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Williams' Bariatric Treatment Questionnaire

Name: _____ Date of Birth: _____ Date Completed: _____

Address:_____ City: _____ State: _____ Zip: _____

Doctor who referred you: _____ Name of Clinic/Hospital/Office:_____

Instructions: Although this form is quite lengthy, it is *very* important. Please fill in the blanks, circle the appropriate answers, and explain where indicated.

Briefly list your prior diet attempts including approximate dates, and name or type of diet: _____

_____

_____

_____ .

1. Do you have a history of losing greater than 50 pounds, or a total body fat of less than 6%? Yes / No
2. How long would you consider yourself as being overweight? _____ years.
3. How long would you consider yourself as being seriously overweight? _____ years.
4. What is your current weight? _____ Height? _____ Body Mass Index (BMI): _____
5. Do you often tend to eat until you are too full? Yes / No
6. Do you tend to eat more when you are either sad or happy? Yes / No
7. Do you overeat after dieting for a while because you feel starved? Yes / No
8. Is it difficult for you to tell when you are full? Yes / No
9. Do you have a history of binging and purging? Yes / No
10. Do you tend to overeat, "just because it is there?" Yes / No
11. Do you use food to comfort yourself? Yes / No
12. Do you use food to control your moods? Yes / No
13. Do you tend to eat out of boredom? Yes / No
14. Have you ever been diagnosed with Anorexia or Bulimia? Yes / No
15. Do you tend to ask yourself, "why am I eating this?" Yes / No
16. Do you eat more food after 7 P.M. than before 7 P.M.? Yes / No
17. Do you have problems falling/staying asleep in excess of four times per week? Yes / No
18. Are you currently participating in a regular exercise program? Yes / No
19. Do you have a history of participating in any aerobic exercise programs? Yes / No

20. Do you have a plan of physical activity post-surgery? Yes / No If yes, explain: _____

_____

_____.

21. Is there a history of substance abuse (aside from food) with or without treatment? Yes / No If yes, explain: _____

_____

22. Do you smoke marijuana or have a medical marijuana card in your name? Yes / No

23. Your current average intake of alcohol over the past year is _____ alcoholic beverages per: week/month/year.

24. Over the past 30 days, how many days have you consumed and alcoholic beverage? _____ days.

25. Over the past year, I have used the following recreational drugs: _____

_____

_____

26. Please list your currently prescribed medications: _____

_____

_____.

27. Do you smoke cigarettes or chew tobacco? Yes / No If yes, explain amounts and frequency: ____

_____

_____.

28. Do you tend to be impulsive in your food choices? Yes / No

29. Are you impulsive in other areas of your life (gambling, shopping, relationships)? Yes / No

If Yes, explain: _____

_____

_____.

30. Do you tend to feel that you have to eat even when you are not hungry? Yes / No If yes, explain:

_____

_____

31. Do you follow certain rituals regarding the time or type of food eaten during the day or weekends?

Yes / No

32. Do you follow your physicians' recommendations regarding diet and/or exercise? Yes / No

33. What percentage of the time do you follow your physician's recommendations regarding diet/exercise (Please Circle one)?

--- 0% --- 10% --- 20% --- 30% --- 40% --- 50% --- 60% --- 70% --- 80% --- 90% --- 100% ---

Patient Name: _____ DOB: _____

34. Have you had any interactions with the legal system including: civil or criminal actions or litigations, arrests, lawsuits, bankruptcies past or present, or any pending legal matters? Yes / No

    If yes, explain: _____

    _____

    _____.

35. Do you have any vision or hearing impairments? Yes / No If yes, Please explain: _____

    _____.

36. Can you read on at least a 4th grade reading level? Yes / No

37. Are you your own legal guardian? Yes / No

38. Do you have any history of participation in special education programming? Yes / No

    If yes, please explain: _____

    _____.

39. Do you have any impairments of thinking abilities? Yes / No

40. Have you ever been found to be legally incompetent or had a guardian appointed to represent you?

    Yes / No If yes, please explain: _____

    _____.

41. Which bariatric surgery are you currently seeking? _____.

42. Briefly describe your understanding of what you believe this surgery involves: _____

    _____

    _____.

43. Please list the possible risks and complications involved with this surgery: _____

    _____

    _____.

44. Why have you chosen this particular bariatric surgery? _____

    _____.

45. Why have you chosen to seek bariatric surgery at this point in your life? _____

    _____

    _____.

46. What is your understanding of your responsibilities post-surgery? _____

    _____

    _____.

47. What sources of information have you accessed to learn about this particular bariatric surgery? ____

    _____

    _____.

48. What sources of information do you plan to use after your bariatric surgery? _____

_____

_____.

49. Do you currently experience stress, anxiety, frustration, despair, tension, or boredom? Yes / No

If yes, please explain: _____

_____

_____.

50. What coping strategies do you use to address these emotions? _____

_____

_____.

51. Do you experience stress from positive events, such as promotions, social events, or vacations? Yes / No

52. What coping strategies do you use to address these stressors? _____

_____

_____.

53. Do you experience significant mood variability without obvious cause? Yes / No

54. Do you ever feel that you are living your life from one crisis to the next? Yes / No

55. Do you experience difficulty setting limits with others in your life? Yes / No

56. Have you, or do you now, experiencing discrimination or ridicule because of your weight? Yes / No

57. What effect has this ridicule had on your life? N/A _____

_____.

58. How have you attempted to address this ridicule? N/A _____

_____.

59. How demoralized are you about your prior failed dieting attempts? _____

_____..

60. Do you view your weight control difficulties as indicating that you are defective, damaged, or have a behavior problem? Yes / No

