

Psychosocial Background Questionnaire For Bariatric Surgery

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Please complete the following information as honestly as possible and add additional information which you believe will be helpful. This information will assist us in determining what additional questions we may need to ask about your life history to determine your appropriateness for surgery for obesity.

IDENTIFYING INFORMATION

Name: _____ Date: _____
Age: _____ Male Female Date of Birth: ____/____/____
Birthplace: _____ SS# _____
Current Weight: _____ Height: _____ Telephone: _____
(best # to reach you at between 8 a.m. - 6 p.m.)

Ethnic Background:

- European American Native American Asian American
 African American Hispanic American Other:

Marital Status:

- Never Married Living with partner Divorced (not presently married)
 Married (first marriage) Not Married but in a committed relationship (not living together) Widowed (not presently married)
 Married (previously divorced)

Highest Level of Education:

- 8th Grade or less Some college M.A./M.S./M.Ed.
 Some high school College graduate Ph.D./Psy.D./Ed.D.
 High school graduate Some graduate study Pharm.D.
 Trade or technical school Post-graduate degree Other:

Current Occupation: _____

EARLY LIFE HISTORY (FAMILY)

Mother's Occupation: _____ Father's Occupation: _____

Describe your relationship with you mother:

- Loving/Supportive
 Fighting/Conflict
 Supportive on surface but conflict underneath
 Superficial
 Too close (smothering)

Describe your relationship with your father:

- Loving/Supportive
 Fighting/Conflict
 Supportive on surface but conflict underneath
 Superficial
 Too close (smothering)

Notes: _____ Notes: _____

Did you experience any significant moves as a child? Yes No

If yes, please explain when and why your family moved: _____

Were you ever separated from one or both of your parents as a child? Yes No

If yes please explain: _____

Describe your parents' relationship during your childhood: _____

Loving/Supportive

Supportive on surface but conflict underneath

Fighting/Conflict (please explain)

Superficial

what you did when they argued _____ Too close (smothering)

Notes: _____

Total number of brothers? _____

sisters? _____

Describe Relationship with Siblings as a child:

Loving/Supportive

Supportive on surface but conflict underneath

Fighting/Conflict

Superficial

Too close (smothering)

Notes: _____

Where do you fit in, in terms of birth order? _____

Describe any other important or influential family relationships: _____

How were you disciplined as a child and how did your parents respond to you when you were upset as a child? _____

Abuse history:

Physical abuse as a child

Physical abuse as an adult

Verbal abuse as a child

Verbal abuse as an adult

Sexual abuse as a child

Rape, forced sexual relations as an adult

From family member

From someone outside the family

Notes: _____

Was Religion an important part of your upbringing? Yes No

If so, please explain in what way it was important:

Did you have any particular fears as a child? Yes No

If yes, please explain: _____

Are these fears still present? Yes No

ADDITIONAL EARLY HISTORY (SCHOOL, PEERS, LEGAL)

Did you enjoy school? Yes No

If no, explain: _____

How would you describe your academic performance?

- Superior Average Poor
 Above Average Below Average

Did you take any time off from school during your education? Yes No

If yes please explain: _____

Did you have friends during your school years?

- None to one or two Small close group Many friends

How would you characterize these friendships?

- Loving/Supportive Supportive on surface but conflict underneath Superficial
 Fighting/Conflict Too close (smothering)

Have you ever been arrested? Yes No

If Yes Age(s) when arrested: _____

Reason for arrest(s): _____

Did you spend time in jail? Yes No

RELATIONSHIP HISTORY

At what age did you begin dating? _____

Have you had any long term/serious relationships? Yes No How many? _____

If yes, please indicated any additional information you would like to add about how they began and how they ended: _____

If you are in a current relationship which description best applies to your relationship:

- Loving/Supportive Superficial
 Fighting/Conflict Too close (smothering)
 Supportive on surface but conflict underneath

Notes: _____

If in a committed relationship, when did you meet your partner/spouse and what did you like about them? _____

How long did you know each other before getting married/living together?

- Less than a week A month A year or more
 A couple of weeks A few months

If cohabitating, why have you and your partner chosen not to marry? _____

If not in a committed relationship are you dating anyone at the present time? Yes No

If no, are you satisfied with this situation? Yes No

IMPACT OF WEIGHT ON YOUR LIFE

Do your family members know about your weight problems and choice to seek out surgery? Yes No

If yes, do they support your decision to consider surgery? Yes No

Notes: _____

Do you feel that your weight contributes to problems in social or professional areas? Yes No

Please Explain: _____

Please briefly describe what you do on a typical weekday, starting with the time you wake up in the morning, and ending with the time you go to bed at night? _____

Please describe any restrictions on your activities you believe are caused by your weight? _____

Do you believe that your relationships are affected by your weight? Yes No

If so, how? _____

Eating Habits

On average, do you eat 3 meals a day? Yes No

Do you believe your meals are: average larger than average smaller than average

Do you feel in control of your eating? Yes No

Do you consider you eating abnormal? Yes No

Please Describe a Typical Eating Pattern for One Day. What will you eat? When? How much?

1. Breakfast: _____

2. Lunch _____

3. Dinner _____

4. Snacks _____

A binge is eating an abnormally large amount of food in a short period of time. When bingeing a person often feels out of control. Do you have a history of binge eating? Yes No

If yes: _____

Age when bingeing began: _____ How long has bingeing been occurring? Days months years

During the last three months how often has bingeing typically occurred?

Has not binged Weekly: _____ times a week

Monthly: _____ times a month Daily: _____ times a day

When the bingeing was most frequent what was the average number of binges a week? _____

How long ago? _____ months weeks days ago at it's worst right now

Are there any factors that seem to increase/decrease the frequency of your bingeing? _____

A purge is an attempt to undo what you have eaten. Some people purge by vomiting, laxative use, diuretic use, enemas, excessive exercise or starving themselves after a binge.

Do you have a history of purging? Yes No

If yes, What type of purging is used?

Self induced vomiting

Enemas

Laxatives

Restriction/Fasting

Diuretics

Excessive Exercise

Age when purging began: _____ How long has purging been occurring? _____ days months years

During the last three months how often has purging typically occurred?

Has not purged Weekly: _____ times a week

Monthly: _____ times a month Daily: _____ times a day

When the purging was most frequent what was the average number of purging experiences a week?

How long ago? _____ months weeks days ago at it's worst right now

Are there any factors that seem to increase/decrease the frequency of your purging? _____

PHYSICAL AND MENTAL HEALTH HISTORY

When was your last medical checkup? (MM/DD/YY) _____/_____/_____

What medical problems are you currently experiencing?

Allergies

Diabetes

Migraines

Anemia

Epilepsy/Seizures

Nerve Disease

Anxiety

Eczema

Morbid Obesity

Arthritis

Gall Bladder

Thyroid Problems

Asthma

Glandular Diseases

Sleep Apnea

Bleeding Problems

Gout

Strokes

Cataracts

Heart Disease

Ulcers

Cancer/Leukemia

Hypertension

Other: (describe)

Colitis

Kidney Disease

Depression

Liver Cirrhosis

