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

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

For office use only.

M-FED Modified (M-FEDS) Short - Version: 09/01/2010 FORMV

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

Weight:

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

Do not collect questions 1 – 14 (under Major areas of psychopathology) if the visit is at the 24 month time point or beyond.

Major areas of psychopathology (Since last visit):

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

2. Was there a suicide attempt since last visit? ☐ 0 No ☐ 1. Yes **SUIATT_F**
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 **SPECPHO_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 **ALCABUS_F**	☐	☐	☐	☐
14. Drug abuse/dependency **DRUGAB_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.