Entered: _ _ / _ _ / 20_ _ Initials: _____ Verified: _ _ / _ _ / 20_ _ Initials: _____

For office use only.

Surgeons Medical Assessment - Baseline – Version: 12/15/2006

Patient ID __ __ __ - __ __ __ __ - __ __ **Form Completion Date** __ __ / __ __ / 20 __ __ (mm dd yy)

Certification number: ___ ___ ___ ___ ___ **Visit:** 1

Has the patient ever had…

No Yes

□ □ 1. Leg swelling accompanied by blistering, infections, discolorations or alterations of the skin:

If yes → Specify treatment(s) within the past 12 months

No	Yes		No	Yes	
□	□	Support hose	□	□	Unna boots
□	□	Diuretic	□	□	Sequential compression boots
□	□	Operation(s)	□	□	Other (Specify: _____)
□	□	Blood thinners			
□	□	Elevation of the legs			

□ □ 2. Filter placement to prevent blood clot

□ □ 3. Angina: *If yes* → Symptoms in past 12 months? □ 0. No □ 1. Yes → If yes, classification level *(See page 2)*: □ I □ II □ III □ IV

□ □ 4. Hypertension

□ □ 5. Abnormal EKG but unable to assess ischemia

□ □ 6. Treatment for irregular heart beat

□ □ 7. Percutaneous Coronary Intervention

□ □ 8. CABG

□ □ 9. Heart valve operation

□ □ 10. CHF: *If yes* → NYHC: □ I □ II □ III □ IV □ *Unknown*

□ □ 11. COPD: *If yes* → Operation on lungs for COPD? □ 0. No □ 1. Yes

□ □ 12. Sleep apnea:
If yes →
a. Operation for sleep apnea? □ 0. No □ 1. Yes
b. Currently use C-PAP/Bi-PAP? □ 0. No □ 1. Yes → *If yes, frequency of use (see page 2)*:

Rarely	Sometimes	Often	Always
□	□	□	□

Specify permanent problems resulting from stroke

□ □ 13. Stroke: *If yes* →

No	Yes		No	Yes	
□	□	Sensory	□	□	Speech problems
□	□	Motor	□	□	Memory or cognitive

□ □ 14. Pulmonary hypertension

□ □ 15. Hypoxemia/hypercarbia syndrome

□ □ 16. Cor pulmonale

□ □ 17. Pseudotumor cerbri (PTC): *If yes* → Undergone surgery for PTC? □ 0. No □ 1. Yes

□ □ 18. Coagulopathy

Canadian Cardiovascular Society Classification Level

Class I: Ordinary physical activity, such as walking several blocks or climbing stairs does not cause angina. Angina will occur with strenuous, rapid, or prolonged exertion at work or recreation.

Class II: Moderate exertion, such as walking or climbing rapidly, walking uphill, walking or stair climbing after meals, in wind, or when under emotional stress or during periods after awakening, or walking more than 2 level blocks, or climbing more than one flight of stairs causes limiting angina symptoms. Comfort at rest. Slight limitation of ordinary activity.

Class III: Ordinary physical activity, such as walking 1-2 level blocks or climbing one flight of stairs at a normal pace, causes limiting anginal symptoms. Comfort at rest. Marked limitation of ordinary activity.

Class IV: Any physical activity that causes limiting symptoms. Anginal symptoms may be present at rest with prior exertional angina.

