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

For office use only.

Pre-operative Form (PO1) – Version: 12/15/2006 FORMV

PO1DAT

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

Certification number: ___ ___ ___ ___ ___ **CERT**

To be completed on all patients who provide informed consent. *Clinical sites that have the proper IRB approval should also complete this section for all patients who decline to provide informed consent.*

1. Consent to LABS 1: **CONS1**
   - ☐ 0. No → (if no)
     - 1.1 Reason for refusing (check all that apply):
       - ☐ General lack of interest. **LACK**
       - ☐ Does not want to be bothered. **NOBOTHER**
       - ☐ Lack of trust (e.g. that personal information will remain confidential). **TRUST**
       - ☐ Concerned that information provided will impact ability to have surgery. **IMPACT**
       - ☐ No perceived personal benefit from participating. **NOBENE**
       - ☐ Does not want to be included as subject in medical research. **NOSUBJ**
       - ☐ Other (Specify: _____**REFOTHS**_____) **REFOTH**
       - ☐ Unknown **REFUNK**
     - 1.2 Patient's age: **PTAGE** (years)
   - ☐ 1. Yes → (if yes)
     - 1.3 Date of consent: __ __ / __ __ / 20 __ __ (mm dd yy) **DOC1DAT**
     - 1.4 Patient's date of birth: __ __ / __ __ / 19 __ __ (mm dd yy) ~~**DOBDAT**~~ **(replaced with AGE_C)**

2. Gender: **SEX**
   - ☐ 1. Male
   - ☐ 2. Female

3. Height: **HGTFT** (ft), **HGTIN** (in)
   - 3.1 How was height measured? **HGTMEAS**
     - ☐ 1. Standing
     - ☐ 2. Lying Flat
     - ☐ 3. Estimate

4. Weight: **WGT** (lbs)
   - 4.1 How was weight measured? **WGTMEAS**
     - ☐ 1. Tanita Scale
     - ☐ 2. Other Scale
     - ☐ 3. Last available bed weight
     - ☐ 4. Estimate

5. Ethnicity: **ETHN**
   - ☐ 0. Hispanic
   - ☐ 1. Non-Hispanic

6. Race *(check all that apply)* :
   - ☐ White or Caucasian **RACEW**
   - ☐ Black or African-American **RACEB**
   - ☐ Asian **RACEA**
   - ☐ American Indian or Alaska Native **RACEI**
   - ☐ Native Hawaiian or other Pacific Islander **RACEH**
   - ☐ Other **RACEO**
     (specify ____**RACES**_____)

***** Continue ONLY if there is written informed consent for LABS-1. Otherwise, do not complete the rest of this form. *****

7. Previous obesity surgery OR surgery performed on the esophagus, stomach or proximal small intestine not for the purpose of weight loss? **OSURG** ☐ 0. No ☐ 1. Yes

7.1 If yes, specify (check "no" or "yes" for each item):

No	Yes			Number of previous surgeries (including revisions and reversals)	Date of most recent surgery
☐	☐	Gastric Bypass (Roux-en-Y) **GB**	**GBN**	__ __	**GBMONTH GBDAYGBYEAR** __/__/____
☐	☐	Biliopancreatic div. (BPD) **BPD**	**BPDN**	__ __	**BPDMONTH BPDDAY BPDYEAR** __/__/____
☐	☐	Biliopancreatic div. w/switch (BPDS) **BPDS**	**BPDSN**	__ __	**BPDSMON BPDSDAY BPDSYEAR** __/__/____
☐	☐	Adjustable Gastric Band (AGB) **AGB**	**AGBN**	__ __	**AGBMONTH AGBDAY AGBYEAR** __/__/____
☐	☐	Vertical Banded Gast. (VBG) **VBG**	**VBGN**	__ __	**VBGMONTH VBGDAY VBGYEAR** __/__/____
☐	☐	Sleeve Gastrectomy (SG) **SG**	**SGN**	__ __	**SGMONTH SGDAY SGYEAR** __/__/____
☐	☐	Prior surgery performed on the esophagus, stomach or proximal small intestine NOT for the purpose of weight loss. **PF**	**PFN**__ __		**PFMONTH PFDAY PFYEAR** __/__/____
☐	☐	Other previous obesity surgery 1 **OSURGO** (Specify: **OSURGS**_____)	**OSURGN1**__ __		**OSMONTH OSDAY OSYEAR** __/__/____
☐	☐	Other previous obesity surgery 2 **OSURG2** (Specify: **OSURGS2**_____)	**OSURGN2**__ __		**OSMONTH2 OSDAY2 OSYEAR2** __/__/____

8. Smoking status: **SMOKE** ☐ 1. Never smoked ☐ 2. Current: → Age started regularly: _____**CIGSTART** Average packs/day: ____**CIGAVE** ☐ 3. Former: → Age started regularly: _____**CIGSTART** Age quit: _____**CIGQUIT** Average packs/day: _____**CIGAVE**

9. Is this patient a good candidate for LABS-2? **GOOD2** ☐ 0. No ☐ 1. Yes

9. 1 If no, specify why (check "no" or "yes" for each item):

No Yes
FAR Lives too far away
BURDEN Follow-up too burdensome
NOTINTER Not Interested
DAYSNOT < 14 days notice of surgery

No Yes
PSURG Prior bariatric surgery
COMPLY Unlikely to comply with protocol

No Yes
ENGL Unable to communicate with study staff
ILLIT Reading difficulty/illiteracy
NOT2O Other (Specify:____**NOT2OS**_____)

