

Entered: __/__/20__

Initials: _____

Verified: __/__/20__

Initials: _____

For office use only.**6-month follow-up Form (FO6) –Version 08/28/2006****Patient ID** _____ - _____ - _____**Form Completion Date** __/__/20__
mm dd yy**Certification number:** _____

Prior to completing questions 1, 2 and 3, generate the “pre-operative employment/education status” report from MATRIX to determine employment and education status prior to weight control surgery. Enter -2 for questions that are not relevant to the patient.

1. How many **work days** did you miss because of your weight control surgery? *Note: If the patient is employed part-time, every 2 work days missed should be recorded as 1 day.* _____ days Enter “-2” if not employed prior to the operation

2. How many **days of school** did you miss because of your weight control surgery? _____ days Enter “-2” if not a student prior to the operation

Ask the next question only if the patient does NOT work outside of the home:

3. How many **days were you unable** to perform your normal household tasks at home such as cleaning, cooking, childcare, and/or caring for yourself or family because of your weight control surgery? _____ days Enter “-2” if employed outside of the home

4. Measurement: Date weight was measured: __/__/20__

4.1 Weight: ____ (lb)

4.2 How was weight measured? ☐ 1. Tanita Scale → (4.2.1 Percent body fat ____ %)
☐ 2. Other Scale
☐ 3. Last available bed weight
☐ 4. Estimate

READ: I am going to ask you a few questions about weight control strategies you might have used since your weight control surgery.

5. Since your weight control surgery, how many **times** have you seen a counselor/mental health professional **for weight control**?

Never 1 to 5 times 6 to 10 times 11– 20 times more than 20 times

6. Since your weight control surgery, how many **times** have you seen a nutritionist/dietitian **for weight control**?

Never 1 to 5 times 6 to 10 times 11– 20 times more than 20 times

7. Since your weight control surgery, how many **times** have you seen a personal trainer or exercise specialist **for weight control**?

Never 1 to 5 times 6 to 10 times 11– 20 times more than 20 times

8. Since your weight control surgery, how many **weeks** did you participate in group exercise **for weight control**?

_____ weeks

9. Since your weight control surgery, how many **weeks** did you participate in a support/self help group **for weight control**?

_____ weeks

10. Since your weight control surgery, how many **weeks** did you access a discussion group, bulletin board or chat room on the Internet **for weight control**?

_____ weeks

11. Have you been **hospitalized** since your weight control surgery? ☐ 0. No ☐ 1. Yes →

12. Have you had any **out-patient** procedures since your weight control surgery? ☐ 0. No ☐ 1. Yes →

If yes, complete the Health Care Utilization form

6-month Follow-up Questions – (FO6)

PURPOSE:	To collect information pertinent to patients aged 18 years or older enrolled in LABS-1, who have provided informed consent for LABS-2, at the 6-month anniversary date.
PERSON(S) RESPONSIBLE:	Clinician/Coordinator
SOURCES OF INFORMATION:	Patient
WHEN TO ADMINISTER FORM:	<p>Once patient provides informed consent for LABS-2, six months after surgery. It should be the first form administered.</p> <p>This questionnaire should be completed at the 6-month visit only. It should be completed at the clinic visit because the patient will need to be weighted. The coordinator or other study staff must review the document at patient's clinic visit to ensure that all fields have been completed appropriately.</p>
GENERAL INSTRUCTIONS (Patient)	n/a
GENERAL INSTRUCTIONS: (Clinician)	<p>After patient completes survey:</p> <ol style="list-style-type: none"> (1) Review the form for any missing items. Follow-up with patient if necessary to record missing items, or to clarify responses. (2) Make sure that each item has a single response marked, unless directions state otherwise. (3) If the patient does not understand the question, a coordinator or patient designee may read the question to them. Do not answer the question. Indicate whether the response is unknown or if the patient refused to provide an answer.
SCORING ALGORITHM:	N/A

DATA SECTION	COMPLETION INSTRUCTIONS
PATIENT ID:	Record the patient's ID number. The ID number is assigned via the ID registration application of the MATRIX Web Data Management System (MATRIX). Instructions on using this application are included in the MATRIX Manual. <i>NOTE: The patient ID number is the same as that assigned to the patient as part of the LABS-1 study.</i>
VISIT:	Record the visit number that the FO6 corresponds to on the right hand corner of the cover page 6=6-month follow-up
FORM COMPLETION DATE:	Patient records date of form completion (mm/dd/20yy)
Prior to completing questions 1, 2 and 3, generate the "pre-operative employment/education status" report from MATRIX to determine employment and education status prior to weight control surgery. Enter -2 for questions that are not relevant to the patient.	<ol style="list-style-type: none"> Specify how many work days the patient missed because of his/her weight control surgery. Note: if the patient is employed part-time, every 2 work days missed should be recorded as 1 day. Specify how many days of school the patient missed because of his/her weight/control surgery. Note: if the patient. <p><i>Ask the next question only if the patient does NOT work outside the home.</i></p> <ol style="list-style-type: none"> Specify how many days the patient was unable to perform normal household tasks at home such as cleaning, cooking, childcare and /or caring for him/herself or family because of his/her weight control surgery. Specify the date of when weight was measured. Record Weight and how weight was measured. <p><i>This measurement must be completed in accordance to the guidelines as specified in the relevant sections of the LABS-2 Manual of Operations, under Protocols and Measures.</i></p>

	<ol style="list-style-type: none"> 5. Record how many times the patient has seen a counselor/mental health professional for weight control. 6. Record how many times the patient has seen a nutritionist/dietitian for weight control. 7. Record how many time the patient has seen a personal trainer or exercise specialist for weight control. 8. Record how many weeks the patient participated in group exercise for weight control. 9. Record how many weeks the patient participated in a support/self help group for weight control. 10. Record how many weeks the patient accessed a discussion group, bulletin board or chat room on the internet for weight control. 11. If the patient was hospitalized since his/her weight control surgery, complete the health care utilization form. 12. If the patient had any out-patient procedures since his/her weight control surgery then complete the health care utilization form.
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