

Entered: __/__/20__
mm dd yy

Initials: _____

Verified: __/__/20__
mm dd yy

Initials: _____

Patient ID _____ - _____ - _____ ID

Visit: 1

For office use only.

PETSB – Version: 06/30/2008 FORMV

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

1. Have you **ever been** admitted to a hospital (including partial hospitalization or day hospital treatment) for treatment of psychiatric or emotional problems? **PSYHOSP**

0. No

1. Yes

Skip to
question 2

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') **PSYADM**

1.2 Number of inpatient (overnight) hospital admissions for treatment of psychiatric or emotional problems **since your last visit**? **PSYINP** (if none, enter '0')

1.3 Number of partial hospital/day hospital admissions for treatment of psychiatric or emotional problems **since your last visit**? **PSYOUTP** (if none, enter '0')

1.4 What was the **most recent** psychiatric or emotional problem(s) you were treated for in a hospital?
(check "no" or "yes" for each)

No Yes

No Yes

No Yes

Depression **PROBDEP** Alcohol/drug abuse **PROBALC** Other **PROBOTH (PROBOTH)**

Anxiety **PROBANX** Eating disorder **PROBEAT**

1.5 Have you **ever** been treated for any other psychiatric or emotional **PSY12M**
problems in a hospital? 0.No 1.Yes

If yes,

1.5.1 What other psychiatric or emotional problem(s) were you treated for in the **past 12 months**?
(check "no" or "yes" for each)

No Yes

No Yes

No Yes

Depression **PSYDEP** Alcohol/drug abuse **PSYALC** Other **PSYOTH (PSYOTHS)**

Anxiety **PSYANX** Eating disorder **PSYEAT**

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

0. No 1. Yes

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*Skip to
question 5*

4.1 Were you told to seek counseling or other mental health care prior to surgery? **MHSEEK**

0. No 1. Yes

↓ ↓

*Skip to
question 5*

4.1.1 Did you do so? 0. No 1. Yes **MHDO**
4.1.2 How many sessions did you attend? **MHSES** (*If none, enter 0*)

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

0. No 1. Yes

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*Skip to
next page*

5.1 How many sessions? **NUTRSES** (*If none, enter 0*)