

"The Weight Loss Jab": Understanding Public Perceptions, Attitudes, and Experiences of GLP-1 Receptor Agonists for Weight Management

Participant Information

You are invited to take part in a research study led by Dr Jason Tallis, which explores public perceptions of GLP-1 agonist medications and their role in managing body weight. Before deciding whether to complete the survey, please read the following information carefully to understand the purpose of the study and what your participation will involve.

What Are GLP-1 Agonists? GLP-1 agonists (glucagon-like peptide-1 receptor agonists) are medications that mimic a natural hormone in the body responsible for regulating blood sugar and appetite. Originally developed to treat type 2 diabetes, they are now widely used for weight loss. These medications work by:

- Reducing hunger – acting on the brain to promote a feeling of fullness, leading to reduced food intake
- Slowing digestion – delaying stomach emptying, which prolongs satiety
- Improving blood sugar control – enhancing insulin release and reducing glucose production, which may help reduce cravings
- Boosting metabolism – some medications also influence other hormones to further support weight loss
- GLP-1 agonists can lead to significant weight loss (typically 5–20% of body weight, depending on the medication and individual), although weight may return if the medication is discontinued.

What Is the Purpose of This Research? Medications such as Mounjaro®, Ozempic® and Wegovy® have gained widespread attention for their role in weight loss. This study aims to understand how people in the UK perceive these medications, including their benefits, risks, and accessibility. We are interested in hearing from individuals who have used these medications, as well as those who have not, to explore awareness and willingness to consider their use. Your responses will help guide future research, improve how these medications are used, and inform strategies to better support patients and address public concerns.

Who Is Organising and Funding the Research? This research is being organised and funded by Coventry University. It has received ethical approval from Coventry University's Research Ethics Committee (Reference: P187463).

Do I Have to Take Part? Participation in this survey is entirely voluntary. You may stop at any time by closing your browser. Please note that any responses submitted up to that point will be saved. Once

the survey is completed, your data will be fully anonymised and stored securely. However, if you wish to withdraw your data, you may do so within one week of completion by contacting the lead investigator. To request removal, please provide your Survey Response ID, which will be shown upon completion.

What Will Happen If I Take Part? If you agree to take part, you will be asked to complete an online survey. This will take approximately 10 minutes.

Why Have I Been Invited to Take Part? We are seeking to recruit individuals aged 18 and over, living in the UK, regardless of whether you have used GLP-1 agonists. We are keen to hear from a diverse range of people to capture a broad spectrum of views.

What Are the Potential Benefits and Risks of Taking Part? By sharing your views and experiences, you will be contributing to research that aims to improve understanding of public perceptions of weight management medications. The findings will help shape future research and improve how these medications are used and supported. This survey includes some questions about body appreciation, which some may find personal or sensitive. We recognise that this may be distressing for some and have provided support at the end of the survey should this be required.

What Information Will Be Collected?

The survey will collect your views on GLP-1 agonist medications for weight management, as well as basic demographic information such as age, sex, ethnicity, and general health. We will also ask about your body weight, your body appreciation, your experiences with various weight management strategies, and, if relevant, your use of GLP-1 agonist medications.

This helps us understand how perceptions may vary across different groups.

Will My Information Be Kept Confidential? Yes. All information you provide will be stored securely. If your participation is anonymous, your data will be treated with strict confidentiality. The research team will handle your data in accordance with Coventry University's policies, including our Research Ethics and Integrity Statements and our Research Privacy Notice.

What will happen to the results of the research? The results may be summarised in published articles, reports and presentations. Key findings will always be made anonymous in any formal outputs.

Who Can I Contact With Questions or Concerns? If you have any questions or concerns about the study, please contact Dr Jason Tallis at ab0289@coventry.ac.uk. If you wish to make a formal complaint, please contact the University's Research Ethics and Integrity Manager at ethics.uni@coventry.ac.uk, providing details of the study, the researcher's name, and the nature of your concern.

I am over 18 years old and currently reside in the United Kingdom *

☐ Yes

☐ No

I confirm that I have read and understood the Participant Information on the previous page and have had the opportunity to ask questions. *

☐ Yes

☐ No

I understand that all the information I provide will be held securely and treated confidentially. *

☐ Yes

☐ No

I understand the results of this research will be used in academic papers and other formal research outputs, including anonymised data may be made available to be re-used for similar future research projects. *

☐ Yes

☐ No

I agree to take part in the research project. *

☐ Yes

☐ No

About you

This section will ask some basic questions that will help us understand a little more about you.

