Entered: _ _ / _ _ / 20_ _ Initials: _____ Verified: _ _ / _ _ /20 _ _ Initials: _____
mm dd yy mm dd yy

VISIT
Patient ID __ __ __ - __ __ __ __ - __ __ **Visit:____**

For office use only.

BF – Version: 04/16/2012 **FORMV**

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

Directions: Answer all items as accurately as possible.

The next set of questions asks about weight control practices.

1. Do you have access to a scale to weigh yourself? **SCALE**

☐ 0. No → *Skip to next set of questions*

☐ 1. Yes →

1.1 How often do you weigh yourself (*check one answer only*)? **SCALEFRQ**

- ☐ 1. Never
- ☐ 2. About once a year or less
- ☐ 3. Every couple months
- ☐ 4. Every month
- ☐ 5. Every week
- ☐ 6. Every day
- ☐ 7. More than once per day

Directions: The following questions ask about your weight control practices. Please indicate whether you did any of the activities listed below **in order to control your weight** in the **past 6 months**.

- If you did an activity in order to control your weight in the **past 6 months**, check "yes" and follow the arrow to complete the next column indicating, **how many weeks** you did the activity in the **past 6 months**. **If you are unsure, please give your best estimate.** Please note that there are approximately 26 weeks in 6 months.
- If you **never** did an activity in order to control your weight, check "no" and go to the next item.

For weight control, in the past 6 months have you…				
		No	Yes	How many weeks?
1.	counted fat grams? **FGRAM6M**	☐	☐ →	**FGRAMW**
2.	limited fat intake? **FATINT6M**	☐	☐ →	**FATINTW**
3.	limited the number of calories you eat? **RCAL6M**	☐	☐ →	**RCALW**
4.	used a very low calorie diet? **LOWCAL6M**	☐	☐ →	**LOWCALW**
5.	cut out between-meal-snacking? **CSNACK6M**	☐	☐ →	**CSNACKW**
6.	limited high carbohydrate foods like bread or potatoes? **FCARB6M**	☐	☐ →	**FCARBW**
7.	eaten special low calorie diet foods? **DFOOD6M**	☐	☐ →	**DFOODW**
8.	eaten or drank meal replacements? **MEALR6M**	☐	☐ →	**MEALRW**
9.	eaten fruits and vegetables in place of other foods?**FVEGE6M**	☐	☐ →	**FVEGEW**
10.	cut out non-diet soda pop or other sugar-sweetened beverages? **SODA6M**	☐	☐ →	**SODAW**

For weight control, in the past 6 months have you…			
	No	Yes	How many weeks?
11. chewed and spit out food? **SPIT6M**	☐	☐ →	**SPITW**
12. limited alcoholic beverages for weight control? **FEWALC6M**	☐	☐ →	**FEWALCW**
13. smoked cigarettes for weight control? **CIGWC6M**	☐	☐ →	**CIGWCW**
14. induced vomiting for weight control? **VOMWC6M**	☐	☐ →	**VOMWCW**
15. recorded what you eat daily? **RECEAT6M**	☐	☐ →	**RECEATW**
16. kept a graph of your weight? **GRAPH6M**	☐	☐ →	**GRAPHW**
17. exercised regularly? **MOREEX6M**	☐	☐ →	**MOREEXW**
18. used home exercise equipment? **HEQ6M**	☐	☐ →	**HEQW**
19. recorded your exercise daily? **RECEX6M**	☐	☐ →	**RECEXW**
20. participated in group exercise classes? **GRPEX6M**	☐	☐ →	**GRPEXW**
21. participated in a support/self help group? *(e. g. Weight Watcher, TOPS)* **SHELP6M**	☐	☐ →	**SHELPW**
22. accessed a discussion group, bulletin board or chat room on the internet? **BBOARD6M**	☐	☐ →	**BBOARDW**
23. used hypnosis for weight control? **HYPN6M**	☐	☐ →	**HYPNW**
24. used laxatives for weight control? **LAXWC6M**	☐	☐ →	**LAXWCW**
25. used any prescription medication? **RX6M** *(eg. Wellbutrin, Xenical, Medridia, Trexan, Ionamin, Adipex, Phentermine plus Fenfluramine, Topamax, Pondimin, Redux, Dexedrine)*	☐	☐ →	**RXW**
26. used any dietary supplement or nonprescription medication? **DSUPP6M**	☐	☐ →	**DSUPPW**

Directions: The following questions ask about whether you have seen any of the professionals listed below **in order to control your weight** in the **past 6 months.**

- In the **past 6 months**, if you saw one of the professionals listed below in order to control your weight, check "yes" and follow the arrow to complete the next column indicating **how many times** you saw the professional.
- If you **never** saw the professional in the past 6 months in order to control your weight, check "no" and go to the next item.

