Entered: _ _ / _ _ / 20_ _ Initials: _____ Verified: _ _ / _ _ / 20_ _ Initials: _____

Patient ID __ __ __ - __ __ __ __ - __ __ **ID** **Certification** __ __ __ __ __ **CERT** **VISIT** **Visit:** _____

For office use only.

M-FED Modified Follow-up (M-FEDF) - Version: 11/30/2011 FORMV

Form Completion Date __ __ / __ __ / 20_ __ **MFEDFDAT**
mm dd yy

Weight:

1. What is your current weight? **WGT** __ __ __lbs.
2. What was your lowest weight since your last visit? **LOWWGT** __ __ __lbs.

Was/will the SCID be completed for this visit? ☐ 0. No **SCIDCOMP**
☐ 1. Yes → *skip to fluid intake questions*

If No, assess major areas of psychopathology

	Absent (0)	Present (1)	Sub-threshold (2)	n/a (-2)
1. Major Depression **MAJDEP_F**	☐	☐	☐	☐

2. Was there a suicide attempt since last visit? **SUIATT_F** ☐ 0. No ☐ 1. Yes
If yes to 2, record relevant information:

_____
_____

	Absent (0)	Present (1)	Sub-threshold (2)	n/a (-2)
3. Mania **MANIA_F**	☐	☐	☐	☐
4. Hypomanic episode **HYPEP_F**	☐	☐	☐	☐
5. Schizophrenia/Other Psychosis **SCHIZ_F**	☐	☐	☐	☐
6. Somatization Disorder **SOMDIS_F**	☐	☐	☐	☐
7. Generalized Anxiety disorder **GAD_F**	☐	☐	☐	☐
8. Panic Disorder **PANDIS_F**	☐	☐	☐	☐
9. Specific Phobia **SPCPHO_F**	☐	☐	☐	☐
10. Social Phobia **SOCPHO_F**	☐	☐	☐	☐
11. Agoraphobia **AGORAP_F**	☐	☐	☐	☐
12. Obsessive/Compulsive Disorder **OCD_F**	☐	☐	☐	☐

	Absent (0)	Abuse (1)	Dependence (2)	n/a (-2)
13. Alcohol abuse/dependency **ALCABU_F**	☐	☐	☐	☐
14. Drug abuse/dependency **DRUGAB_F**	☐	☐	☐	☐

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

1. Has your beverage consumption changed since your last visit? **BEVCON3** ☐ 0. No ☐ 1. Yes

   If yes,

   1.1. Do you drink more or less than you did at the time of your last visit? **MORELESS** ☐ 1. More ☐ 2. Less

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

   If yes,

   2.1 On average, how many servings of *caffeinated DIET* soft drinks do you drink per week? **DTSOFT_F** _____ _____

   2.2 On average, how many servings of *caffeinated REGULAR* soft drinks do you drink per week? **RGSOFT_F** _____ _____

   2.3 On average, how many servings of *decaffeinated DIET* soft drinks do you drink per week? **DDSOFT_F** _____ _____

   2.4 On average, how many servings of *decaffeinated REGULAR* soft drinks do you drink per week? **DRSOFT_F** _____ _____

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

   If yes,

   3.1 On average, how many servings of *caffeinated* coffee do you drink per week? **CCOFF_F** _____ _____

   3.2 On average, how many servings of de*caffeinated* coffee do you drink per week? **DCOFF_F** _____ _____

   3.3 On average, how many servings of *caffeinated* tea do you drink per week? **CTEA_F** _____ _____

   3.4 On average, how many servings of de*caffeinated* tea do you drink per week? **DTEA_F** _____ _____

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

   If yes,

   4.1 On average, how many servings of *caffeinated* cappuccino/latte drinks do you drink per week? **CCAPP_F** _____ _____

   4.2 On average, how many servings of de*caffeinated* cappuccino/latte drinks do you drink per week? **DCAPP_F** _____ _____

