

Entered: __/__/20__

Initials: _____

Verified: __/__/20__

Initials: _____

For office use only.

6-month follow-up Form (FO6) –Version 06/30/2008 FORMV

Patient ID _____ - _____ - _____ ID

Form Completion Date **FO6DAT**

mm dd yy

Certification number: _____ **CERT**

Prior to completing questions 1, 2 and 3, generate the “pre-operative employment/education status” report from MATRIX to determine employment and education status prior to weight control surgery. Enter -2 for questions that are not relevant to the patient.

1. How many **work days** did you miss because of your weight control surgery? *Note: If the patient is employed part-time, every 2 work days missed should be recorded as 1 day.* **WKDAYS days** Enter “-2” if not employed prior to the operation

2. How many **days of school** did you miss because of your weight control surgery? **SCHDAYS days** Enter “-2” if not a student prior to the operation

Ask the next question only if the patient does NOT work outside of the home:

3. How many **days were you unable** to perform your normal household tasks at home such as cleaning, cooking, childcare, and/or caring for yourself or family because of your weight control surgery?" **HOMEDAYS days** Enter “-2” if employed outside of the home

4. Measurement: Date weight was measured: ____/____/20__ **WGTDATE**

| | | |
|-----------------------------|------------------------------|---|
| 4.1 Weight: WGT (lb) | 4.2 How was weight measured? | <input type="checkbox"/> 1. Tanita Scale → (4.2.1 Percent body fat BODYFAT %) |
| | WGTMEAS | <input type="checkbox"/> 2. Other Scale |
| | | <input type="checkbox"/> 3. Last available bed weight |
| | | <input type="checkbox"/> 4. Estimate |

5. Are you **currently pregnant?** -2. n/a (male) 0. No 1. Yes → **CPG**

If yes, due date of pregnancy: **CPGDAT**

READ: I am going to ask you a few questions about weight control strategies you might have used since your weight control surgery.

6. Since your weight control surgery, how many **times** have you seen a counselor/mental health professional **for weight control?**

MHWC Never 1 to 5 times 6 to 10 times 11– 20 times more than 20 times

7. Since your weight control surgery, how many **times** have you seen a nutritionist/dietitian **for weight control?**

NUTWC Never 1 to 5 times 6 to 10 times 11– 20 times more than 20 times

8. Since your weight control surgery, how many **times** have you seen a personal trainer or exercise specialist **for weight control?**

PTWC Never 1 to 5 times 6 to 10 times 11– 20 times more than 20 times

9. Since your weight control surgery, how many **weeks** did you participate in group exercise **for weight control?**

GRPEXWK weeks

10. Since your weight control surgery, how many **weeks** did you participate in a support/self help group **for weight control?**

SHELPWK weeks

11. Since your weight control surgery, how many **weeks** did you access a discussion group, bulletin board or chat room on the Internet **for weight control?**

BBOARDWK weeks

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12. Have you resided in a care facility (for example: personal care home, rehab facility, long-term care facility, assisted living) since your weight control surgery? 0. No 1. Yes **RESIFO6**

| | | |
|--|--------------------------------|--|
| 13. Have you had any on-going health care such as chemotherapy or dialysis since your weight control surgery? | | ONGOHEA |
| If yes, | | # of times |
| No Yes | | Are you currently receiving treatment? |
| ONGOC | Chemotherapy | ONGOCN |
| ONGOD | Dialysis | ONGODN |
| ONGOO1 | Other Specify1: ONGOOS1 | ONGOON1 |
| ONGOO2 | Other Specify2: ONGOOS2 | ONGOON2 |
| ONGOO3 | Other Specify3: ONGOOS3 | ONGOON3 |
| | | ONGOCX |
| | | ONGODX |
| | | ONGOOX1 |
| | | ONGOOX2 |
| | | ONGOOX3 |

14. Other than noted in question 13, have you been **hospitalized** since your weight control surgery?

HOSP →

15. Other than noted in question 13, have you had any **out-patient** procedures since your weight control surgery?

OUTPAT. →

| |
|---|
| <p><i>If yes, complete the Health Care Utilization form</i></p> |
|---|