

Entered: __/__/20__

Initials: _____

Verified: __/__/20__

Initials: _____

Patient ID _____ - _____ - _____

For office use only.

Baseline Update Questionnaire - Version: 08/31/2007 FORMV

Form Completion Date __/__/20__ BBDAT
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 surgeon or member of the surgery team lose weight in preparation for your obesity surgery? LOSE

0. No 1. Yes →

Skip to question 2

1.1 How much weight were you advised or required to lose?

LOSEAMT ____ lbs. (or) "no amount specified"

2. Were you advised or required by your surgeon or member of the surgery team to start a special diet in preparation for your obesity surgery? SDIET

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? LOWC

b. high protein/low carbohydrate (i.e. Atkins)? HPROT

c. ground or pureed foods? GROUND F

d. other special diet not mentioned above? SDIETOTH
(specify: ____ SDIETOTS ____)

2.2 Did you follow the special diet? 1. No 4. Usually
SDIETF 2. Rarely 5. Always
 3. Occasionally

3. Have you lost or gained any weight in the past 3 months? 0. No 1. Yes -3. Don't Know WGTCHG

No Yes WTLOST

Lost weight →

a. How much? ____ lbs. LOSTAMT

b. Were you purposefully trying to lose weight by eating less? LOSTTRY

0. No 1. Yes

WTGAIN

Gained weight →

a. How much? ____ lbs. GAINAMT

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: **DWGT** 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: **HWGT** 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: **AWGT** 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: **DDWGT** lbs.