For weight control, in the past 6 months have you …			**How many times in the past 6 months?**			
			1 to 5 times	6 to 10 times	11 to 20 times	more than 20 times
1. seen a counselor/mental health professional? B **SEEMH6M**	☐ No	☐ Yes →		**SEEMHX**		
2. seen a nutritionist/dietitian? **SEENUT6M**	☐ No	☐ Yes →		**SEENUTX**		
3. seen a personal trainer or exercise specialist? **SEETRA6M**	☐ No	☐ Yes →		**SEETRAIX**		

The next set of questions asks about your eating habits during a usual or normal week.

1. Thinking about your **usual or normal week**…
   a. How many days out of the **7-day week** do you eat breakfast? _____ days/wk **BRKFST**
   b. How many days out of the **7-day week** do you eat lunch/brunch? _____ days/wk **LUNCH7**
   c. How many days out of the **7-day week** do you eat dinner? _____ days/wk **DINNER7**
   d. Counting all meals and any snacks you may have, **how many times a day** do you eat? _____ times/day **ALLEAT**
   (*check box if more than 10 times/day)* ☐ more than 10 times a day

2. How many days a week do you **eat out** at…

	Breakfast	Brunch/lunch	Dinner
a. Fast food restaurants:	**BRKFSTFF** days/wk	**LUNCHFF** days/wk	**DINNERFF** days/wk
b. Other types of restaurants:	**BRKFSTO** days/wk	**LUNCHO** days/wk	**DINNERO** days/wk

The next question asks about your eating habits over the <u>past six months</u>.

1. During the **<u>past 6 months</u>**, have you had times when you eat continuously during the day or parts of the day without planning what and how much you would eat? **EH6M**

☐ 0. No ☐ 1. Yes →

2.1 Did you experience a loss of control that is you felt like you could not control your eating? **EH6MLC** ☐ 0. No ☐ 1. Yes

<u>The following was removed due to copyright permissions</u>:
Questionnaire on Eating/Weight Patterns (QEWP-R)
Spitzer RL, Yanovski SZ, Marcus MD. (HaPI Record).
1994; Pittsburgh PA: Behavioral Measurement Database Services (Producer).
McLean, VA: BRS Search Service (Vendor).

This next set of questions asks about activities related to binge eating over the <u>past 3 months</u>.

1. In the **<u>past 3 months</u>**, have you had any episodes of binge eating**,** (consuming large amounts of food in a short period of time)? **BINGE**

☐ 0. No ☐ 1. Yes

↓

Skip to question 8

2. During the **<u>past 3 months</u>**, did you ever make yourself vomit to avoid gaining weight after binge eating? **BVOMIT**

☐ 0. No ☐ 1. Yes

↓ ↓

Skip to Question 3

2.1 How often, **on average**, was that? **BVOMITX**

☐ 1. Less than once a week
☐ 2. Once a week
☐ 3. Two or three times a week
☐ 4. Four or five times a week
☐ 5. More than five times a week

3. During the **<u>past 3 months</u>**, did you ever take more than twice the recommended dose of laxatives in order to avoid gaining weight after binge eating? **BLAX**

☐ 0. No ☐ 1. Yes

↓ ↓

Skip to question 4

3.1 How often, **on average**, was that? **BLAXX**

☐ 1. Less than once a week
☐ 2. Once a week
☐ 3. Two or three times a week
☐ 4. Four or five times a week
☐ 5. More than five times a week

4. During the **past 3 months**, did you ever take more than twice the recommended dose of diuretics (water pills) in order to avoid gaining weight after binge eating? **WPILLS**

☐ 0. No ☐ 1. Yes

Skip to question 5

4.1 How often, **on average**, was that? **WPILLSX**

- ☐ 1. Less than once a week
- ☐ 2. Once a week
- ☐ 3. Two or three times a week
- ☐ 4. Four or five times a week
- ☐ 5. More than five times a week

5. During the **past 3 months**, did you ever fast – not eat anything at all for at least 24 hours – in order to avoid gaining weight after binge eating? **FAST**

☐ 0. No ☐ 1. Yes

Skip to question 6

5.1 How often, **on average**, was that? **FASTX**

- ☐ 1. Less than once a week
- ☐ 2. Once a week
- ☐ 3. Two or three times a week
- ☐ 4. Four or five times a week
- ☐ 5. More than five times a week

