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

Source of administration: ☐ 1. Self-assessment ☐ 2. By coordinator → Coordinator certification number __ __ __ __ __ Visit: _____

SOA CERT VISIT

Data must be participant self-report only. If this form is administered by a coordinator, no medical/research charts may be consulted for any information on this form.

For office use only.

Events and Complications (EC) 06/01/2013 – Version: 1.0 FORMV

Patient ID __ __ __ - __ __ __ __ - __ __ ID

Form Completion Date __ __ / __ __ / 20 __ __ ECDAT
mm dd yy

Please record your most recent weight (**within 12 months**) by a medical professional or by a professional weight loss organization and your most recent weight (**within 12 months**) when you weighed yourself. If you were weighed, or weighed yourself more than once in the past 12 months, please record only the most recent weight. If you do not know the exact date, please complete as much of the date as you can. For example, if you know the weight is from May 2013 but do not remember the day you can enter 05/__/13 (leaving day blank**).** Please record weight in pounds.

In the past 12-months…

1. **In the past 12 months,** have you been weighed by a medical professional or by a professional weight loss organization, such as Jenny Craig, or Weight Watchers? WGTP12M ☐ 0. No ☐ 1. Yes

   If yes → 1.1 When was the **most recent** date that you were weighed? __ __ / __ __ / __ __ (WGTPM / WGTPD / WGTPY) 1.2 What was your weight? __ __ __ lbs (WGTPLBS)

2. **In the past 12-months**, did you weigh yourself at home or at a facility such as a gym? WGTS12M ☐ 0. No ☐ 1. Yes

   If yes → 2.1 When was the **most recent** date that you were weighed? __ __ / __ __ / __ __ (WGTSM / WGTSD / WGTSY) 2.2 What was your weight? __ __ __ lbs (WGTSLBS)

Thinking back, prior to having your bariatric surgery on __ __ / __ __ / __ __ __ __ …

3. **Prior to having your bariatric surgery (your first bariatric surgery if you had more than one),** did you have your gallbladder removed? ☐ 0. No ☐ 1. Yes
GBB4

If no,

Did you have your gallbladder removed **after** your first bariatric surgery? ☐ 0. No ☐ 1. Yes → When was it removed? _ _/_ _/_ _ __ __
GBAFTR **GBAFTRM / GBAFTRD / GBAFTRY**

4. **Prior to having your bariatric surgery (your first bariatric surgery if you had more than one),** did you have diabetes or were you taking medication for diabetes?
DIABB4

☐ 0. No →

4.1 After surgery, were you told by a medical professional that you **have diabetes** or have you started taking medication for diabetes? If yes, when? __ __ / __ __ / __ __ __ __ ☐ 0. No ☐ 1. Yes
DIABHAV
DIABHAVM / DIABHAVD / DIABHAVY

☐ 1. Yes →

4.2 After surgery, were you told by a medical professional that your **diabetes had resolved** or that you no longer needed to take your diabetes medication? If yes, when? __ __ / __ __ / __ __ __ __ ☐ 0. No ☐ 1. Yes
DIABRES
DIABRESM / DIABRESD / DIABRESY

If yes,

4.2.1 Were you ever told by a medical professional that your **diabetes came back** or have you started taking diabetes medication again?
☐ 0. No ☐ 1. Yes → If yes, when? __ __ / __ __ / __ __ __ __

DIABBAC **DIABBACM / DIABBACD / DIABBACY**

These next set of questions list some things that may have happened to you **since you had your bariatric surgery (your first bariatric surgery if you had more than one)**. If any of these events happened, please report how many times that they happened and the date(s) that they happened**. If you report yes for questions 1 – 4 (with an asterisk*), please complete the contact sheet at the end.** If you do not know the exact date, please complete as much of the date as you can. For example, if you know something occurred in May 2013 but do not remember the day you can enter 05/__/13 (leaving day blank**).**

Since your bariatric surgery on __ __ / __ __ / __ __ __ __ **…**

		T	1M / 1D / 1Y	2M / 2D / 2Y	3M / 3D / 3Y	RM / RD / RY
		How many times?	**1st occurrence**	**2nd occurrence**	**3rd occurrence**	**Most recent occurrence, if more than 3**
*1 **Since your first bariatric surgery,** have you had abdominal surgery other than gallbladder removal	☐ 0. No ☐ 1. Yes → **ABDSS**	__ __	_ _/_ _/_ _	_ _/_ _/_ _	_ _/_ _/_ _	_ _/_ _/_ _
*2 **Since your first bariatric surgery,** have you had a procedure by endoscopy (a thin, flexible tube that is inserted down your throat)?	☐ 0. No ☐ 1. Yes → **ENDOSS**	__ __	_ _/_ _/_ _	_ _/_ _/_ _	_ _/_ _/_ _	_ _/_ _/_ _

*3. **Since your first bariatric surgery,** have you been hospitalized for, or told by a medical professional that you had, any of the following:

