええ〜、そうですね。やっぱりその今回やった治験みたいに体重

		の減るスピードとか、あまりにも減りすぎていたら、ちょっとストップをかけてくれるとか、あと食べるものとかですかね。あまりにもなんか 2〜3 日何も食べないみたいなことが続くと死んでしまいますよっていうのを(笑)ちゃんと言ってくれるとか、そこで薬を止めてくれるような先生が必要かもしれないなと思います。(男性、40 代)
		I do not know… but I feel happy undergoing continuous medical examinations like the ones I am receiving now, including this clinical trial. I have regular visits where they explain my results, conduct blood tests, and evaluate my condition. Although blood tests are usually conducted, I think that it would be really beneficial if they also use the results to comprehensively assess whether my numbers are within a healthy range, if the medication is working properly, and if there are any side effects. However, if it is just a routine of "How are you feeling?" "This is how it went." "Okay, I will prescribe the medication again for this week," then I feel that something is missing. (Male, 50s) なんでしょう、今、その、治験とかを含めてやってもらってるようなことをやってもらえるのは全然嬉しいなと思います。その、ちゃんと定期的に、じゃ行きました、行ってこうこうこうでしたと、血液検査とかもし、大体血液検査はする、してもらうんですけども、ちゃんとそれに基づいて数値上問題ないかとか、薬がちゃんと効いてるのか、あるいは副作用が出て他のとこおかしくなってないかとかっていうのが総合的に継続して診ていただけるっていうんであれば、全然いいんじゃないかなって。単にその、「どうでしたか」「こうでした」「じゃあ今週も薬出しておきますね」みたいな感じだったら、ちょっとこう違うかなというのはありますけど。(男性、50 代)
	Needed treatment without worrying about how they appeared to others	[…] I want to go to a hospital for obesity treatment, but I also worry about how others might see me. I think that people who do not go there might see me and think, "This person has obesity" or "This person is going to the hospital." This makes me a little self-conscious. (Female, 30s) (前略)(肥満症治療の病院へ)ちょっとその、行きたい気持ちはあるんですけど、なんかその周りの、そこに行かない人からの目は、「あの人肥満症なんだ」みたいなのが、「行くんだ」っていうのがあるかもしれない。ちょっと気にはなっちゃうかもしれない。(女性、30 代)
		If you ask whether I feel resistant, I cannot say I am not, but I think I can go (laughs). […] I do feel a little embarrassed. However, I feel that since I actually have obesity, avoiding the hospital instead of facing the reality is not a smart decision. (Male, 30s) あー、抵抗があるか。ないとは言えないですけど、私は行けますっていう感じですかね(笑)。(中略)やっぱり、なんですかね、ちょっと恥ずか