61. Has your morbid obesity caused you to overcompensate by becoming a caretaker, nurturer, or comedian? Yes / No If yes, explain: _____

_____

_____.

62. Do you sometimes compromise your self-esteem and self-worth in order to establish or maintain relationships? Yes / No If yes, explain: _____

_____

_____.

63. Do others ever recognize this tendency in you? Yes / No

64. Have you ever asked for help to address this issue? Yes / No

65. Do you have a history of, or have you received a diagnosis/treatment for the following:

Bipolar or Manic-Depressive Disorder:	Yes / No
Severe Depression:	Yes / No
Obsessive-Compulsive Disorder:	Yes / No
Impulsive Control Disorder:	Yes / No
Addictive Behaviors:	Yes / No
Schizophrenia or Psychosis:	Yes / No
Borderline Personality Disorder:	Yes / No

Please explain any previous "yes" responses: _____

_____

_____.

If you endorsed a prior history or diagnosis of Bipolar or Mani-Depressive Disorder, please list the number and dates of the most recent manic episodes: _____

_____

_____.

66. Do you have a history of any suicidal thoughts, or attempts? Yes / No If yes, explain including dates and methods of self-harm: _____

_____

_____.

67. Do you have a history of participating in outpatient mental health services including individual therapy, counseling, or psychiatric consultation? Yes / No

If yes, please explain the number of sessions, locations, and reasons including dates if possible:

_____

_____.

68. Have you ever been hospitalized for mental health or psychiatric reasons? Yes / No

If yes, explain including the dates of hospitalization, location, and reason for hospitalization: _____

_____

_____.

69. Have you ever been found to be disabled due to a mental health or psychiatric issue or diagnosis?

Yes / No If yes, explain including reason for finding of disability and date at which you were found to be disabled: _____

_____

_____.

70. Have you ever participated in psychological testing or assessments in the past? Yes / No

    If yes, please explain: _____

    _____

    _____.

71. Do you feel that you are emotionally stable enough to manage the post-surgical responsibilities of bariatric surgery? Yes / No

72. Do you feel that you have been adequately informed of the risks for psychiatric episodes or emotional crises post-surgery? Yes / No

73. Do you have a mental health action plan in place as a precautionary measure for any post-surgical emotional adjustment issues? Yes / No If yes, please explain: _____

    _____

    _____.

74. Have you experienced a history of prior trauma, abuse, or neglect? Yes / No If yes, explain: _____

    _____

    _____.

75. What steps have you taken to address the issues surrounding this history? N/A _____

    _____

    _____.

76. Is it difficult for you to address the issues surrounding this prior history? Yes / No If yes, explain:

    _____

    _____.

77. While growing up, did you experience any difficulties reaching developmental milestones such as walking, speaking, or achieving academic success? Yes / No If yes, explain: _____

    _____

    _____.

78. Do you have a history of recent or more lifelong stressors? Yes / No If yes, explain: _____

    _____

    _____.

79. Do you have a group of friends that you socialize with on a regular basis? Yes / No

80. Do you feel supported in your decisions by your group of friends? Yes / No

81. Are you satisfied with your current romantic or emotional relationships? Yes / No

82. Are you willing and able to participate in both pre and post-surgical support groups? Yes / No

83. What is currently motivating you to seek surgery at this time? _____

    _____

    _____.

84. Are there issues other than health which are also motivating you to seek surgery? (e.g. enjoyment, physical appearance, etc.) Yes / No If yes, explain: _____

_____

_____.

85. Are you willing to commit to actively and permanently following the post-surgical guidelines for health and success? Yes / No

86. Do you believe that weight loss surgery or weight loss will make you a happier person? Yes / No

87. Do you believe that weight loss surgery or weight loss will lead to a happier? Yes / No

88. From an emotional or personality perspective, why do you believe you have had difficulty losing weight or keeping weight off? _____

_____

_____.

Again, from an emotional or personality perspective, tell me why you believe your prior attempts at weight loss failed: _____

_____

_____.

89. Have you ever experienced any significant emotional reactions to surgical procedures in the past?

Yes / No

90. If you do not qualify for weight loss surgery, what is your plan to better manage your weight? ____

_____

_____.

_____ _____

Patient Signature Date

_____ _____

Reviewing Clinician Signature Date

Patient Name: _____ DOB: _____