

Entered: __/__/20__ mm dd yy	Initials: _____	Verified: __/__/20__ mm dd yy	Initials: _____
Patient ID _____ - _____ - _____			VISIT Visit: _____
For office use only.			

DIF – Version: 04/01/2011 FORMV

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

Directions: Please check one answer per question, unless otherwise indicated.

1. What is your current marital status? **MARI**

- 1. Never married and never lived as married
- 2. Married
- 3. Living as married
- 4. Separated or lived as married but no longer living as married
- 5. Divorced
- 6. Widowed

2. What is the highest education level that you completed? **EDUC**

- 1. Less than seventh grade
- 2. At least seventh grade – but less than ninth grade
- 3. Some high school
- 4. High school diploma or General Equivalency Degree (GED)
- 5. Some college (at least one year)
- 6. Other post high school education
- 7. College diploma (Bachelors degree)
- 8. Graduate or professional degree

3. Are you currently a student? **STUDENT**

0. No
↓
*Skip to
question 4*

1. Yes
↓

3.1 Are you full-time or part-time? **STUDSTAT**

- 1. Full-time
- 2. Part time

4. What is your current employment status (*if self employed for pay, please check full time or part time*)? **EMPSTAT**

- | | |
|---|--|
| <input type="checkbox"/> 1. Full-time (35 or more hours per week) for pay | <input type="checkbox"/> 5. Leave of Absence |
| <input type="checkbox"/> 2. Part-time for pay | <input type="checkbox"/> 6. Unemployed |
| <input type="checkbox"/> 3. Homemaker | <input type="checkbox"/> 7. Retired |
| <input type="checkbox"/> 4. Disabled | <input type="checkbox"/> 8. Other (Specify): _____ EMPSTATS _____ |

5. Which of the categories below represents your Annual Household Income? **HINCOME**

- 1. less than \$25,000
- 2. \$25,000-\$49,999
- 3. \$50,000-\$74,999
- 4. \$75,000-\$99,999
- 5. \$100,000-\$199,999
- 6. \$200,000 or more

6. Which of the categories below represent your Annual Personal Income? **PINCOME**

- 1. less than \$25,000
- 2. \$25,000-\$49,999
- 3. \$50,000-\$74,999
- 4. \$75,000-\$99,999
- 5. \$100,000-\$199,999
- 6. \$200,000 or more

7. Do you have medical insurance? **MEDINS**

- 0. No
- 1. Yes



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next page*

7.1 Do you know what type? **INSTYPE**

- 0. No
- 1. Yes

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7.1.1 What type of medical insurance do you have?
(Check "no" or "yes" to each):

No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Medicaid MEDCAID
<input type="checkbox"/>	<input type="checkbox"/>	Medicare MEDCARE
<input type="checkbox"/>	<input type="checkbox"/>	Private (e.g. AARP, Aetna, Blue Cross Blue Shield, Highmark, PRIVINS UPMC, supplement to Medicaid, Medicare or Tricare such as Mediplus)
<input type="checkbox"/>	<input type="checkbox"/>	Tricare TRICARE
<input type="checkbox"/>	<input type="checkbox"/>	Other Health Insurance OTHHLTH (Specify: _____ OTHHLTHS _____)

7.2 Does your medical insurance pay for your clinical bariatric surgical follow-up visits? **INSFU**

- 0. No
- 1. Yes

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7.2.1 Do you feel that your co-pay is too high? **INSCOPAY**

- 2. I don't have a co-pay
- 0. No
- 1. Yes

8. **In the past 12 months**, have you had an appointment with a member of the bariatric surgical team (surgeon, physician assistant, nurse, dietician, psychologists) where you had your first bariatric surgery? **APPT1BS**

- 0. No
- 1. Yes