		しいなっていう気持ちがあるっていう感じですかね。出ちゃうんだけど、まあ、別に。でも実際、肥満だしなっていうところで、そこを直視せずに行かないっていう判断を取るのはちょっと賢くないんじゃないかっていう気持ちの方が勝つって感じですか。(男性、30 代)
	Affordable treatment under insurance coverage	[…] I think it would be good if treatment was covered by insurance and provided at a hospital with specialized doctors. […] I believe cost is a crucial factor that affect the decision to continue treatment. Another issue is that there are limitations to what can be done under self-funded treatment. For instance, a CT scan might be available at personal expense, but the cost would be extremely high. Thus, whether a patient can continue treatment ultimately depends on the cost regardless of how renowned the doctor is. (Male, 50s) (前略)保険が適用されて、そういったのが例えば専門で、専門の先生がいてくれる病院とか。そういうのであればいいんじゃないかなという。(中略)続けるためにはやっぱり費用っていうのは大事だと思うんですね。で、もう一つは、自由診療のところって、やっぱりできることって限られるじゃないですか。検査項目とか一つとったとしても。それこそ CT とか撮れなくはないんでしょうけど、あんなのを自費でやってたらとんでもない金額にもなるし。ですんで、やっぱり一つはもう大きな理由はもういくら著名な先生がされているとかであったとしても、続くかどうかってやっぱり費用だと思うんで、まずはと。(男性、50 代)
		I happened to hear at a facility I was attending—not exactly a hospital, but more like a facial care center—that the staff there were participating in a clinical trial and injecting themselves in the abdomen. The conversation shifted to how similar injections were also offered at beauty clinics, and I learned that they were extremely expensive. When I heard that a single injection costs tens of thousands of yen, I said, "Wow!" and was really surprised. I thought, "Are they really using something that expensive?" and got the impression that injections require a significant amount of money (laughs). I think that many people would think the same way if these injections could be easily covered by insurance. I also heard that the cost varies depending on the injection dose, and when I realized that "you pay more when you get more," it really hit me how expensive some medical interventions can be. […] Yes. Unlike beauty clinics, if proper treatment is available, I think that is good, but I would hate to go and then be hit with a huge bill (laughs). (Female, 40s) なんかたまたま私が行っていた病院、病院っていうか、あれは何だろう。何だろう。フェイシャルみたいなの、あのところに行ったら、そこのお姉さんがちょうど治験してて、お腹に注射を打っているみたいな話をしたら、エステとか、そういうところでもそういう注射を出してくれるって

		いう話になって、それがめちゃくちゃ高いって。もう 1 本何万円もするみたいに聞いて、で、「うわーっ」て思ったんですよ。すごい、そんな高いものを私は使っているんだみたいな感じに思って、それですごくお金がかかるものだなっていう(笑)感覚になって、なんか「気軽に保険診療でできますよ」みたいになったら、そういうのがなんか、みんながそう思えたらいいのかなっていうか、もう私の中では注射する＝すごい高額みたいな感じの(笑)、その方のお話聞いて思っちゃって、しかもなんか、打つミリ数によって結局たくさん打つとたくさんお金かかっちゃうからみたいな話も聞いたので、世の中はそんな高いんだなみたいなイメージがちょっとついちゃったんですよ。(中略)はい。まあ、エステとは違って、ちゃんと治療できるならいいとは思うんですけれど、行ってみたら、高額なお金を請求されたら嫌だなって(笑)思っています。(女性、40 代)
	Easy access to healthcare	I think it would be ideal to have a hospital near my home where I can receive treatment. A convenient location would be preferable since I will probably need to go for a long time. I do not particularly care whether it is an internal medicine clinic or a general hospital—as long as I can get the prescription, that is all that matters. (Female, 40s) 病院は今、住んでいる自宅の近いところで受けられたらいいなと思いますし、多分ずっと通わないといけないと思うので、そこは利便性があるところで、特に内科とか総合病院とか特に科はどこでも、どこでもと言ったら変ですけど、処方してくれるところであればいいかなとは思います。(女性、40 代)
		I think it would be better if treatment were available at large and smaller hospitals or clinics that are easier to visit regularly. […] I believe that this will make them more accessible. After all, I find it much easier to go to a nearby hospital within walking distance than to travel to a distant one. (Male, 30s) あとはちょっと大きい病院よりかは、いろんな病院、普段からその家からみんなが通えるような小さい病院、クリニックみたいなところでも使えるようにしてほしいかなと思いますね。(中略)えーと、敷居が低いからですかね。やっぱりちょっと遠出して行かないといけない病院に行くよりかは、歩いて行けるような病院の方が全然行きやすいのかなと思うので。(男性、30 代)

