

Entered: __/__/20__ Initials: _____ Verified: __/__/20__ Initials: _____

Patient ID _____ - _____ - _____ ID Certification _____ CERT
For office use only.

M-FED Modified (M-FEDB) Baseline – Version: 02/28/2007 FORMV

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

Weight:

1. What is your current weight? _____ lbs. WGT

Major areas of psychopathology (Current Diagnosis):

	Absent (0)	Present (1)	Sub-threshold (2)	n/a (-2)
1. Major Depression MAJDEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was there a suicide attempt before surgery? SUIATT	<input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes If yes to 2, record relevant information: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			

	Absent (0)	Present (1)	Sub-threshold (2)	n/a (-2)
3. Mania MANIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Hypomanic episode HYPEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Schizophrenia/Other Psychosis SCHIZ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Somatization Disorder SOMDIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Generalized Anxiety disorder GAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Panic Disorder PANDIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Specific Phobia SPECPHO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Social Phobia SOCPHO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Agoraphobia AGORAPH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Obsessive/Compulsive Disorder OCD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Absent (0)	Abuse (1)	Dependence (2)	n/a (-2)
13. Alcohol abuse/dependency ALCABUSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Drug abuse/dependency DRUGABU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fluid Intake: *The following are general questions about your average weekly beverage consumption over the last 6 months (refer to the interview guide for detailed directions).*

1. Do you drink cola or soft drinks at least once a week (1 serving=12 oz)? **COLAWEEK** 0. No 1. Yes

If yes,

1.1 On average, how many servings of <i>caffeinated DIET</i> soft drinks do you drink per week? DTSOFTWK	_____
1.2 On average, how many servings of <i>caffeinated REGULAR</i> soft drinks do you drink per week? RGSOFTWK	_____
1.3 On average, how many servings of <i>decaffeinated DIET</i> soft drinks do you drink per week? DDSOFTWK	_____
1.4 On average, how many servings of <i>decaffeinated REGULAR</i> soft drinks do you drink per week? DRSOFTWK	_____

2. Do you drink coffee or tea at least once a week (1 serving=8 oz)? **COFFWEEK** 0. No 1. Yes

If yes,

2.1 On average, how many servings of <i>caffeinated</i> coffee do you drink per week? CCOFFWK	_____
2.2 On average, how many servings of <i>decaffeinated</i> coffee do you drink per week? DCOFFWK	_____
2.3 On average, how many servings of <i>caffeinated</i> tea do you drink per week? CTEAWK	_____
2.4 On average, how many servings of <i>decaffeinated</i> tea do you drink per week? DTEAWK	_____

3. Do you drink cappuccino/latte drinks at least once a week (1 serving=12 oz)? **CAPPWEEK** 0. No 1. Yes

If yes,

3.1 On average, how many servings of <i>caffeinated</i> cappuccino/latte drinks do you drink per week? CCAPPWK	_____
3.2 On average, how many servings of <i>decaffeinated</i> cappuccino/latte drinks do you drink per week? DCAPPWK	_____

4. Do you drink fruit juice at least once a week (1 serving=8 oz)? **JUICWEEK** 0. No 1. Yes

If yes,

4.1 On average, how many servings do you drink per week? JUICEWK	_____
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5. Do you drink water or flavored water at least once a week (1 serving=8 oz)? **WATRWEEK** 0. No 1. Yes

If yes,

5.1 On average, how many servings do you drink per week? WATERWK	_____
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6. Do you drink milk at least once a week (1 serving=8 oz)? **MILKWEEK** 0. No 1. Yes

If yes,

6.1 On average, how many servings do you drink per week? MILKWK	_____
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7. Do you drink Ensure or Boost at least once a week (1 serving=8 oz)? **ENSUWEEK** 0. No 1. Yes

If yes,

7.1 On average, how many servings do you drink per week? ENSUREWK	_____
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8. Do you drink alcoholic beverages at least once a week (1 serving=1 drink)? **ALCOWEEK** 0. No 1. Yes

If yes,

8.1 On average, how many drinks do you drink per week? ALCOHLWK	_____
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9. Do you drink any other beverages at least once a week (1 serving=8 oz)? **OBEVWEEK** 0. No 1. Yes

If yes,

On average...	
a. Specify other drink #1: OD1SPEC _____	How many servings do you drink per week? OD1WK _____
b. Specify other drink #2: OD2SPEC _____	How many servings do you drink per week? OD2WK _____
c. Specify other drink #3: OD3SPEC _____	How many servings do you drink per week? OD3WK _____
d. Specify other drink #4: OD4SPEC _____	How many servings do you drink per week? OD4WK _____
e. Specify other drink #5: OD5SPEC _____	How many servings do you drink per week? OD5WK _____

Substance Abuse Questions:

- | | Lifetime | Past 6 months |
|--|---|---|
| 1. Was there ever a period of time where you developed tolerance to alcohol (needing to drink more for the same effect)? | <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
TOTALCLF | <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
TOTALC6M |
| 2. Was there ever a period of time when you repeatedly drank alcohol excessively? | <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
EXCALCLF | <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
EXCALC6M |
| 3. Was your school or job performance ever adversely affected by your use of alcohol? | <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
JPERFLF | <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
JPERF6M |
| 4. Did you ever neglect child care or household responsibilities because of your use of alcohol? | <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
NEGCCLF | <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
NEGCC6M |
| 5. Did you ever miss school or work because of your use of alcohol? | <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
MISSWKLF | <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
MISSWK6M |
| 6. Did you ever have legal difficulties because of your use of alcohol? | <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
LEGDIFLF | <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
LEGDIF6M |
| 7. Did someone else, such as a family member or friend, complain about your use of alcohol? | <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
FCOMPLF | <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
FCOMP6M |
| 8. Did you ever continue to drink despite the fact you had encountered social or interpersonal problems because of your drinking (such as an argument with your spouse about your drinking)? | <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
CDRNKLF | <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes
CDRNK6M |