

**Bar Surg Eval Pre-Interview Questionnaire**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Background**

Married/Partnered? \_\_\_\_ How long? \_\_\_\_ Quality of relationship? \_\_\_\_\_

Number of previous marriages: \_\_\_\_\_

Who do you live with? \_\_\_\_\_ Are they overweight? \_\_\_\_\_

Education: \_\_\_\_\_ Major area of study?: \_\_\_\_\_

Current Occupation: \_\_\_\_\_ Currently Employed: \_\_\_\_\_

How long unemployed or working?: \_\_\_\_\_

How many friends do you have? \_\_\_\_\_ Leisure Activities: \_\_\_\_\_

**Procedure**

Please describe the bariatric surgery procedure you wish to have done: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe how your life will be different after the surgery in terms of how you eat:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe all risks and/or side effects associated with the procedure: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe how your friends and family feel about you getting the surgery: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your reasons for wanting the surgery: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How much weight do you expect to lose from the surgery? \_\_\_\_\_

How long do you expect that it will take to lose the weight? \_\_\_\_\_

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### Weight & Diet History

Are you parents overweight? \_\_\_\_ At what age did you first become overweight? \_\_\_\_\_

What is the highest weight you have ever been? \_\_\_\_\_ When was that? \_\_\_\_\_

How many times have you tried to lose weight in the past? \_\_\_\_\_ How much weight were you able to lose?: \_\_\_\_\_

If you have tried to lose weight in the past, please describe the types of things you did to lose weight. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever tried diet pills? \_\_\_\_, laxatives? \_\_\_\_\_, purging? \_\_\_\_\_, or other such methods to help with your weight loss effort? \_\_\_\_\_

If you have had problems losing weight and keeping it off, please explain the barriers to your success: what stopped you from being successful with weight loss? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain your opinion on why you think surgery works for weight loss but diet and exercise don't: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What meds are you currently taking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Factors affecting successful bariatric surgery outcome include the following. Please rank them according to how important you think they are for weight loss:

- \_\_\_\_ Endocrine influences and changes in metabolism
- \_\_\_\_ Size of the pouch
- \_\_\_\_ Other health problems
- \_\_\_\_ Surgeon's experience
- \_\_\_\_ Patient's compliance with dietary rules
- \_\_\_\_ Social factors

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### Psych Hx

Have you ever been admitted into a psychiatric hospital? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

Have you ever seen someone regarding your mental health? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

If you have been treated for mental health issues, which diagnoses were you given? \_\_\_\_\_

Are you currently taking psychiatric medications? \_\_\_\_\_ If so, which ones? \_\_\_\_\_

Have you ever in the past taken psychiatric medications? \_\_\_\_\_ If so, which ones? \_\_\_\_\_

Have you ever attempted suicide? \_\_\_\_\_ If so, how many times? \_\_\_\_\_ Please explain: \_\_\_\_\_

Has anyone in your family ever suffered from mental illness? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

### Trauma Hx

As a child were you ever physically abused? \_\_\_\_\_ Sexually abused? \_\_\_\_\_ Emotionally abused? \_\_\_\_\_

As an adult, were you ever physically assaulted? \_\_\_\_\_ Sexually assaulted? \_\_\_\_\_ Emotionally abused? \_\_\_\_\_

### Sub Abuse Hx

Do you use tobacco products? \_\_\_\_\_ If so, how much per day? \_\_\_\_\_ How long have you used them? \_\_\_\_\_

Do you drink alcohol? \_\_\_\_\_ If so, how much per day? \_\_\_\_\_ How long have you been a drinker? \_\_\_\_\_

Have you had alcohol problems in the past? \_\_\_\_\_ Have you ever been charged with DUI/DWI? \_\_\_\_\_

Do you use any drugs? \_\_\_\_\_ If so, what, and how often? \_\_\_\_\_

Have you had drug problems in the past? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

### Military Hx

Branch of Service: \_\_\_\_\_ Date(s): \_\_\_\_\_

Military Occupation: \_\_\_\_\_ Rank at discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Combat experience? \_\_\_\_\_ If yes, where did you serve? \_\_\_\_\_

## Bar Surg Eval Pre-Interview Questionnaire

Below is an array of problems that people often face. Each box contains one item. As you read each item carefully, indicate your level of concern for that item by placing the appropriate number in the box. **Numbers should range from 0-5 where 0 = no concern, and 5= very high concern.**

Please answer as candidly as possible.

|                                    |                                       |                                     |   |   |   |  |
|------------------------------------|---------------------------------------|-------------------------------------|---|---|---|--|
| ___ Internal conflict or confusion | ___ Feeling uncomfortable with people | ___ Worried about a family member   | ___ Thinking about same thing over & over | ___ Concerned about alcohol or drug use | ___ Others are concerned about my alcohol or drug use | ___ Habits interfere with daily activities |
| ___ Lack of life goals and purpose | ___ Unable to forget past mistakes    | ___ Having very unusual experiences | ___ Concern about physical appearance     | ___ Memory problems                     | ___ No one to talk to                                 | ___ Being criticized by others             |
| ___ Physical abuse or assault      | ___ Family conflict                   | ___ Health problems                 | ___ Fear of insanity                      | ___ Difficulty saying no                | ___ Difficulty speaking up                            | ___ Fatigue                                |
| ___ Sexual assault                 | ___ Feelings of fear or panic         | ___ Anxiety or nervousness          | ___ Unhappy too often                     | ___ Loneliness                          | ___ Racing thoughts                                   | ___ Thoughts of homicide                   |
| ___ Mood swings                    | ___ Problems sleeping                 | ___ Poor eating habits              | ___ Lack of exercise                      | ___ Afraid of hurting someone           | ___ Feeling like you don't fit in                     | ___ Thoughts of suicide                    |
| ___ Feeling left out of things     | ___ Financial problems                | ___ Problems at work                | ___ Feeling inferior                      | ___ Difficulty coping                   | ___ Disappointed with yourself                        | ___ Legal problems                         |
| ___ Conflict in relationship       | ___ Being laughed at                  | ___ Difficulty reaching goals       | ___ Sexual abuse                          | ___ Guilt                               | ___ Lack of self control                              | ___ Too busy                               |
| ___ Feelings of failure            | ___ Difficulty with children          | ___ Feeling hopeless                | ___ Boredom                               | ___ Recent difficult changes            | ___ Overweight  | ___ Feeling out of control                 |
| ___ Discrimination or harassment   | ___ Sexual concerns                   | ___ Conflict with others            | ___ Death                                 | ___ Anger                               | ___ Depression  | ___ Emotional abuse                        |
| ___ Concentration                  | ___ Pain                              | ___ Nightmares                      | ___ Hallucinations                        | ___ Crying                              |   |  |

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