6. During the **past 3 months**, did you ever exercise for more than an hour **specifically** in order to avoid gaining weight after binge eating? **BEXER**

☐ 0. No ☐ 1. Yes

Skip to question 7

6.1 How often, **on average**, was that? **BXERX**

- ☐ 1. Less than once a week
- ☐ 2. Once a week
- ☐ 3. Two or three times a week
- ☐ 4. Four or five times a week
- ☐ 5. More than five times a week

7. During the **past 3 months**, did you ever take more than twice the recommended dose of a diet pill in order to avoid gaining weight after binge eating? **DPILLS**

☐ 0. No ☐ 1. Yes

Skip to question 8

7.1 How often, **on average**, was that? **DPILLSX**

☐ 1. Less than once a week
☐ 2. Once a week
☐ 3. Two or three times a week
☐ 4. Four or five times a week
☐ 5. More than five times a week

8. During the **past 3 months**, have you withheld your use of insulin to try to control your weight? **WINSULIN**

☐ -2. I do not use insulin ☐ 0. No ☐ 1. Yes

This next set of questions asks about how you have felt and how often you did various activities in the past 3 months.

1. During the **past 3 months**, how much of your daily food intake did you consume after suppertime? **POSTDIN**

☐ 0. None
☐ 1. Up to a quarter
☐ 2. About half
☐ 3. More than half
☐ 4. Almost all

2. During the **past 3 months**, how hungry were you on a usual morning? **HUNGMORN**

☐ 0. Not at all ☐ 1. A little ☐ 2. Somewhat ☐ 3. Moderately ☐ 4. Very

3. During the **past 3 months**, how often did you have trouble getting to sleep? **TROUBLES**

☐ 0. Never ☐ 1. Sometimes ☐ 2. About half the time ☐ 3. Usually ☐ 4. Always

4. Other than to use the bathroom, during the **past 3 months,** how often did you get up at least once in the middle of the night? **GETUP**

☐ 0. Never →*skip to question 6*
☐ 1. Less than once a week
☐ 2. About once a week
☐ 3. More than once a week
☐ 4. Every night

5. During the **past 3 months**, when you got up in the middle of the night, how often did you snack? **SNACK**

☐ 0. Never → *Skip to question 6*
☐ 1. Sometimes
☐ 2. About half of the time
☐ 3. Usually
☐ 4. Always

5.1 When you snacked in the middle of the night, how aware were you of your eating? **SNACKNOW**

☐ 0. Not at all
☐ 1. A little
☐ 2. Somewhat
☐ 3. Very much
☐ 4. Completely

6. During the **past 3 months**, were you in an occupation involving night or evening shifts or other unusual time commitment that interfered with meals? **WORKLATE**

☐ 0. No ☐ 1. Yes

7. During the **past 3 months,** how often did you keep eating a meal even though you were not hungry any more? **KEEPEAT**

☐ 0. Rarely or never
☐ 1. Occasionally (once per week)
☐ 2. Frequently (more than once per week)
☐ 3. Nearly every day

8. During the **past 3 months**, how often did you keep eating a meal even though you felt full? **EATFULL**

☐ 0. Rarely or never
☐ 1. Occasionally (once per week)
☐ 2. Frequently (more than once per week)
☐ 3. Nearly every day

9. Over the **past 3 months** have you had problems with the small opening in your stomach becoming plugged (food getting stuck)? **PLUG**
   - ☐ 0. Never
   - ☐ 1. Monthly or less
   - ☐ 2. More than monthly but less than weekly
   - ☐ 3. About weekly
   - ☐ 4. Several times/week
   - ☐ 5. Daily
   - ☐ 6. Several times/day

   9.1. When food gets stuck, what do you usually do? **PLUGDO**
   - ☐ 0. Food comes back spontaneously
   - ☐ 1. Wait until gone
   - ☐ 2. Induce vomiting (water, finger, coughing, bending over the toilet)
   - ☐ 3. Go to the hospital or seek medical treatment.

