Entered:// 20 Initials: mm dd yy	Verified: / /20	Initials:
Patient ID	ise only.	VISIT Visit:
DIF – Version: 04/01/2011 FORMV		
Form Completion Date// 20 DIFDAT mm dd yy		
Directions: Please check one answer per question, unless other	wise indicated.	
1. What is your current marital status? MARI		
\Box 1. Never married and never lived as married		

- \Box 2. Married
- \Box 3. Living as married
- □ 4. Separated or lived as married but no longer living as married
- \Box 5. Divorced
- \Box 6. Widowed
- 2. What is the highest education level that you completed? **EDUC**
 - \Box 1. Less than seventh grade
 - \Box 2. At least seventh grade but less than ninth grade
 - \Box 3. Some high school
 - □ 4. High school diploma or General Equivalency Degree (GED)
 - \Box 5. Some college (at least one year)
 - \Box 6. Other post high school education
 - □ 7. College diploma (Bachelors degree)
 - □ 8. Graduate or professional degree
- 3. Are you currently a student? **STUDENT**

1. Yes
3.1 Are you full-time or part-time? STUDSTAT
□ 1. Full-time
\Box 2. Part time

- 4. What is your current employment status (if self employed for pay, please check full time or part time)? EMPSTAT
 - \Box 1. Full-time (35 or more hours per week) for pay
 - \Box 2. Part-time for pay
 - \Box 3. Homemaker
 - \Box 4. Disabled

- \Box 5. Leave of Absence
- \Box 6. Unemployed
- \Box 7. Retired
- □ 8. Other (Specify): ____EMPSTATS____

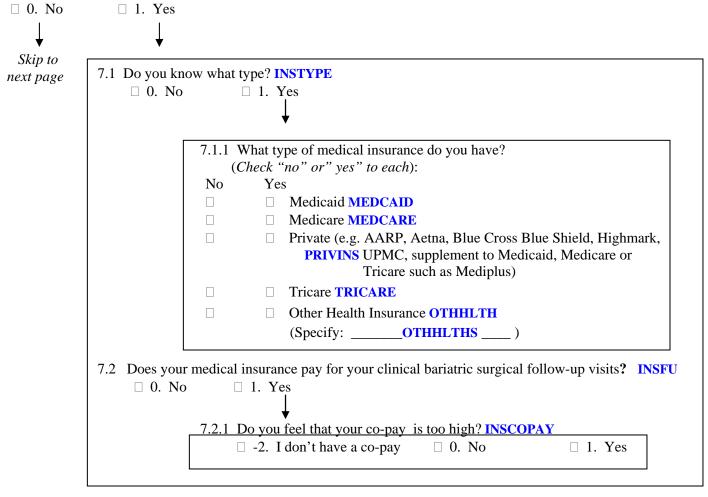
Patient ID ____ - ___ -

- 5. Which of the categories below represents your Annual Household Income? HINCOME
 - \Box 1. less than \$25,000
 - □ 2. \$25,000-\$49,999
 - □ 3. \$50,000-\$74,999
 - □ 4. \$75,000-\$99,999
 - □ 5. \$100,000-\$199,999
 - □ 6. \$200,000 or more

6. Which of the categories below represent your Annual <u>Personal</u> Income? **PINCOME**

- □ 1. less than \$25,000
- □ 2. \$25,000-\$49,999
- □ 3. \$50,000-\$74,999
- □ 4. \$75,000-\$99,999
- □ 5. \$100,000-\$199,999
- □ 6. \$200,000 or more

7. Do you have medical insurance? **MEDINS**



8. In the past 12 months, have you had an appointment with a member of the bariatric surgical team (surgeon, physician assistant, nurse, dietician, psychologists) where you had your first bariatric surgery? APPT1BS

 \Box 0. No \Box 1. Yes