How old are you? *(Please provide your age in years) **

⬆
⬇
⬇
⬆



What was your sex assigned at birth? *

- ☐ Male
- ☐ Female
- ☐ Prefer not to say
- ☐ Other (please specify)

What is your ethnic group? *

*(Please select one option that best describes your background) **

- ☐ Asian or Asian British (e.g., Indian, Pakistani, Bangladeshi, Chinese, or any other Asian background)
- ☐ Black, Black British, Caribbean or African (e.g., Caribbean, African, or any other Black background)
- ☐ Mixed or Multiple Ethnic Groups (e.g., White and Black Caribbean, White and Asian, or any other mixed background)
- ☐ White (e.g., English, Irish, Gypsy or Irish Traveller, Roma, or any other White background)
- ☐ Other Ethnic Group (e.g., Arab or any other ethnic group not listed above)
- ☐ Prefer not to say

What is your current employment status? *

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Self-employed
- ☐ Unemployed
- ☐ Student
- ☐ Retired
- ☐ Unable to work

☐ Prefer not to say

Do you currently have any of the following diagnosed health conditions?

*(Please select all that apply) **

- ☐ Asthma or other respiratory conditions
- ☐ Diabetes (Type 1 or Type 2)
- ☐ Cardiovascular conditions (e.g., high blood pressure, heart disease, lymphatic disorders)
- ☐ Mental health conditions (e.g., anxiety, depression)
- ☐ Musculoskeletal conditions (e.g., arthritis, chronic joint or back pain)
- ☐ Neurological conditions (e.g., epilepsy, multiple sclerosis, Parkinson's)
- ☐ Renal or urogenital conditions (e.g., kidney disease, pelvic inflammatory disease)
- ☐ Oral or gastrointestinal conditions (e.g., Crohn's disease, liver or digestive disorders)
- ☐ Inflammatory and immune system conditions (e.g., rheumatoid arthritis, autoimmune diseases, allergies, Mast Cell Activation Syndrome (MCAS))
- ☐ No known health conditions
- ☐ Prefer not to say
- ☐ Other (please specify)

Which of the following recommended physical activity guidelines do you currently meet on a regular basis?

*(Select all that apply) **

- ☐ At least 150 minutes of moderate-intensity activity per week (e.g., brisk walking, cycling)
- ☐ At least 75 minutes of vigorous-intensity activity per week (e.g., running, aerobics)
- ☐ Muscle-strengthening activities on at least 2 days per week (e.g., weight training, yoga)
- ☐ Activities to improve balance on at least 2 days per week (recommended for older adults)
- ☐ I do some physical activity but not enough to meet these guidelines
- ☐ I do not currently engage in regular physical activity

What is your body mass in kilograms (kg)?

[Click here to use this online calculator to convert body mass from stones and pounds to kilograms.](#)

*

What is your height in centimeters (cm)?

[Click here to use this online calculator to convert height from feet and inches to centimeters.](#) *

How happy are you with your current body weight? *

- ☐ Very unhappy
- ☐ Somewhat unhappy
- ☐ Neither happy nor unhappy
- ☐ Somewhat happy
- ☐ Very happy

Which of the following interventions have you ever used to manage your body weight?

*This includes any methods you have tried in the past or are currently using. **

- ☐ Dietary changes (e.g. calorie restriction, low-carb, intermittent fasting)
- ☐ Increased physical activity or structured exercise programs
- ☐ Over-the-counter weight loss supplements
- ☐ Behavioural or psychological support (e.g. therapy, counselling, support groups)
- ☐ Weight loss surgery (e.g. gastric band, sleeve gastrectomy)
- ☐ Mobile apps or digital tools for weight management
- ☐ I have never used any interventions to manage my weight
- ☐ Other (please specify)

How satisfied are you with the long-term effectiveness of the weight management interventions you have used? *

- ☐ Very dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Somewhat satisfied
- ☐ Very satisfied

Have you ever used, or are you currently using, weight loss injections (GLP-1 receptor agonists) specifically for the purpose of managing your body weight?

