| Entered:  | //     | 20 Initials  | s:  | Verified://20   |                      | Initials:            |  |
|---|--------|--|---|---|----------------------|----------------------|--|
| mn  | n dd   | уу   |   | mm dd   | уу                   |                      |  |
| Patient ID _  |        | <sup>1</sup>   | ID<br>For office                            | use only.   |                      | Visit: <u>1</u>      |  |
|   |        | PF   | TSB - Version: (                            | 06/30/2008 FORMV  |                      |                      |  |
| Form Comp   | letion | Date / / 20<br>mm dd   |   |   |                      |                      |  |
|   |        | een admitted to a hospi<br>chiatric or emotional pr  |   | al hospitalization or day ho<br>P   | ospital treatme      | ent) for             |  |
| □ 0. No<br>♦  |        | □ 1. Yes<br>♦  |   |   |                      |                      |  |
| Skip to<br>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<br>Other PR      | OBOTH (PROBOTHS)     |  |
|   |        | Have you <b>ever</b> been trea<br>problems in a hospital?  | • •   | psychiatric or emotional  | <b>PSY12M</b> □ 0.No | 1.Yes                |  |
|   |        | If yes,  |   |   |                      |                      |  |
|   | -      | (check "no" or "<br>No Yes   | yes" for each)<br>No Yes<br>YDEP 🗆 🗆 Alcoho | problem(s) were you treate<br>No Yes<br>ol/drug abuse <b>PSYALC</b><br>disorder <b>PSYEAT</b> |                      |                      |  |
|   |        |  |   |   |                      |                      |  |

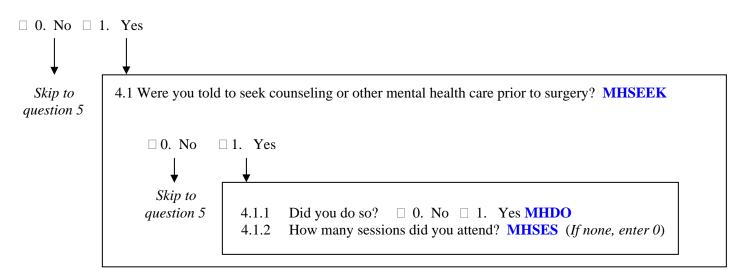
2. Other than within a hospital, in the **past 12 months** have you been treated by anyone such as a counselor or mental health professional for psychiatric or emotional problems? **TXNOHOSP** 

| $\square 0. No \\ \bigstar$<br>Skip to<br>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** 

