

Bariatric Surgery Questionnaire

Demographics

1) In what city were you born? _____

2) Where did you grow up? _____

3) Where did you attend high school? _____

4) Did you go to college? _____

If yes, where? _____

What degree(s) did you receive? _____

5) What jobs have you held? (from earliest to most recent)

6) What is your current job/occupation? _____

Thoughts/feelings regarding food

7) What meaning did food hold in your family of origin? (for example: Was food used as a reward? Was food ever denied as punishment?) _____

8) What role does food play in your life? (for example: Do you use food to calm yourself, or to self-soothe? Do you feed others to show your love?) _____

9) Is there a family history of obesity? _____ If yes, which family members? _____

10) Do you drink alcohol? _____ If yes, how often? _____

11) Do you use drugs? _____ If yes, which drugs and how often? _____

12) Any history of sexual abuse? _____

13) Any history of physical abuse? _____

Diet History

14) In chronological order, describe, **in detail**, your diet history. For each diet plan attempted, include the name of the diet, how much weight was lost and how long did that take? What happened when you stopped the diet? (please use the back of page, if necessary)

<u>year</u>	<u>diet plan</u>	<u>weight lost/how long</u>	<u>what happened when you stopped</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

15) What is your motivation for having weight-loss surgery? _____

16) Do you understand the dietary restrictions before and after the surgery? _____

If yes, describe what it is you understand. _____

Who is your support system? _____