*Commonly used medications in the UK include Wegovy (semaglutide), Ozempic (semaglutide), and Mounjaro (tirzepatide). **

- ☐ Yes, I am currently using weight loss injections for weight management
- ☐ Yes, I have used them in the past for weight management

☐ No, but I have considered using them

☐ No, I have never used or considered using weight loss injections for weight management

Which weight loss injection medication have you taken or are you currently taking? *

- ☐ Ozempic® (semaglutide)
- ☐ Wegovy® (semaglutide)
- ☐ Mounjaro® (tirzepatide)
- ☐ Other (please specify)

Are you currently using GLP-1 agonist medications (e.g., Ozempic, Wegovy, Mounjaro) for weight management? *

- ☐ Yes
- ☐ No

What was your main reason for stopping the use of GLP-1 agonist medications (e.g., Ozempic, Wegovy, Mounjaro) for weight management? (Select all that apply) *

- ☐ I experienced side effects
- ☐ I did not see the expected results
- ☐ I achieved my weight management goals
- ☐ I could no longer access or afford the medication
- ☐ I preferred to switch to another method
- ☐ It was recommended by a healthcare professional to stop
- ☐ Other (please specify)

For how long have you been using (or did you use) GLP-1 agonist medications (e.g., Ozempic, Wegovy, Mounjaro) for weight management? *

- ☐ < 3 months
- ☐ 3-6 months
- ☐ 6-12 months
- ☐ 12-18 months
- ☐ 18-24 months

☐ >24 months

How did you learn about GLP-1 agonist medications (e.g., Ozempic, Wegovy, Mounjaro) for weight management? (Select all that apply) *

- ☐ Social media (e.g., TikTok, Instagram, Facebook)
- ☐ Traditional media (e.g., TV news, newspapers, magazines)
- ☐ Healthcare professionals (e.g., doctor, nurse, pharmacist)
- ☐ Friends, family, or acquaintances
- ☐ Online health forums or websites
- ☐ Advertisements
- ☐ Other (please specify)

Where did you receive your GLP-1 agonist injections for weight management? *

- ☐ NHS prescription
- ☐ Private healthcare provider or clinic
- ☐ Online pharmacy or telehealth service
- ☐ High street pharmacy
- ☐ Weight loss programme or commercial provider
- ☐ Prefer not to say
- ☐ Other (please specify)

How rigorous did you find the pre-prescription assessment process for obtaining your GLP-1 agonist injections for weight management? *

- ☐ Not at all rigorous
- ☐ Slightly rigorous
- ☐ Moderately rigorous
- ☐ Very rigorous

☐ Extremely rigorous

How satisfied are/were you with the effects of using weight loss injections on your body weight? *

☐ Very satisfied

☐ Somewhat satisfied

☐ Neither satisfied nor dissatisfied

☐ Somewhat dissatisfied

☐ Very dissatisfied

☐ To early to make judgement

How satisfied are/were you with the effects of using weight loss injections on your overall appearance? *

☐ Very satisfied

☐ Somewhat satisfied

☐ Neither satisfied nor dissatisfied

☐ Somewhat dissatisfied

☐ Very dissatisfied

☐ To early to make judgement

Did/do you ever take more than the recommended dose or increase the dose in a time frame that is sooner than what is advised? *

☐ Yes

☐ No

☐ Prefer not to say

Why did you take more than the recommended dose or increase the dose sooner than advised? (Select all that apply) *

☐ I felt the prescribed dose wasn't effective enough

☐ I wanted to speed up weight loss

☐ I misunderstood the dosing instructions

☐ I was advised by someone other than my healthcare provider

☐ I was experiencing cravings or increased appetite

☐ I thought it would be safe based on my own research or experience

☐ Prefer not to say

☐ Other (please specify)

To what extent have you experienced any changes in your energy levels that affect your ability to perform physical activities or complete daily tasks as a result of weight loss from using weight loss injections? *

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Very much
- ☐ Extremely

Whilst using weight loss injections, how confident are/were you in your ability to maintain a balanced and nutritious diet? *

- ☐ Not at all confident
- ☐ Slightly confident
- ☐ Moderately confident
- ☐ Very confident
- ☐ Extremely confident

Whilst using weight loss injections, how often have you found yourself skipping or missing meals (intentionally or unintentionally)? *

- ☐ Never
- ☐ Rarely (once a week or less)
- ☐ Sometimes (2–3 times per week)
- ☐ Often (4–6 times per week)
- ☐ Very often (daily or almost daily)