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

   If yes,

   5.1 On average, how many servings do you drink per week? **JUICE_F** _____ _____

6. Do you drink water or flavored water at least once a week (1 serving = 8 oz)? **WATRWK_F** ☐ 0. No ☐ 1. Yes

   If yes,

   6.1 On average, how many servings do you drink per week? **WATER_F** _____ _____

7. Do you drink milk at least once a week (1 serving = 8 oz)? **MILKWK_F** ☐ 0. No ☐ 1. Yes

   If yes,

   7.1 On average, how many servings do you drink per week? **MILK_F** _____ _____

8. Do you drink Ensure or Boost at least once a week (1 serving = 8 oz)? **ENSUWK_F** ☐ 0. No ☐ 1. Yes

   If yes,

   8.1 On average, how many servings do you drink per week? **ENSURE_F** _____ _____

9. Do you drink alcoholic beverages at least once a week (1 serving = 1 drink)? **ALCOWK_F** ☐ 0. No ☐ 1. Yes

   If yes,

   9.1 On average, how many drinks do you drink per week? **ALCOHL_F** _____ _____

10. Do you drink any other beverages at least once a week (1 serving = 8 oz)? **OBEVWK_F** ☐ 0. No ☐ 1. Yes

If yes,

		On average…
a. Specify other drink #1: **OD1SPC_F**_____	How many servings do you drink per week? **OD1WK_F**	_____ _____
b. Specify other drink #2: **OD2SPC_F**_____	How many servings do you drink per week? **OD2WK_F**	_____ _____
c. Specify other drink #3: **OD3SPC_F**_____	How many servings do you drink per week? **OD3WK_F**	_____ _____
d. Specify other drink #4: **OD4SPC_F**_____	How many servings do you drink per week? **OD4WK_F**	_____ _____
e. Specify other drink #5: **OD5SPC_F**_____	How many servings do you drink per week? **OD5WK_F**	_____ _____

Substance Abuse Questions:
Over the 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)? **TOLALC_F** ☐ 0. No ☐ 1. Yes

2. Was there ever a period of time when you repeatedly drank alcohol excessively? **EXCALC_F** ☐ 0. No ☐ 1. Yes

3. Was your school or job performance ever adversely affected by your use of alcohol? **JPERF_F** ☐ 0. No ☐ 1. Yes

4. Did you ever neglect child care or household responsibilities because of your use of alcohol? **NEGCC_F** ☐ 0. No ☐ 1. Yes

5. Did you ever miss school or work because of your use of alcohol? **MISSWK_F** ☐ 0. No ☐ 1. Yes

6. Did you ever have legal difficulties because of your use of alcohol? **LEGDIF_F** ☐ 0. No ☐ 1. Yes

7. Did someone else, such as a family member or friend, complain about your use of alcohol? **FCOMP_F** ☐ 0. No ☐ 1. Yes

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)? **CDRNK_F** ☐ 0. No ☐ 1. Yes

9. Over the past 6-months, has your tolerance from alcohol seemed to change? **TOLALCC6** ☐ 0. No ☐ 1. Yes

If Yes, in what way (choose one)? **TOLALCC**

☐ 1. Feel “high” or intoxicated more rapidly

☐ 2. Feel “high” or intoxicated after drinking less alcohol

☐ 3. Feel “high” or intoxicated less rapidly

☐ 4. Feel “high” or intoxicated after drinking more alcohol

☐ 5.Other (Specify:_**TOLALCCS**_____)

10. Over the past 6 months, which of the following statements best describes your use of alcohol (choose one)? **DESCALC6**

- ☐ 1. Didn't drink alcohol before or after surgery
- ☐ 2. Drank alcohol before the surgery but not afterward.
- ☐ 3. Didn't drink alcohol before the surgery but drank alcohol afterwards.
- ☐ 4. Alcohol use increased after the surgery.
- ☐ 5. Alcohol use decreased after the surgery.
- ☐ 6. Alcohol use remained about the same after the surgery.

Cosmetic Surgery:

1 Since your last visit, have you had plastic/cosmetic surgery, or do you currently desire plastic/cosmetic surgery for excess skin? **COSSUR_F** ☐ 0. No ☐ 1. Yes -2 ☐ not applicable

If yes, specify if you had it and if you desire it on the following areas of your body (*check no or yes to each*):

	Have you ever had surgery?	Do you currently desire surgery?
1.1 Face	☐ 0. No ☐ 1. Yes **FACE_F**	☐ 0. No ☐ 1. Yes **FACEC_F**
1.2 Chin/Neck	☐ 0. No ☐ 1. Yes **CHIN_F**	☐ 0. No ☐ 1. Yes **CHINC_F**
1.3 Upper arms	☐ 0. No ☐ 1. Yes **UPARM_F**	☐ 0. No ☐ 1. Yes **UPARMC_F**
1.4 Back	☐ 0. No ☐ 1. Yes **BACK_F**	☐ 0. No ☐ 1. Yes **BACKC_F**
1.5 Breast/Chest	☐ 0. No ☐ 1. Yes **CHEST_F**	☐ 0. No ☐ 1. Yes **CHESTC_F**
1.6 Waist/Abdomen	☐ 0. No ☐ 1. Yes **WAIST_F**	☐ 0. No ☐ 1. Yes **WAISTC_F**
1.7 Thigh(s)	☐ 0. No ☐ 1. Yes **THIGH_F**	☐ 0. No ☐ 1. Yes **THIGHC_F**
1.8 Rear/buttock	☐ 0. No ☐ 1. Yes **REAR_F**	☐ 0. No ☐ 1. Yes **REARC_F**
1.9 Other (Specify: _**COSSUROS**_____)	☐ 0. No ☐ 1. Yes **COSSUROT**	☐ 0. No ☐ 1. Yes **COSSUROC**