



Bariatric Evaluation Supplemental Questionnaire

Name: _____ MRN: _____ (Office Use Only)

(Please circle your responses)

Bariatric Surgeon: _____ Type of surgery (please circle): Gastric sleeve Gastric bypass

Do you have sleep apnea? Yes No Do you use a CPAP for sleep apnea? Yes No

Does your weight aggravate medical conditions? Yes No Does your weight impact your mobility? Yes No

If yes, what activities are difficult due to weight: Stairs Walking Bending Exercise Other: _____

Frequency of alcohol use: Daily _____ drinks; Weekly _____ drinks

Do you have a history of: Depression Anxiety Other psychological difficulty: _____

Have you ever had psychotherapy? Yes No If yes, when? _____ For how long? _____

Have you ever taken psychiatric medication? Yes No If yes, when? _____ For how long? _____

Have you ever been hospitalized for psychological reasons? Yes No

If yes, when? _____ For what? _____ For how long? _____

Is there a family history of other family members who are overweight? Yes No

Is your social network supportive of your getting bariatric surgery? Yes No

Who is supportive? Mother Father Siblings Partner/Spouse Children Friends

Have you met with your SMG Surgeon? Yes No How many times have you met with the nutritionist? _____

Have you been to the support group? Yes No

Do you plan to go to the support group before the surgery? Yes No After the surgery? Yes No

Which weight loss methods have you tried? Weight Watchers Diet Pills Exercise Other: _____

Have you lost weight on these? Yes No Have you maintained the loss? Yes No

Which of the following are problems: Food choices Food quantities

Do you know the: Pre-surgical diet Post-surgical diet Post-surgical exercise recommendations

Are you familiar with the following: Potential risks and benefits of the surgery How the surgery is performed

Have you already started changing your diet? Yes No

Have you already started an exercise plan? Yes No

How confident are you that you will keep to the post-surgical diet: Not at all Not very Somewhat Very

What do you see as the biggest challenges to keeping to the post-surgical diet? _____