

Pre-op Patient Questionnaire

Name: _____

DOB: _____

Lap Band Gastric Bypass

Date: _____



Please check the most appropriate answer to the following questions...

Q1. Which Statement best fits how you feel on social occasions?

- A I feel so uncomfortable socially I rarely go out
- B I always feel uncomfortable and avoid some social situations
- C I often feel uncomfortable in social situations
- D In social situations I feel comfortable most of the time
- E When out socially I feel totally confident and comfortable in myself

Q2. How do you feel about yourself?

- A I feel that I am a positive and worthwhile person "I like myself"
- B Most of the time I feel positive about myself
- C I don't really have positive or negative views about myself
- D I have more negative thoughts than positive thoughts about myself
- E I strongly dislike myself

Q3. How do you feel about your appearance?

- A I hate the way I look
- B I'm often unhappy in the way I look
- C I have mixed feelings about the way I look
- D Most of the time I like the way I look
- E I am happy in the way I look

Q4. Which of the statements best fits how you have felt over the last month?

- A I am never sad or down
- B I rarely have times of negative thoughts when I am down or sad
- C I am often sad and down
- D I feel sad and down most of the time
- E I feel hopeless, sad and down all of the time

Q5. In General my health over the last month has been...

- A Very Poor B Poor C Fair D Good E Excellent

Q6. During a normal day, which of these statements best fits your energy level?

- A I have plenty of energy and have no limitations on my work or other activities
- B I have adequate energy and have no limitations on my work or other activities
- C I have limited energy and I am not able to work and be as active as I would like to be
- D I have little energy and I am limited with work and other activity
- E I have no energy and I am very limited with work and other activities

Q7. Which statement best describes your physical ability

- A I am able to participate in vigorous physical activity
- B With my physical ability I am able to perform all but vigorous physical activity
- C Some every day activities are limited by my physical condition
- D My limited physical ability restricts many activities of every day living
- E I have major physical disability that restricts most activities of every day living

Please rate the reasons for having weight loss surgery in order of importance.

Place the number "1" against the response you feel is the most important reason in the list, number "2" against the second and continue until all squares have a number, with the least important response containing the number "6".

If you feel some responses are unimportant still try and grade these to the least important to you.

- A I am distressed by my physical appearance and need to improve it
- B I want to improve a current medical condition associated with my obesity
- C I lack physical fitness and want to be more active to enjoy life more
- D I am concerned that my health will deteriorate and my life may be shortened
- E I am embarrassed socially about my weight
- F Physical limitation of obesity makes day to day living very difficult