How concerned would you be that a reduction in muscle mass (size) and function might be contributing to weight loss achieved using weight loss injections? *

- ☐ Not at all concerned
- ☐ Slightly concerned

- ☐ Moderately concerned
- ☐ Very concerned
- ☐ Extremely concerned

To what extent did/have you experience the following side effects? *

Nausea or Vomiting

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Very much
- ☐ Extremely

Diarrhea

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Very much
- ☐ Extremely

Constipation

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Very much
- ☐ Extremely

Abdominal pain

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Very much
- ☐ Extremely

Headache

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Very much

☐ Extremely

Injection site reactions

☐ Not at all

☐ Slightly

☐ Moderately

☐ Very much

☐ Extremely

Kidney issues

☐ Not at all

☐ Slightly

☐ Moderately

☐ Very much

☐ Extremely

Gallbladder issues

☐ Not at all

☐ Slightly

☐ Moderately

☐ Very much

☐ Extremely

Would you (or do you plan to) continue taking weight loss injections after reaching your weight management goal as a way to sustain your weight loss? *

☐ Yes

☐ No

☐ Currently Unsure

Before this survey, how familiar were you with GLP-1 agonist medications (e.g., Ozempic, Wegovy, Mounjaro) for weight management? *

- ☐ Very familiar
- ☐ Somewhat familiar
- ☐ Slightly familiar
- ☐ Not at all familiar

Where have you heard about GLP-1 agonist medications? (Select all that apply) *

- ☐ Social media (e.g., TikTok, Instagram, Facebook)
- ☐ Traditional media (e.g., TV news, newspapers, magazines)
- ☐ Healthcare professionals (e.g., doctor, nurse, pharmacist)
- ☐ Friends, family, or acquaintances
- ☐ Online health forums or websites
- ☐ Advertisements
- ☐ Peer reviewed scientific research
- ☐ Other (please specify)

Have you ever been advised by a medical professional *not* to use GLP-1 medications? *

- ☐ Yes
- ☐ No

What was the reason you were advised *not* to use GLP-1 medications? *

- ☐ History of thyroid cancer or endocrine disorders
- ☐ History of pancreatitis
- ☐ Allergic reaction to similar medications
- ☐ Currently pregnant or breastfeeding
- ☐ Prefer not to say
- ☐ Other (please specify)

Please indicate how likely you would be to consider using weight loss injections (e.g., GLP-1 medications like Ozempic, Wegovy, or Mounjaro) under each of the following circumstances: *

If recommended by my healthcare provider

- ☐ Very unlikely
- ☐ Unlikely
- ☐ Neither likely nor unlikely
- ☐ Likely
- ☐ Very likely

If my current weight management methods are not effective

- ☐ Very unlikely
- ☐ Unlikely
- ☐ Neither likely nor unlikely
- ☐ Likely
- ☐ Very likely

If I have a medical condition related to obesity or weight

- ☐ Very unlikely
- ☐ Unlikely
- ☐ Neither likely nor unlikely
- ☐ Likely
- ☐ Very likely

To improve my overall health and well-being

- ☐ Very unlikely
- ☐ Unlikely
- ☐ Neither likely nor unlikely
- ☐ Likely
- ☐ Very likely

If I became unhappy with my body weight

- ☐ Very unlikely
- ☐ Unlikely
- ☐ Neither likely nor unlikely
- ☐ Likely

☐ Very likely

If I was considered clinically overweight or obese

☐ Very unlikely

☐ Unlikely

☐ Neither likely nor unlikely

☐ Likely

☐ Very likely

If there was more research data supporting their use

☐ Very unlikely

☐ Unlikely

☐ Neither likely nor unlikely

☐ Likely

☐ Very likely

Please indicate how concerns (if any) about the following potential effects would influence your likelihood of using weight loss injections: *

Experiencing common side effects like nausea, vomiting, or diarrhea

☐ Not at all influential

☐ Slightly influential

☐ Moderately influential

☐ Very influential

☐ Extremely influential

Developing serious health conditions such as pancreatitis or gallbladder problems

☐ Not at all influential

☐ Slightly influential

☐ Moderately influential

☐ Very influential

☐ Extremely influential

Experiencing fatigue or low energy levels

☐ Not at all influential

☐ Slightly influential

☐ Moderately influential

☐ Very influential

☐ Extremely influential

Reduced ability to be physical activity or complete daily tasks

- ☐ Not at all influential
- ☐ Slightly influential
- ☐ Moderately influential
- ☐ Very influential
- ☐ Extremely influential

