BARIATRIC SURGERY **HEALTH QUESTIONNAIRE**

Please complete as many of the following questions as you can.

Your name:	Date:	
Your Address:		
Weight (Kg):	Tel No:	
Height (cm):		
E mail address:	BMI (if known):	
Occupation:		
WEIGHT HISTORY:		
How long have you been overweight (years)		
What is your Heaviest weight (Kg)?		
What problems is it causing?		
If you have any of the following problems please tick been aware of the problem in years. Diabetes		
Hypertension (blood pressure	AsthmaSleep apnoea requiring CPAP	
Dyslipidaemia (high cholesterol)	Snoring	
Poly cystic ovaries	Daytime drowsyness	
Heart disease (angina and heart attack)	Reflex disease	
Gout	Depression	
Back problems		
Hip/knee pain		
How much weight have you been able to lose before?		
Why do you want to have the surgery?		
What research about the surgery have you done?	,	
Healthpoint	Personal contacts	
Internet When did you start thinking about the current?	Other (please specify)	
When did you start thinking about the surgery? What weight would you like to get to (Kg)?		
Are you aware of the options/operations for surgice	al treatment of obesity?	
The jea amaie of the options, operations for earging	NO	
Which of the following operations are you aware o	f?	
Laparoscopic Adjustable Gastric Band (Lap Ban	d)	
Gastric Bypass (Open, Laparoscopic and the Fo	bi operation)	
Sleeve Gastrectomy		
Other		



Have you read the following booklets?				
Bariatric Surgery – a guide for patients				
The Sleeve Gastrectomy – Central Region Metabolic and Bariatric Service MAJOR ILLNESS/ MEDICAL PROBLEMS (Please list all conditions that you see your GP or other Doctors for):				
SURGERY: Have you had any surgery in the past? Please list all operations.				
MEDICATIONS (which medicines do you take, how often and what dose):				
ALLERGIES				
SOCIAL HISTORY:				
COURL HIGIOITI.				
Do you smoke:	Yes	□ No	Ex-smoker How long?	
Do you smoke: How much alcohol do	Wine glass	Beer glass	How long? Spirits glass	
Do you smoke:	Wine glass per week		How long?	
Do you smoke: How much alcohol do you drink per week:	Wine glass per week	Beer glass	How long? Spirits glass	
Do you smoke: How much alcohol do you drink per week: Do you have children (how FAMILY HISTORY:	Wine glass per week	Beer glass per week	How long? Spirits glass	
Do you smoke: How much alcohol do you drink per week: Do you have children (how FAMILY HISTORY:	Wine glass per week w many, how old):	Beer glass per week	How long? Spirits glass	
Do you smoke: How much alcohol do you drink per week: Do you have children (how FAMILY HISTORY: Is there a family history of Obesity Heart disease	Wine glass per week w many, how old):	Beer glass per week	How long? Spirits glass per week	
Do you smoke: How much alcohol do you drink per week: Do you have children (how FAMILY HISTORY: Is there a family history of Obesity Heart disease Stroke	Wine glass per week w many, how old): of any of the following prob	Beer glass per week plems (please tick)? Premature death (i.e.) Diabetes	How long? Spirits glass per week	
Do you smoke: How much alcohol do you drink per week: Do you have children (how FAMILY HISTORY: Is there a family history of Obesity Heart disease Stroke	Wine glass per week w many, how old):	Beer glass per week plems (please tick)? Premature death (i.e.) Diabetes	How long? Spirits glass per week	
Do you smoke: How much alcohol do you drink per week: Do you have children (how FAMILY HISTORY: Is there a family history of Obesity Heart disease Stroke SLEEP QUESTIONS: (Please) Do you snore loudly (I	Wine glass per week w many, how old): of any of the following probable ase tick the relevant boxes ouder than normal speec	Beer glass per week plems (please tick)? Premature death (i.e. Diabetes h or loud enough to hear i	How long? Spirits glass per week e. death before age 60)	
Do you smoke: How much alcohol do you drink per week: Do you have children (how FAMILY HISTORY: Is there a family history of Obesity Heart disease Stroke SLEEP QUESTIONS: (Pleating Do you snore loudly (I) Do you often feel tired	Wine glass per week w many, how old): of any of the following problems tick the relevant boxes ouder than normal speec d, fatigued or sleepy during the second of the sec	Beer glass per week Diabetes Diabetes	How long? Spirits glass per week e. death before age 60)	
Do you smoke: How much alcohol do you drink per week: Do you have children (how FAMILY HISTORY: Is there a family history of Obesity Heart disease Stroke SLEEP QUESTIONS: (Please) Do you snore loudly (I) Do you often feel tired Has anyone ever notice	Wine glass per week w many, how old): of any of the following probable ase tick the relevant boxes ouder than normal speec	Beer glass per week Diabetes Diabetes	How long? Spirits glass per week e. death before age 60)	

Thank you for taking the time to fill in the questionnaire.

