Appendix to Jøran Hjelmesæth, Jens Kristoffer Hertel, Ane Hjetland Holt, Beate Benestad, Lars Thomas Seeberg, Morten Lindberg, Erling Halvorsen, Pétur Benedikt Júlíusson, Rune Sandbu, Samira Lekhal. Laparoscopic gastric bypass versus lifestyle intervention for adolescents with morbid obesity. Tidsskr Nor Legeforen 2020; 140. doi: 10.4045/tidsskr.20.0526. This appendix is a supplement to the article and has not been edited.

Overview of the interdisciplinary treatment provided by the Morbid Obesity Center, South-Eastern Norway Regional Health Authority, Vestfold Hospital Trust, Tønsberg.

Time	
Start	а
1 month	b
2 months	Č*
3 months	d
6 months	Ċ
9 months	e
12 months	а
	Patients are encouraged to attend monthly follow-up appointments locally with measurement and weighing. Upon inclusion in the Vestfold Child Obesity Register, follow-up occurs after five and ten years. * If required
а	 Assessment or 1-year follow-up (60 min consultation). Both doctor and specialist nurse. Includes physical examination (assessment of puberty, acanthosis nigiricans, striae, anthropometric measurements), blood tests and collection of questionnaires. Explanation of obesity as an illness, satiety regulation or other relevant topics. The overall goal of treatment is to reduce the degree of obesity, either by maintaining a stable weight in combination with gains in height, or by weight loss in adolescents who are close to fully grown. The assessment attempts to identify individual lifestyle elements that may account for the inappropriate weight gain, and to implement sustainable behavioural change.
(b)	 Follow-up interview with specialist nurse. Identify any need to engage with external agencies. Parental guidance and accountability. Anthropometric measurements. Dietary survey and suggestions for change. Dietary advice follows the Norwegian Directorate of Health's guidelines and includes calorie reduction, portion control, meal timing, food quality (e.g. choice of healthier options) as well as limiting sugar and fat.
C	<i>Follow-up interview</i> with specialist nurse (30–45 min) Anthropometric measurements. Assessment of progress since last time, including any changes in weight. Problem solving if goals have not been met by the family, new treatment goals may be set in collaboration with the family if required.
d	 Interactive group session (5.5 hours) with interdisciplinary team (clinical nutritionist, specialist nurse, physiotherapist and doctor). Topics covered are diet, parental role, food preparation, motivation and achieving lifestyle changes, goals, physical activity.



Interactive group session (2.5 hours) with clinical nutritionist and specialist nurse. Repetition of dietary advice.