Reduced ability to maintain a balanced and nutritious diet

- ☐ Not at all influential
- ☐ Slightly influential
- ☐ Moderately influential
- ☐ Very influential
- ☐ Extremely influential

Becoming dependent on the medication to maintain weight loss

- ☐ Not at all influential
- ☐ Slightly influential
- ☐ Moderately influential
- ☐ Very influential
- ☐ Extremely influential

Negative impact on mental health or mood

- ☐ Not at all influential
- ☐ Slightly influential
- ☐ Moderately influential
- ☐ Very influential
- ☐ Extremely influential

The possibility of regaining weight after stopping the medication

- ☐ Not at all influential
- ☐ Slightly influential
- ☐ Moderately influential
- ☐ Very influential
- ☐ Extremely influential

Missing meals unintentionally due to appetite suppression

- ☐ Not at all influential
- ☐ Slightly influential
- ☐ Moderately influential

- ☐ Very influential
- ☐ Extremely influential

Social stigma or judgment related to using weight loss injections

- ☐ Not at all influential
- ☐ Slightly influential
- ☐ Moderately influential
- ☐ Very influential
- ☐ Extremely influential

Self-needle administration

- ☐ Not at all influential
- ☐ Slightly influential
- ☐ Moderately influential
- ☐ Very influential
- ☐ Extremely influential

Cost associated with medication

- ☐ Not at all influential
- ☐ Slightly influential
- ☐ Moderately influential
- ☐ Very influential
- ☐ Extremely influential

How concerned would you be that a reduction in muscle mass (size) and function might be contributing to weight loss achieved using weight loss injections? *

- ☐ Not at all concerned
- ☐ Slightly concerned
- ☐ Moderately concerned
- ☐ Very concerned
- ☐ Extremely concerned

Body Appreciation

We would like to gain a better understanding of how you feel about and appreciate your body, and how this may influence your attitudes and decisions around health and wellbeing

The Body Appreciation Scale-2 (BAS-2) is a validated 10-item questionnaire designed to assess individuals' acceptance, respect, and positive attitudes toward their bodies.

Please rate each item below from **1 (Never)** to **5 (Always)**. *

I respect my body.

- ☐ Never
- ☐ Seldom
- ☐ Sometimes
- ☐ Often
- ☐ Always

I feel good about my body

- ☐ Never
- ☐ Seldom
- ☐ Sometimes
- ☐ Often
- ☐ Always

I feel that my body has at least some good qualities

- ☐ Never
- ☐ Seldom
- ☐ Sometimes
- ☐ Often
- ☐ Always

I take a positive attitude towards my body.

- ☐ Never
- ☐ Seldom
- ☐ Sometimes
- ☐ Often
- ☐ Always

I am attentive to my body's needs.

- ☐ Never
- ☐ Seldom

- ☐ Sometimes
- ☐ Often
- ☐ Always

I feel love for my body.

- ☐ Never
- ☐ Seldom
- ☐ Sometimes
- ☐ Often
- ☐ Always

I appreciate the different and unique characteristics of my body.

- ☐ Never
- ☐ Seldom
- ☐ Sometimes
- ☐ Often
- ☐ Always

My behavior reveals my positive attitude toward my body; for example, I walk holding my head high and smiling.

- ☐ Never
- ☐ Seldom
- ☐ Sometimes
- ☐ Often
- ☐ Always

I am comfortable in my body.

- ☐ Never
- ☐ Seldom
- ☐ Sometimes
- ☐ Often
- ☐ Always

I feel like I am beautiful even if I am different from media images of attractive people (e.g., models, actresses/actors).

- ☐ Never
- ☐ Seldom
- ☐ Sometimes
- ☐ Often
- ☐ Always

Please use the box below to share any additional thoughts or experiences that may not have been covered in the previous questions regarding your use of, or perceptions about, GLP-1 weight loss injections. Feel free to provide as much detail as you wish.

0/32,000 characters

If you would like to be entered into a prize draw for the chance to win a £100 Amazon voucher, please provide your email below.

(Fraudulent or duplicate entries will be excluded from the prize draw)

0/32,000 characters

To help us confirm you're a real person, please type the word "orange" in the box below. *

0/32,000 characters