

Entered: __/__/20__

Initials: _____

Verified: __/__/20__

Initials: _____

Patient ID _____ - _____ - _____

For office use only.

Baseline Update Questionnaire - Version: 08/21/2006

Form Completion Date __/__/20__
mm dd yy

Directions: Please complete the following questions by checking the appropriate response or filling in the blank.

1. Were you advised or required by your doctor or other health care provider to lose weight prior to your obesity surgery?

- 0. No 1. Yes

Skip to question 2

1.1 How much weight were you advised or required to lose?
_____ lbs. (or) "no amount specified"

2. Were you advised or required by your doctor or other health care provider to start a special diet prior to your obesity surgery?

- 0. No 1. Yes

Skip to question 3

2.1 Was this special diet (check "no" or "yes" for each)...	No	Yes
a. very low calorie (less than 800 cal/day), for example using a commercial weight loss product like Optifast or Nutrifast, or eating smaller portions?	<input type="checkbox"/>	<input type="checkbox"/>
b. high protein/low carbohydrate (i.e. Atkins)?	<input type="checkbox"/>	<input type="checkbox"/>
c. ground or pureed foods?	<input type="checkbox"/>	<input type="checkbox"/>
d. Other special diet not mentioned above? (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>
2.2 Did you follow the special diet?	<input type="checkbox"/> 1. No	<input type="checkbox"/> 4. Usually
	<input type="checkbox"/> 2. Rarely	<input type="checkbox"/> 5. Always
	<input type="checkbox"/> 3. Occasionally	

3. Have you lost or gained any weight in the past 3 months (check yes or no to each)?

No Yes

Lost weight →

a. How much? _____ lbs.
b. Were you purposefully trying to lose weight by eating less? 0. No 1. Yes

Gained weight →

a. How much? _____ lbs.

No change in weight

Don't know

Directions: The following questions ask you to provide what you consider your dream weight, happy weight, acceptable weight and unhappy weight. Please provide a number (in pounds) that corresponds to the four descriptions below.

1. The first weight is your dream weight, a weight that you would choose if you could weigh whatever you wanted. What is this weight? Dream Weight: _____ lbs.
2. The second weight is not as ideal as the first one. It is a weight, however, that you would be happy to achieve. What is this weight? Happy Weight: _____ lbs.
3. The third weight is one that you would be not particularly happy with, but one that you could accept, since it would be less than your current weight. What is this weight? Acceptable Weight: _____ lbs.
4. The fourth weight is one that is less than your current weight, but one that you could not view as successful in any way. You would be disappointed if this was your final weight after surgery. What is this weight? Disappointed Weight: _____ lbs.

<p>SCORING ALGORITHM:</p>	<p>(2) Make sure that each item has a single response marked, unless directions state otherwise.</p> <p>(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.</p> <p>N/A</p>
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<p>GOALS AND RELATIVE WEIGHTS QUESTIONS:</p>	<p>2.2 <u>If patient was advised to start a special diet prior to surgery:</u> Patient must specify if they followed the special diet as advised.</p> <p>3. Patient records if they have lost or gained any weight in the <i>past 3 months</i>. <i>Check yes or no for each.</i> <u>If patient has lost weight:</u> They must indicate:</p> <ul style="list-style-type: none"> a. Amount of weight lost (lbs.) b. If they lost weight on purpose by eating less <p><u>If patient gained weight:</u> They must indicate:</p> <ul style="list-style-type: none"> a. Amount of weight gained (lbs.) <p>1. Patient records their <i>Dream Weight</i> (lbs.). Dream Weight is defined as a weight that the patient would choose if they could weigh whatever they wanted.</p> <p>2. Patient records their <i>Happy Weight</i> (lbs.). Happy Weight is not as ideal as patient's dream weight, however it is a weight that they would be happy to achieve.</p> <p>3. Patient records their <i>Acceptable Weight</i> (lbs.). Acceptable Weight is a weight that the patient would not be especially happy with, but that the patient would accept, since it would be less than their current weight.</p> <p>4. Patient records their <i>Disappointed Weight</i> (lbs.). Disappointed Weight is a weight that the patient would not view as successful in any way. The patient would be disappointed if it was their final weight after surgery.</p>
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