10. Over the **past 3 months** how often have you chewed food (put food into your mouth) and spit it out without swallowing it? **CHEWSPIT**
    - ☐ 0. Never
    - ☐ 1. Monthly or less
    - ☐ 2. More than monthly but less than weekly
    - ☐ 3. About weekly
    - ☐ 4. Several times/week
    - ☐ 5. Daily
    - ☐ 6. Several times/day

11. Over the **past 3 months** how often have you self-induced vomiting because of concerns about weight gain? **VOMWI**
    - ☐ 0. Never
    - ☐ 1. Monthly or less
    - ☐ 2. More than monthly but less than weekly
    - ☐ 3. About weekly
    - ☐ 4. Several times/week
    - ☐ 5. Daily
    - ☐ 6. Several times/day

12. Over the **past 3 months** how often have you vomited involuntarily? **VOMINVOL**
    - ☐ 0. Never
    - ☐ 1. Monthly or less
    - ☐ 2. More than monthly but less than weekly
    - ☐ 3. About weekly
    - ☐ 4. Several times/week
    - ☐ 5. Daily
    - ☐ 6. Several times/day

13. Over the **past 3 months** how often have you self-induced vomiting because you felt too full? **VOMFULL**
    - ☐ 0. Never
    - ☐ 1. Monthly or less
    - ☐ 2. More than monthly but less than weekly
    - ☐ 3. About weekly
    - ☐ 4. Several times/week
    - ☐ 5. Daily
    - ☐ 6. Several times/day

14. How hungry do you usually feel before a meal now compared to before your surgery? **HUNGNOW**
    - ☐ 0. Much less
    - ☐ 1. Less
    - ☐ 2. Somewhat less
    - ☐ 3. About the same
    - ☐ 4. Somewhat more
    - ☐ 5. More
    - ☐ 6. Much more

15. How much do you enjoy eating now compared to before your surgery? **EATNOW**

☐ 0.	Much less	☐ 4.	Somewhat more
☐ 1.	Less	☐ 5.	More
☐ 2.	Somewhat less	☐ 6.	Much more
☐ 3.	About the same		

16. How important is eating to you now compared to before surgery? **EATIMPT**

☐ 0.	Much less	☐ 4.	Somewhat more
☐ 1.	Less	☐ 5.	More
☐ 2.	Somewhat less	☐ 6.	Much more
☐ 3.	About the same		

This next set of questions asks about tobacco use in the last 12 months.

1. Do you currently smoke cigarettes? ☐ 0. No ☐ 1. Yes **CIG**

If yes,

1.1 On average, how many packs per day do you currently smoke? _____ packs/day **CIGAVE**

The next set of questions asks about eating behaviors.

During the past 3-months…

1. Did you feel "full" after eating only a small amount of food? **EBFF**

☐ 1. Never ☐ 2. Rarely ☐ 3. Sometime ☐ 4. Often ☐ 5. Always

2. Were you able to eat as much as you ate prior to surgery? **EBEAM**

☐ 1. Never ☐ 2. Rarely ☐ 3. Sometime ☐ 4. Often ☐ 5. Always

3. Did you have difficulty eating certain types of food, such as meat, that you did not have difficulty with before undergoing bariatric surgery? **EBECTF**

☐ 1. Never ☐ 2. Rarely ☐ 3. Sometime ☐ 4. Often ☐ 5. Always

4. Did you have to eat small meals throughout the day? **EBESMTD**

☐ 1. Never ☐ 2. Rarely ☐ 3. Sometime ☐ 4. Often ☐ 5. Always

This next set of questions asks about alcohol use in the last 12 months.

1. How often did you have a drink containing alcohol, in the **<u>past 12 months</u>**? **ETOH**

☐ 0. Never → *Skip to next page*
☐ 1. Monthly or less
☐ 2. Two to four times a month
☐ 3. Two to three times per week
☐ 4. Four or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking? **DRINKS**

☐ 1 or 2 drinks ☐ 3 or 4 drinks ☐ 5 or 6 drinks ☐ 7 to 9 drinks ☐ 10 or more drinks

3. How often do you have six or more drinks on one occasion? **DRINKS6**

☐ Never ☐ Less than Monthly ☐ Monthly ☐ Weekly (2 to 3 times/week) ☐ Daily or almost daily (4 or more times a week)

4. How often, during the **past 12 months**, have you found that you were not able to stop drinking once you had started? **STOPETOH**

☐ Never ☐ Less than monthly ☐ Monthly ☐ Weekly (2 to 3 times/week) ☐ Daily or almost daily (4 or more times a week)

5. How often, during the **past 12 months**, have you failed to do what was normally expected from you because of drinking? **FAILETOH**

☐ Never ☐ Less than monthly ☐ Monthly ☐ Weekly (2 to 3 times/week) ☐ Daily or almost daily (4 or more times a week)

6. How often, during the **past 12 months**, have you needed a first drink in the morning to get yourself going after a heavy drinking session? **MORNETOH**

☐ Never ☐ Less than monthly ☐ Monthly ☐ Weekly (2 to 3 times/week) ☐ Daily or almost daily (4 or more times a week)