	Positive feedback from healthcare providers	I think it is important to praise the good things people do. For instance, suggesting something like, "You have already managed to alternate between water and alcohol, so how about reducing the total amount by one drink?" at a drinking party or "You have started eating more vegetables—that is great! You could also try this method at home. What do you think?" might be helpful. Forcing advice like "You should do this instead" is the worst approach (laughs). […] I think recognizing small successes is important, like saying, "You chose to take the stairs down this time—nice job!" Weight changes usually come with physical changes, so I would be happy if someone asked, "Is there anything extra you feel you could try?" instead of just focusing on the numbers. (Female, 30s) いいところを褒めてあげた方がいいですね。飲み会でも、「じゃ、お水とアルコール半分ずつここはできてるので、あと量を 1 杯だけ抑えるとかどうですか？」とか、「野菜食べれるようになってるんですね。それを家でこういうふうにやってる方法とか私知ってますけどどうですか？」とか、かな。「こうやった方がいいですよ」というのは、一番ダメなんですよ(笑)。(中略)「階段を今回は降りるを選択しました、ナイスです」みたいなハードル低いところから進めていって、その体重の変化とともに体の変化もあるはずだから、「プラスアルファ自分にできそうなことありますか？」の提案の方が嬉しいですね。(女性、30 代)
	Providing information regarding obesity-related risks	"Your hypertension is caused by obesity disease," or "This and that are happening, and the main cause is probably obesity disease"—yes. I think I would prefer them to clearly state that. (Male, 30s) 肥満症が原因であなたは高血圧なんですよとか、こうこういうふうになってるっていうのが、その原因が肥満症っていうところが多分大きいですよっていうところは、はい。何か明確にちゃんと言ってほしいかなと思いますね。(男性、30 代)
		I think explanations about prognosis and recovery, as well as information that offers hope, make the message more convincing. Stating the specific benefits and drawbacks could serve as a trigger for changing lifestyle habits. I think that it would be difficult to change my behavior without such information. (Female, 20s) やっぱりあとは説得力を持たせた予後の回復の、希望の、何ていうんでしょう、予後の話だったりとか、こういうメリット・デメリットがあるよっていうことを伝えるしか、多分生活の行動を変えるっていうのは難しい。(女性、20 代)

	Seeking information on departments offering treatment for obesity	I think it is fine to go (to the hospital for obesity treatment). I do not know which hospital I should go to right now. […] I think it would be better if public awareness about which departments provide treatment was greater. (Female, 40s) (肥満症の治療を受けるために病院へ)行ってもいいなと思っています。ただ、どこの病院に行っていいのかっていう自体がちょっとよくわからない感じです。(中略)何科に行けば、逆にそういうのができるっていうのをもうちょっと世間にわかれば、はい。(女性、40 代)
Reasons for recognizing obesity as a disease	A psychological problem causing an uncontrollable appetite	I think obesity is not just a disease. It has a lot to do with mental health. I think there are many reasons, but when someone is under a lot of stress, they tend to eat more and gain weight, or it becomes really hard to lose weight. I think that there are many different causes, but that is the main idea. To put it simply, "If you do not eat, you will lose weight." Fasting reduces body weight, but I think the reason people cannot do that may be due to weak willpower or psychological issues. I have heard that eating triggers the release of "happiness hormones," and people who do not feel satisfied tend to gain weight more easily. Thinking about it this way, I feel that obesity is different from physical diseases such as diabetes and is more influenced by mental health. I do not think obesity is something that can be cured by changing what you eat or how you think alone, but I also do not think it is something that requires medication to be treated. I am obese myself, so I feel that obesity is closer to a mental health issue than just a physical disease, and I want people to understand that. However, it is not so easy to fix that I would say, "It is not a disease," and I feel that way because I am obese myself. [...] I think it is more of a mental health issue rather than just a physical disease. I want people to know that this is probably how many people with obesity feel. (Male, 20s) 病気、病気ってか、ちょっと精神的な病気も、要は過食症の手前だと思ってるので。いろんな原因はあると思うんですけど、精神的にストレスがあると食べてしまって太ってしまう、もしくはすごく痩せづらいとか、いろんな原因があると思うんですけど、基本的には。でもその極論、食べなきゃ痩せるじゃないですか、すごい極論を言うと。断食すれば痩せるし、でもそこができないとか、意志の低さとか、精神的な弱さとか、というところが結局肥満になってると僕は思っているので。食べると否が応でも幸せホルモンでしたっけ？出るからその欲が満たされない人がやっぱり肥満になりやすいっていうのを聞いたことがあって、そういった面からも結局その精神なのかなっていう、こう、なってくると病