Definitions of "frequency of use" if patients use C-PAP/BiPAP:

Rarely: Less than once per week
Sometimes: About 3 times per week
Often: About every day
Always: I use it every time I sleep

SURGEONS MEDICAL ASSESSMENT BASELINE (SMAB)

PURPOSE:	To collect medical information on patients aged 18 years or older enrolled in LABS-1, who have provided informed consent for LABS-2, prior to bariatric surgery.
PERSON(S) RESPONSIBLE:	Clinician/Coordinator Surgeon
SOURCES OF INFORMATION:	Patient/medical chart
WHEN TO ADMINISTER FORM:	Once patient provides informed consent for LABS-2, prior to surgery. This questionnaire should be completed at the baseline visit by the surgeon or other certified labs personnel with a medical background. The coordinator or other study staff must review the document after its completion to ensure that all fields have been completed appropriately.
GENERAL INSTRUCTIONS (Patient) **GENERAL INSTRUTIONS: (Clinician)**	
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. *NOTE: The patient ID number is the same as that assigned to the patient as part of the LABS-1 study.*
VISIT:	Record the visit number that the SFB corresponds to on the right hand corner of the cover page
FORM COMPLETION DATE:	Record the date of form completion (mm/dd/20yy)
	1. Record "Yes" or "No" if patient has ever had leg swelling accompanied by blistering infections, discolorations or alterations of the skin. If "Yes": Specify "No" or "Yes" for each method of treatment within the *past 12 months.* 2. Record "Yes" or "No" if a filter has been placed to prevent blood clot. 3. Record "Yes" or "No" if patient *ever* had angina. If "Yes": Indicate whether patient experienced symptoms in the *past 12 months*.

If "Yes": Classify level of symptoms defined as:

Canadian Cardiovascular Society Classification Level

Class I: Ordinary physical activity, such as walking several blocks or climbing stairs does not cause angina. Angina will occur with strenuous, rapid, or prolonged exertion at work or recreation.

Class II: Moderate exertion, such as walking or climbing rapidly, walking uphill, walking or stair climbing after meals, in wind, or when under emotional stress or during periods after awakening, or walking more than 2 level blocks, or climbing more than one flight of stairs causes limiting angina symptoms. Comfort at rest. Slight limitation of ordinary activity.

Class III: Ordinary physical activity, such as walking 1-2 level blocks or climbing one flight of stairs at a normal pace, causes limiting anginal symptoms. Comfort at rest. Marked limitation of ordinary activity.

Class IV: Any physical activity that causes limiting symptoms. Anginal symptoms may be present at rest with prior exertional angina.

4. Record "Yes" or "No" if patient has *ever* been treated for hypertension.

5. Record "Yes" or "No" if patient has *ever* been treated for an abnormal EKG but was unable to assess ischemia.

6. Record "Yes" or "No" if patient has *ever* been treated for irregular heart beat.

7. Record "Yes" or "No" if patient *ever* had percutaneous coronary intervention.

8. Record "Yes" or "No" if patient *ever* had CABG.

9. Record "Yes" or "No" if patient *ever* had a heart valve operation;

10. Record "Yes" or "No" if patient *ever* had CHF.

    If "Yes": Record NYHC.

11. Record "Yes" or "No" if patient *ever* had COPD.

    If "Yes": Record "No" or "Yes" if patient had an operation on lungs for COPD.

12. Record "Yes" or "No" if patient *ever* had sleep apnea.

    If "Yes": (a) record "No" or "Yes" if they had an operation to treat their sleep apnea. And (b) if they currently use C-PAP/Bi-PAP. If they currently use C-PAP/Bi-Pap, record frequency, defined as

    Rarely: Less than once per week
    Sometimes: About 3 times per week
    Often: About every day
    Always: I use it every time I sleep

13. Record "Yes" or "No" if patient *ever* had a stroke.

    If "Yes": Specify permanent problems resulting from their stroke.

14. Record "Yes" or "No" if patient *ever* had pulmonary hypertension.

15. Record "Yes" or "No" if patient *ever* had hypoxemia/hypercarbia syndrome.

16. Record "Yes" or "No" if patient *ever* had cor pulmonale.

17. Record "Yes" or "No" if patient *ever* had pseudotumor cerbri (PTC).

    If "Yes": Indicate "No" or "Yes" if patient underwent surgery to treat PTC.

18. Record "Yes" or "No" if patient *ever* had coagulopathy.