Tus neeg mob lub npe *Patient name*			
MHN *MHN*	Hnub yug *DOB*	Muaj tsawg xyoo *Age*	Poj niam los txiv neej *Gender*

Kev Phais Cov Nqaij Rog Tawm Kom Poob Ceeb Thawj

Daim Ntawv Nug

Questionnaire – Bariatric Surgery

Cov Lus Qhia Txog Tus Kheej (Thaum lub sij hawm rau npe rau chav muab cov lus qhia)
Personal Information *(At time of information session registration)*

Hnub tim hnub no (hli/hnub/xyoo)
Today's date (month/day/year)
/ /

Chaw Nyob *Home address*	Nroog *City*	Xeev *State*	Zauv cheeb tsam *ZIP*

Tus xov tooj:
Telephone number:
Hauv Tsev *Home* | Hauj Lwm *Work* | Lwm Tus *Other*

Txoj Hauj Lwm
Occupation

Kev Ua Hauj Lwm:
Employment status:

☐ Ua hauj lwm puv hnub *Full-time*
☐ Ua hauj lwm ib nrab hnub *Part-time*
☐ Ua hauj lwm rau tus kheej *Self-employed*
☐ Nyob hauv tsev *Homemaker*
☐ Tub ntxhais kawm ntawv *Student*
☐ Muaj kev tsis taus ntawm cev *Disabled*
☐ Poob hauj lwm lawm *Unemployed*
☐ So hauj lwm lawm *Retired*

Kev Tuav Pov Hwm (sau tag nrho)
Insurance (list all)

Xa los ntawm *Referred by*	Tus thawj kws kho mob (M.D., N.P., P.A.) *Primary care provider (M.D., N.P., P.A.)*

Haiv neeg (kos tag nrho cov uas raug):
Race (check all that apply):

☐ Neeg Dawb *Caucasian*
☐ Neeg Hispanic *Hispanic*
☐ Neeg Es Xias *Asian*
☐ Neeg Mis Kas Dub *Afrian American*
☐ Neeg Qhab *Native American*
☐ Neeg Pacific Islander/Neeg Hawaii *Pacific Islander/Hawaiian*
☐ Lwm haiv neeg *Other*

Keeb Kwm Txog Kev Muaj Ceeb Thawj
Weight History

Qhov hnyav tshaj plaws/hnub tim *Highest weight/date*	Qhov sib tshaj plaws/hnub tim *Lowest weight/date*	Hnyav pes tsawg tam sim no *Current weight*	Siab Pes Tsawg: *Height:* _____ feet _____ inches	Thaum me nyuam yaus–muaj ceeb thawj heev: *Childhood – overweight:* ☐ Muaj *Yes* ☐ Tsis muaj *No*

Koj twb muaj ceeb thawj heev los tau pes tsawg xyoo lawm _____
How many years have you been obese

Koj xav tias yog vim li cas koj ho muaj ceeb thawj heev – kos (✓) tag nrho cov uas raug:
Why do you think you are overweight – check (✓) all that apply:

☐ Noj ntau dhau lawm *Overeat at meals*
☐ Tsis qoj cev *Lack of exercise*
☐ Txom ncauj heev dhau lawm *Snack too much*
☐ Noj cov khoom "tsis yog" *Eat "wrong" foods*
☐ Muaj raws keeb cag los *Heredity*
☐ Lwm yam _____ *Other*

Tus neeg mob lub npe *Patient name*	MHN *MHN*	Hnub yug *DOB*	Muaj tsawg xyoo *Age*	Poj niam los sis txiv neej *Gender*

Keeb Kwm Txog Kev Muaj Ceeb Thawj (Txuas mus)
Weight History (Continued)

Sau tag nrho cov kev ua kom yuag yav tas los, nrog rau cov hnub tim thiab seb puas pab tau li cas:
List all previous diets, including dates and results:

Hnub Tim (hli/hnub tim/xyoo) ***Date (m/d/y)***	**Kev Noj Haus** ***Diet***	**Koj Noj Li No Mus Ntev Npaum Cas** ***How Long Did You Stay on Diet***	**Qhov Tshwm Sim** ***Results***
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			

Koj xav tias koj yuav tsum tau hnyav npaum li cas thiaj li zoo_____
What do you consider your ideal body weight

Koj xav tias koj yuav hnyav npaum li cas tom qab phais cov nqaij rog tawm tas _____
What weight do you expect to maintain after bariatric surgery

Koj puas paub leej twg tau ua qhov kev phais kom poob ceeb thawj no: ☐ Paub ☐ Tsis paub
Do you know anyone who has had bariatric surgery: *Yes* *No*

Keeb Kwm Txog Kev Kho Mob Thiab Kev Phais
Medical and Surgical History

Hnub (hli/hnub/xyoo) ***Date (month/day/year)***	**Sau Tag Nrho Cov Kev Phais Yav Dhau Los** ***List All Past Operations***
/ /	
/ /	
/ /	
/ /	
/ /	
/ /	
/ /	
/ /	

Daim Ntawv Nug (Txuas mus)