		気、いわゆる糖尿病とかそういうのとは違うのかもしれないですけど、ちょっと心の病に近いような位置づけなのかな、ちょっと綺麗に言いましたけど。というような感じなのかなと思います。特に食べる物を変えたりとか、意識を変えるだけで治るもの、薬がないと治らないものじゃないと思ってるので。なのでそういった、でもなんか、病気じゃないっていうほど簡単に治せるものでもないからとは自分が肥満だからですけど、と思ってます。(中略)なんかどっちかというと体の病気っていうか、心の病気だと。いち肥満症、たぶん肥満症の人は思ってますっていうのは知っててほしいなと思います。(男性、20 代)
	An improvement in body weight and laboratory data post-treatment	I think obesity is a disease. Yes. […] Since it can be improved with medication, I think using medication is a key part of the treatment. (Female, 40s) (肥満症は病気だと)思います、はい。(中略)薬剤で治る、治るというか改善されるので、やはりその、薬を使うってことで。治療になるのかな。(女性、40 代)
	An increase in the risk of other diseases	Well, I guess obesity is a disease. Maybe obesity should be considered a disease or the underlying cause if the examination shows that obesity is affecting other conditions or test results. (Male, 30s) まあ、(肥満症は)病気なんでしょうね。要は健康診断とかの、要は他、肥満に肥満から他の病気等に数値等にこう影響が出ているっていう意味では、多分根本的な原因として肥満症という病気っていうふうに考えるかなと思います。(男性、30 代)
Reasons for not recognizing obesity as a disease	Constitution	If I had to say whether it is a disease or not, I do not think it is. A cold feels like a disease, but obesity is associated with lifestyle habits. That is why I think that calling it a disease is not quite right. That said, maybe it is better to seek treatment, but labeling it as a disease feels a bit different to me. (Male, 40s) ん〜。病気か病気じゃないかっていうと病気ではないかなと。まあ、なんでしょうね。風邪とかそういうのは病気かなと思うんですけれど、やっぱり肥満ってやっぱりその自分の生活の中で出ちゃうものなので、生まれてしまうものなので、そこを病気というふうに言うのはやっぱり違

		うのかなと。でも治療はする、まあ、した方がいいのかなというぐらいで、それを病気というのはちょっと若干違うのかなという感じはしますね。(男性、40 代)
	The absence of other diseases	It is kind of an entry point to a disease? It is a bit unclear, but I do not think it is a disease. […] Hmm, I do think gaining weight can trigger health issues. However, there was a time when I had good blood test results despite being overweight, and I felt happy then. I cannot fully see it as a disease due to this. To be honest, I do not know where the line should be drawn. Sorry. (Female, 30s) 病気の入り口？だから微妙ですけどね。病気じゃないです。(中略)う〜ん。太ったから不具合が出るっていう入り口だと思うんですよね。やっぱり。だけど、太ってても血液データ良かった自分とかもいたりして。なんか幸せな自分もいたんですよね。なので完全に病気って感じでは思わないですね。だからライン引きはちょっとわかんないんです。ごめんなさい。(女性、30 代)
	The potential for body weight loss with effort	I do not think obesity is a disease. Yeah, maybe it is not. […] In the end, you can lose weight if you control your diet and exercise properly. I think that it cannot really be called a disease because of this. (Male, 40s) (肥満症は)病気ではないと思います。うん。病気じゃないんじゃないかな。うん。(中略)結局食事制限とかすれば痩せるには痩せるし、なんか、なんていうんですかね、ちゃんと運動とかすれば、全然そういうのができる痩せられるので、病気ではないのかなって思います。(男性、40 代)

