Entered:	//	20 Initials	s:	Verified://20		Initials:	
mn	n dd	уу		mm dd	уу		
Patient ID _		¹	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') PSYADM					
 1.2 Number of inpatient (overnight) hospital admissions for treatment of psychiatric or ex<u>since your last visit</u>? PSYINP (if none, enter '0') 1.3 Number of partial hospital/day hospital admissions for treatment of psychiatric or em<u>since your last visit</u>? PSYOUTP (if none, enter '0') 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>) 						r emotional problems	
						emotional problems	
						r in a hospital?	
		No Yes Depression PRO Anxiety PROBA 		ol/drug abuse PROBALC	Yes Other PR	OBOTH (PROBOTHS)	
		Have you ever been trea problems in a hospital?	• •	psychiatric or emotional	PSY12M □ 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 PSYALC disorder PSYEAT			

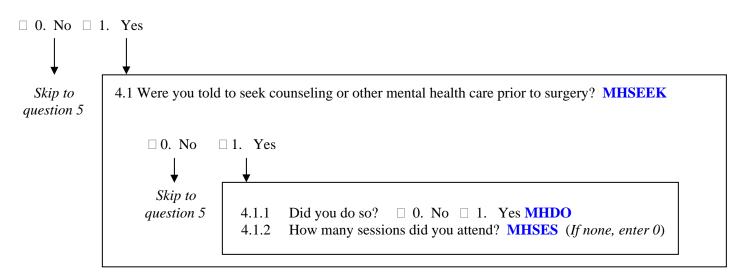
2. Other than within a hospital, in the **past 12 months** have you been treated by anyone such as a counselor or mental health professional for psychiatric or emotional problems? **TXNOHOSP**

$\square 0. No \\ \bigstar$ 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						
	 2.2 Were you treated for any other psychiatric or emotional problems in the <u>past 12 months</u>? □ 0. No □ 1. Yes TX12M 						
	If yes,						
	2.2.1 What other psychiatric or emotional problem(s) were you treated for in the past 12 months ? (<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 <u>currently</u> seeing anybody for psychiatric or emotional problems? TXNOW \Box 0.No \Box 1.Yes						
	2.4 How often have you, during the past 6 months , seen a mental health counselor/ professional for psychiatric or emotional problems? TXOFTEN						
	$\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 ever 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**