		How many times?	1st occurrence	2nd occurrence	3rd occurrence	Most recent occurrence, if more than 3
a. A heart attack (myocardial infarction or MI)	☐ 0. No ☐ 1. Yes → **MISS**	__ __	_ _/_ _/_ _	_ _/_ _/_ _	_ _/_ _/_ _	_ _/_ _/_ _
c. A procedure to unblock narrowed vessels to your heart or opening the arteries of the heart with a balloon or a stent (sometimes called a PTCA, coronary angioplasty, or coronary stent)	☐ 0. No ☐ 1. Yes → **PTCASS**	__ __	_ _/_ _/_ _	_ _/_ _/_ _	_ _/_ _/_ _	_ _/_ _/_ _
c. A heart bypass operation (sometimes called a coronary artery bypass graft surgery or CABG)?	☐ 0. No ☐ 1. Yes → **CABGSS**	__ __	_ _/_ _/_ _	_ _/_ _/_ _	_ _/_ _/_ _	_ _/_ _/_ _

		How many times?	1st occurrence	2nd occurrence	3rd occurrence	Most recent occurrence, if more than 3
*4. **Since your first bariatric surgery,** have you been hospitalized, or told by a medical professional, that you had a stroke? *Do not include Trans Ischemic Attack (TIA)*	☐ 0. No ☐ 1. Yes → **STRKSS**	__ __	_ _/_ _/_ _	_ _/_ _/_ _	_ _/_ _/_ _	_ _/_ _/_ _

Since your bariatric surgery on __ __ / __ __ / __ __ __ __ …

		T	1M / 1D / 1Y	2M / 2D / 2Y	3M / 3D / 3Y	RM / RD / RY
		How many times?	**1st occurrence**	**2nd occurrence**	**3rd occurrence**	**Most recent occurrence, if more than 3**
5. **Since your first bariatric surgery,** was your blood sugar so low that you visited an emergency room or were hospitalized?	☐ 0. No ☐ 1. Yes → **LBSSS**	__ __	_ _/_ _/_ _	_ _/_ _/_ _	_ _/_ _/_ _	_ _/_ _/_ _
6. **Since your first bariatric surgery,** have you been diagnosed with cancer?	☐ 0. No ☐ 1. Yes → **CANCSS**	__ __	_ _/_ _/_ _	_ _/_ _/_ _	_ _/_ _/_ _	_ _/_ _/_ _
7. **Since your first bariatric surgery,** have you been hospitalized for a psychiatric problem?	☐ 0. No ☐ 1. Yes → **PSYSS**	__ __	_ _/_ _/_ _	_ _/_ _/_ _	_ _/_ _/_ _	_ _/_ _/_ _
If yes… 7.1 Did it involve suicidal thinking or behavior?	☐ 0. No ☐ 1. Yes → **SUICSS**	__ __	_ _/_ _/_ _	_ _/_ _/_ _	_ _/_ _/_ _	_ _/_ _/_ _
7.2 Did it involve alcohol or drug abuse?	☐ 0. No ☐ 1. Yes → **DRUGSS**	__ __	_ _/_ _/_ _	_ _/_ _/_ _	_ _/_ _/_ _	_ _/_ _/_ _
8. **Since your first bariatric surgery,** have you undergone dialysis?	☐ 0. No ☐ 1. Yes → **DIALSS**	n/a	_ _/_ _/_ _	n/a	n/a	n/a
9. **Since your first bariatric surgery,** have you had symptoms that a medical professional told you were caused by kidney stone(s) (whether or not you had a procedure for kidney stones)?	☐ 0. No ☐ 1. Yes → **KSSS**	__ __	_ _/_ _/_ _	_ _/_ _/_ _	_ _/_ _/_ _	_ _/_ _/_ _
10. **Since your first bariatric surgery,** have you had plastic surgery because of your bariatric surgery (e.g. for excess skin removal)?	☐ 0. No ☐ 1. Yes → **PSSS**	__ __	_ _/_ _/_ _	_ _/_ _/_ _	_ _/_ _/_ _	_ _/_ _/_ _

(For females only)

11. **Since your first bariatric surgery,** have you been pregnant? ☐ 0. No ☐ 1. Yes **PREGSS**

If yes…

11.1 Are you currently pregnant? ☐ 0. No ☐ 1. Yes **PREGC**

11.2 How many pregnancies have ended since your first bariatric surgery? **PREGNDSS** __ __

11.3 Specify the date of each pregnancy that ended: **PREGND**

1M/1D/1Y (1st ended)	2M/2D/2Y (2nd ended)	3M/3D/3Y (3rd ended)	4M/4D/4Y (4th ended)	5M/5D/5Y (5th ended)
6M/6D/6Y (6th ended)	7M/7D/7Y (7th ended)	8M/8D/8Y (8th ended)	9M/9D/9Y (9th ended)	

Contact sheet

If yes to an **abdominal surgery other than gallbladder removal (question 1):**

	Hospital Name/Location:	Medical professional name/Location:
1st occurrence:	_____	_____
2nd occurrence:	_____	_____
3rd occurrence:	_____	_____
Most recent:	_____	_____

If yes to **endoscopy (question 2):**

	Hospital Name/Location:	Medical professional name/Location:
1st occurrence:	_____	_____
2nd occurrence:	_____	_____
3rd occurrence:	_____	_____
Most recent:	_____	_____

If yes to a **cardiovascular event (question 3):**

	Hospital Name/Location:	Procedure/event:	Medical professional name/Location:
1st occurrence:	_____	_____	_____
2nd occurrence:	_____	_____	_____
3rd occurrence:	_____	_____	_____
Most recent:	_____	_____	_____

If yes to **stroke (question 4):**

	Hospital Name/Location:	Medical professional name/Location:
1st occurrence:	_____	_____
2nd occurrence:	_____	_____
3rd occurrence:	_____	_____
Most recent:	_____	_____