Supplementary Table S2. Baseline demographic data for the active group of SURMOUNT-J and participants enrolled in the present study

	SURMOUNT-J Tirzepatide 10 mg (n = 73)	**SURMOUNT-J Tirzepatide 15 mg (n = 77)**	**Present study (*N* = 29)**
Age at SURMOUNT-J enrollment, years	49.0 ± 10.9	51.1 ± 10.3	45.8 ± 9.8
Sex			
Male	43 (59)	45 (58)	15 (51.7)
Female	30 (41)	32 (42)	14 (48.3)
Body weight at SURMOUNT-J enrollment, kg	92.4 ± 15.0	91.7 ± 14.8	92.1 ± 15.8
BMI at SURMOUNT-J enrollment, kg/m^2	33.2 ± 4.1	33.6 ± 4.3	33.9 ± 4.5

Data are presented as n (%) or mean ± standard deviation.

BMI body mass index

COREQ (COnsolidated criteria for REporting Qualitative research) Checklist

A checklist of items that should be included in reports of qualitative research. You must report the page number in your manuscript where you consider each of the items listed in this checklist. If you have not included this information, either revise your manuscript accordingly before submitting or note N/A.

Topic	Item No.	Guide Questions/Description	Reported on Page No.
Domain 1: Research team and reflexivity			
Personal characteristics			
Interviewer/facilitator	1	Which author/s conducted the interview or focus group?	
Credentials	2	What were the researcher's credentials? E.g. PhD, MD	
Occupation	3	What was their occupation at the time of the study?	
Gender	4	Was the researcher male or female?	
Experience and training	5	What experience or training did the researcher have?	
Relationship with participants			
Relationship established	6	Was a relationship established prior to study commencement?	
Participant knowledge of the interviewer	7	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	
Interviewer characteristics	8	What characteristics were reported about the inter viewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	
Domain 2: Study design			
Theoretical framework			
Methodological orientation and Theory	9	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	
Participant selection			
Sampling	10	How were participants selected? e.g. purposive, convenience, consecutive, snowball	
Method of approach	11	How were participants approached? e.g. face-to-face, telephone, mail, email	
Sample size	12	How many participants were in the study?	
Non-participation	13	How many people refused to participate or dropped out? Reasons?	
Setting			
Setting of data collection	14	Where was the data collected? e.g. home, clinic, workplace	
Presence of non-participants	15	Was anyone else present besides the participants and researchers?	
Description of sample	16	What are the important characteristics of the sample? e.g. demographic data, date	
Data collection			
Interview guide	17	Were questions, prompts, guides provided by the authors? Was it pilot tested?	
Repeat interviews	18	Were repeat inter views carried out? If yes, how many?	
Audio/visual recording	19	Did the research use audio or visual recording to collect the data?	
Field notes	20	Were field notes made during and/or after the inter view or focus group?	
Duration	21	What was the duration of the inter views or focus group?	
Data saturation	22	Was data saturation discussed?	
Transcripts returned	23	Were transcripts returned to participants for comment and/or	

Topic	Item No.	Guide Questions/Description	Reported on Page No.
		correction?	
Domain 3: analysis and findings			
Data analysis			
Number of data coders	24	How many data coders coded the data?	
Description of the coding tree	25	Did authors provide a description of the coding tree?	
Derivation of themes	26	Were themes identified in advance or derived from the data?	
Software	27	What software, if applicable, was used to manage the data?	
Participant checking	28	Did participants provide feedback on the findings?	
Reporting			
Quotations presented	29	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number	
Data and findings consistent	30	Was there consistency between the data presented and the findings?	
Clarity of major themes	31	Were major themes clearly presented in the findings?	
Clarity of minor themes	32	Is there a description of diverse cases or discussion of minor themes?	

Developed from: Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*. 2007. Volume 19, Number 6: pp. 349 – 357

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