Entered:	//	20 Initials	s:	Verified://20		Initials:	
mn	n dd	уу		mm dd	уу		
Patient ID _		<sup>1</sup>	ID For office	use only.		Visit: <u>1</u>	
		PF	TSB - Version: (	06/30/2008 FORMV			
Form Comp	letion	Date / / 20 mm dd					
		een admitted to a hospi chiatric or emotional pr		al hospitalization or day ho P	ospital treatme	ent) for	
□ 0. No ♦		□ 1. Yes ♦					
Skip to question 2	1.1	1 Total number of hospital admissions (including partial and day hospital) for treatment of psychiatric or emotional problems in your lifetime? (if none, enter '0') <b>PSYADM</b>					
<ul> <li>1.2 Number of inpatient (overnight) hospital admissions for treatment of psychiatric or ex<u>since your last visit</u>? <b>PSYINP</b> (if none, enter '0')</li> <li>1.3 Number of partial hospital/day hospital admissions for treatment of psychiatric or em<u>since your last visit</u>? <b>PSYOUTP</b> (if none, enter '0')</li> <li>1.4 What was the <u>most recent</u> psychiatric or emotional problem(s) you were treated for in (<i>check "no" or "yes" for each</i>)</li> </ul>						r emotional problems	
						emotional problems	
						r in a hospital?	
		No Yes <ul> <li>Depression PRO</li> <li>Anxiety PROBA</li> </ul>		ol/drug abuse PROBALC	Yes Other PR	OBOTH (PROBOTHS)	
		Have you <b>ever</b> been trea problems in a hospital?	• •	psychiatric or emotional	<b>PSY12M</b> □ 0.No	1.Yes	
		If yes,					
	-	(check "no" or " No Yes	yes" for each) No Yes YDEP 🗆 🗆 Alcoho	problem(s) were you treate No Yes ol/drug abuse <b>PSYALC</b> disorder <b>PSYEAT</b>			

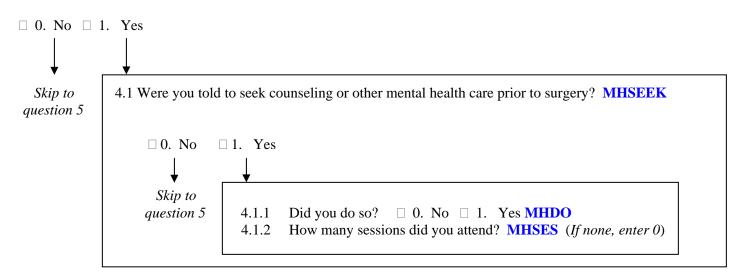
2. Other than within a hospital, in the **past 12 months** have you been treated by anyone such as a counselor or mental health professional for psychiatric or emotional problems? **TXNOHOSP** 

$\square 0. No \\ \bigstar$ Skip to question 3	$\Box$ 1. Yes $\checkmark$						
	2.1 What was the most recent psychiatric or emotional problems you were seen for?         (check "no" or "yes" for each)         No Yes       No Yes         Depression CTXDEP       Alcohol/drug abuse CTXALC       CTXOTH (CTXOTHS)         Anxiety CTXANX       Eating disorder CTXEAT						
	<ul> <li>2.2 Were you treated for any other psychiatric or emotional problems in the <u>past 12 months</u>?</li> <li>□ 0. No</li> <li>□ 1. Yes TX12M</li> </ul>						
	If yes,						
	2.2.1 What other psychiatric or emotional problem(s) were you treated for in the <b>past 12 months</b> ? ( <i>check "no" or "yes" for each</i> )						
	No       Yes       No       Yes         Image: Depression TXDEP       Image: Alcohol/drug abuse TXALC       Image: Other TXOTH (TXOTHS)         Image: Anxiety TXANX       Image: Eating disorder TXEAT						
	2.3 Are you <b><u>currently</u></b> seeing anybody for psychiatric or emotional problems? TXNOW $\Box$ 0.No $\Box$ 1.Yes						
	2.4 How often have you, during the <b>past 6 months</b> , seen a mental health counselor/ professional for psychiatric or emotional problems? <b>TXOFTEN</b>						
	$\square \text{ Never } \square 1 \text{ to 5 times } \square 6 \text{ to 10 times } \square 11-20 \text{ times } \square \text{ more than 20} $ times						

3. Have you ever taken any medications for psychiatric or emotional problems? **PSYMED** 

□ 0. No	$\Box$ 1. Yes			
Ļ				
Skip to		Have you <b>ever</b> taken	Are you currently	
question 4			taking	
1		ANTIDE	ANTIDC	
	Antidepressants (i.e., Prozac, Zoloft, Paxil)	□ 0. No □ 1. Yes→	🗆 0. No 🗆 1. Yes	
		MAJTE	MAJTC	
	Major tranquilizers (i.e., Risperdal, Zyprexa)	□ 0. No □ 1. Yes→	□ 0. No □ 1. Yes	
		MINTE	MINTC	
	Minor tranquilizers (i.e., Ativan, Xanax)	□ 0. No □ 1. Yes→	🗆 0. No 🗆 1. Yes	
		MOODE	MOODC	
	Mood stabilizers (i.e., Lithobid, Tegretol,	$\Box$ 0. No $\Box$ 1. Yes $\rightarrow$	□ 0. No □ 1. Yes	
	Topamax)			
		STIME	STIMC	
	Stimulants (i.e., Ritalin, methylin)	□ 0. No □ 1. Yes→	🗆 0. No 🗆 1. Yes	
		OMEDE	OMEDC	
	Other Medication (Specify:OMED12 )	$\Box$ 0. No $\Box$ 1. Yes $\rightarrow$	□ 0. No □ 1. Yes	

4. Did you have a mental health evaluation (includes evaluation by social worker) prior to being accepted for bariatric surgery? MHEVAL



5. Did you have nutritional counseling by a dietician prior to surgery? **SEENUTR** 