10. Planned procedure: **PROC**

☐ 1. Gastric bypass (Roux-en-Y)
☐ 2. Biliopancreatic diversion (BPD)
☐ 3. Biliopancreatic diversion with Doudenal Switch (BPDS)
☐ 4. Laparoscopic adjustable gastric band (LAGB)
☐ 5. Sleeve gastrectomy-initial stage
☐ 6. Sleeve gastrectomy- → second stage **SGA**
  ☐ 1. Gastric bypass (Roux-en-Y)
  ☐ 2. BPD
  ☐ 3. BPDS
☐ 7. Other (Specify: _____**PROCS**_____)
☐ 8. Banded Gastric Bypass (Gastric bypass + non adjustable band)
☐ 9. Vertical Banded Gastroplasty
☐ -3. Unknown at this time

11. Planned approach: ☐ 1. Laparoscopic ☐ 2. Open ☐ -3. Unknown
APPRCH

12. Is the planned procedure a revision? **REVIS** ☐ 0. No ☐ 1. Yes
If yes,

12.1 Patient status at time of previous procedure: **VISISTAT**	☐ 1. LABS-1 Registered patient ☐ 2. Non-LABS-1 Patient

13. Is the planned procedure a reversal? **REVER** ☐ 0. No ☐ 1. Yes
If yes,

13.1 Patient status at time of previous procedure: **VERSSTAT**	☐ 1. LABS-1 Registered patient ☐ 2. Non-LABS-1 Patient

14. Last laboratory value within 180 days:

	Not done	*Blood Draw Date*		Not done	*Blood Draw Date*
Fasting Plasma Glucose: **FPG** mg/dl	☐	**FPGDAT**	AST (SGOT): **AST** IU/L	☐	**ASTDAT**
Creatinine: **CREAT** mg/dl	☐	**CREATDAT**	Hematocrit: **HMTCRT** %	☐	**HMTCRDAT**
Albumin: **ALB** g/dl	☐	**ALBDAT**	Triglycerides: **TRIG** mg/dl	☐	**TRIGDAT**
HbA1C: **HBA1C** %	☐	**HBAICDAT**	HDL: **HDL** mg/dl	☐	**HDLDAT**
Normal HbA1C range:	☐		Total Cholesterol: **TC** mg/dl	☐	**TCDAT**
High:**HBA1CHI**%	☐		Alkaline Phosphatse: **ALK** IU/L	☐	**ALKDAT**
ALT (SGPT): **ALT** IU/L	☐	**ALTDAT**			

15. Medications in the past 90 days: (check "no" or "yes" for each item)

	No	Yes	
IMMUNO	☐	☐	Therapeutic oral/IV immunosuppressant
ANTIC	☐	☐	Therapeutic anticoagulation
NARC	☐	☐	Narcotic
STATIN	☐	☐	Statin or other lipid lowering agent
ADEPRS	☐	☐	Antidepressant
BETAB	☐	☐	Beta-blocker

16. Blood pressure: **SBP** / **DBP** (mmHg) Systolic / Diastolic

16.1 How was blood pressure measured? **BPMEAS**
☐ 1. Mercury
☐ 2. Gauge
☐ 3. Electronic

17. Comorbidity	**No**	**Yes**		***If yes, check the one best response***
a. Hypertension **HTN**	☐	☐	→ **HTNS**	☐ 1. No Medication ☐ 2. Single medication ☐ 3. Multiple medications
b. Diabetes **DM**	☐	☐	→ **DMS**	☐ 1. No medication ☐ 2. Single oral medication ☐ 3. Multiple oral medication ☐ 4. Insulin ☐ 5. Oral meds and insulin
c. CHF **CHF**	☐	☐	→ **CHFS**	NYHC: ☐ I ☐ II ☐ III ☐ IV ☐ *Unknown*
d. Asthma **ASTH**	☐	☐	→ **ASTHS**	☐ 1. History of Intubation ☐ 2. No History of Intubation

e. Functional Status **FS** ☐ 1. Can walk (length of grocery store aisle) 200 ft unassisted ☐ 2. Able to walk 200 ft with assist device (cane, walker) ☐ 3. Cannot walk 200 ft with assist device ☐ -3. Unknown

Comorbidity	No	Yes		Check "No" or "Yes" for each item	
				No **Yes**	
f. History of DVT/PE **DVT**	☐	☐	→	**DOCDVT**	Documented DVT
				DOCPE	Documented PE
				VEDEMA	Venous edema w/ ulceration
g. Sleep apnea **SLPA**	☐	☐	→	**CPAP**	C-pap/ Bi-pap
				OXYDEP	Supplemental oxygen dependent
h. Ischemic Heart Disease **HD**	☐	☐	→	**HXMI**	History of MI
				NOISCH	No active ischemia
				ABNEKG	Abnormal EKG but unable to assess ischemia
				CORINTRV	PCI, CABG
				AISCHM	Anti-ischemic medications
i. Pulmonary hypertension **PULHYP**	☐	☐			

j. History of venous edema with ulcerations? **HXVE** ☐ 0. No ☐ 1. Yes

18. Are there any comorbid conditions the patient may have that could affect clinical outcome following bariatric surgery? **OCOND** ☐ 0. No ☐ 1. Yes

18.1 If yes, specify (*do not enter into database*):

_____

_____

_____