7. How often, during the **past 12 months**, have you had a feeling of guilt or remorse after drinking? **REMOETOH**

☐ Never ☐ Less than monthly ☐ Monthly ☐ Weekly (2 to 3 times/week) ☐ Daily or almost daily (4 or more times a week)

8. How often, during the **past 12 months**, have you been unable to remember what happened the night before because you had been drinking? **NOMEMORY**

☐ Never ☐ Less than monthly ☐ Monthly ☐ Weekly (2 to 3 times/week) ☐ Daily or almost daily (4 or more times a week)

9. Have you or someone else been injured as a result of your drinking? **INJETOH**

☐ No ☐ Yes, but not in the past 12 months ☐ Yes, during the last year

10. Has a relative or friend, or doctor or other health worker been concerned about your drinking or suggested you cut down? **CUTETOH**

☐ No ☐ Yes, but not in the past 12 months ☐ Yes, during the last year

11. Does the effect of alcohol on you differ from before surgery? **ALCEFFCT** ☐ 0. No ☐ 1. Yes

The next set of questions asks about substance use.

Directions: Indicate your use of any of the substances listed below. If you did not use a particular substance, mark "no" and go to the next item.

1. In the **past 12 months**, other than as prescribed by a physician, have you used any of the following?

1.1	Amphetamines **AMPHE** (such as white crosses, speed, "meth", adderall)?	☐ 0. No	☐ 1. Yes
1.2	Hallucinogens **HALLUC** (such as LSD, mescaline)?	☐ 0. No	☐ 1. Yes
1.3	Inhalants **INHAL** (such as sniffing glue)?	☐ 0. No	☐ 1. Yes
1.4	Marijuana/hashish/pot? **MARIJ**	☐ 0. No	☐ 1. Yes
1.5	Cocaine/crack? **COCAINE**	☐ 0. No	☐ 1. Yes
1.6	PCP/Angel dust? **PCP**	☐ 0. No	☐ 1. Yes

2. In the past 12 months, other than as prescribed by a physician, have you used an opiate drug (i.e., morphine or heroine) injected by a needle? **OPIATEIN**

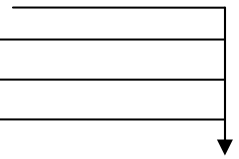
☐ 0. No ☐ 1. Yes

The next set of questions asks about your satisfaction with your surgery.

1. Looking back on how you have progressed since you underwent your first bariatric surgery, how satisfied are you with the results of the surgery?

SATSURG

☐ 1. Very satisfied
☐ 2. Satisfied
☐ 3. Somewhat satisfied
☐ 4. Neither satisfied nor dissatisfied
☐ 5. Somewhat dissatisfied
☐ 6. Dissatisfied
☐ 7. Very dissatisfied



1.1. Why did you answer that way? (check no or yes for each)

No	Yes	
☐	☐	I have seen little or no benefit to my health **NOBEN**
☐	☐	I am disappointed in the amount of weight I lost **DWTLOSS**
☐	☐	I am disappointed in my appearance **DAPPEAR**
☐	☐	I can no longer enjoy food **NFOODJOY**
☐	☐	I can no longer eat with family or friends **NEATFAM**
☐	☐	Other, (specify ___ **NOSATO**, **NOSATOS** _____)

2. Check the statement below that best describes your opinion about your first bariatric surgical procedure:
OPINFBS
   - ☐ 1. I am glad that I had this procedure.
   - ☐ 2. I wish that I had not undergone <u>any</u> bariatric surgical procedure.
   - ☐ 3. I wish that I had chosen a <u>different</u> procedure. → **DIFPRO**

   Specify which procedure you wish you had chosen.
   - ☐ 1. Gastric bypass
   - ☐ 2. Adjustable band (e.g. lap band)
   - ☐ 3. Other, (specify _____ **DIFPROS** _____)

3. Was your bariatric surgery an adjustable gastric band procedure? ☐ 0. No ☐ 1. Yes **BSAGBP**

If yes,

3.1 Do you believe your band has been adjusted to optimal tightness?

☐ -2. I am no longer wearing the band ☐ 0. No ☐ 1. Yes **BAOT**

If no,

3.1.1 Why not?
- ☐ 1. I don't want it tighter **NOBAOT**
- ☐ 2. The adjustment costs too much
- ☐ 3. The band is broken
- ☐ 4. The band leaks
- ☐ 5. It's too painful
- ☐ 6. There is no access to the band
- ☐ 7. I live too far away
- ☐ 8. Other, (specify: _____ **NOBAOTS** _____)