Tus neeg mob lub npe *Patient name*	MHN *MHN*	Hnub yug *DOB*	Muaj tsawg xyoo *Age*	Poj niam los sis txiv neej *Gender*

Keeb Kwm Txog Kev Kho Mob thiab Kev Phais (Txuas mus)
Medical and Surgical History (Continued)

Puas muaj teeb meem dab tsi txog cov kev phais los sis kev tso tshuaj loog yav dhau los: ☐ Muaj *Yes* ☐ Tsis muaj *No*
Any complications with previous operations or anesthesia:

Koj xav tias koj txoj kev noj qab haus huv nws zoo li cas: ☐ Zoo heev *Excellent* ☐ Zoo *Good* ☐ Hauj sim *Fair* ☐ Tsis zoo *Poor*
How would you characterize your usual health:

Cov kev tsis haum tshuaj/qhov tshwm sim ntawm kev tsis haum tshuaj
Medication allergies/reaction

_____

_____

Sau tag nrho cov tshuaj uas koj noj nrog rau seb noj ntau npaum li cas thiab noj heev npaum li cas. Sau cov tshuaj, vitamins, thiab tshuaj ntsuab uas tsis yog kws kho mob sau. (Siv lwm daim ntawv ntxiv yog tias tsim nyog.)
List all your medications including the dose and how often you take them. Include any nonprescription medicine, vitamins, and herbal preparations. (Use additional sheet of paper if necessary.)

Tshuaj Noj ***Medication***	**Ntau Npaum Li Cas** ***Dose***	**Heev Npaum Li Cas** ***Frequency***

Tus neeg mob lub npe *Patient name*	MHN *MHN*	Hnub yug *DOB*	Muaj tsawg xyoo *Age*	Poj niam los sis txiv neej *Gender*

Keeb Kwm Txog Kev Kho Mob thiab Kev Phais (Txuas mus)
Medical and Surgical History (Continued)

Kos (✓) cov kev mob nkeeg uas koj muaj tam sim no los sis tau muaj yav dhau los:
Check (✓) any illness that you have now or have had in the past:

	Muaj *Yes*	**Tsis Muaj** *No*	**Yog Tias Muaj, Piav Qhia** *If Yes, Describe*
Ntshav siab *(High blood pressure)*	☐	☐	
Teeb meem ntawm lub plawv/mob hauv siab *Heart problem/chest pain*	☐	☐	
Txog siav *(Shortness of breath)* Yog tias muaj: *(If yes)* ☐ Thaum ua dej num *With activity* ☐ Thaum so *At rest*	☐	☐	
Muaj teeb meem txog qhov ntshav khiav/mob hlab ntsha tawg *Blood flow problem/stroke*	☐	☐	
Sab ceg o los sis mob *Lower leg swelling or sores*	☐	☐	
Ntshav khov – sab ceg los sis lub ntsws *Blood clots – leg or lung*	☐	☐	
Teeb meem txog ntshav qab zib los sis mob ntshav qab zib *Blood sugar problem or diabetes* Yog tias mob ntshav qab zib: *If diabetes:* ☐ Hom 1 *Type 1* ☐ Hom 2 *Type 2*	☐	☐	
Muaj teeb meem txog thyroid *Thyroid problem*	☐	☐	
Muaj npuas roj/triglycerides ntau *High cholesterol/triglycerides*	☐	☐	
Mob taw vwm *(Gout)*	☐	☐	
Ua qaj heev *(Excessive snoring)*	☐	☐	
Tsis ua pa mus me ntsis thaum pw *Sleep apnea* Yog tias muaj, koj puas siv CPAP: *If yes, do you use CPAP:* ☐ Siv *(Yes)* ☐ Tsis siv *(No)*	☐	☐	
Muaj ntshav siab hauv ntsws *Lung high blood pressure*	☐	☐	
Ua tsis taus pa/muaj teeb meem ua tsis taus pa los ntev *Asthma/Chronic obstructive pulm. disease*	☐	☐	

Tus neeg mob lub npe *Patient name*	MHN *MHN*	Hnub yug *DOB*	Muaj tsawg xyoo *Age*	Poj niam los sis txiv neej *Gender*

Keeb Kwm Txog Kev Kho Mob thiab Kev Phais (Txuas mus)
Medical and Surgical History (Continued)

	Muaj *Yes*	**Tsis Muaj** *No*	**Yog Tias Muaj, Piav Qhia** *If Yes, Describe*
Acid reflux los sis kub hauv siab *Acid reflux or heart burn*	☐	☐	
Mob plab kev txhab *(Stomach ulcers)*	☐	☐	
Muaj teeb meem hauv lub tsib los sis muaj pob zeb hauv tsib *Gallbladder problems or stones*	☐	☐	
Kab mob siab *(Liver disease)*	☐	☐	
Mob pob qij txha los sis mob nruab qaum *Joint pain or back pain*	☐	☐	
Mob caj dab tes/Mob leeg *Arthritis/Muscle pain*	☐	☐	
Muaj tsis taus me nyuam, muaj teeb meem ntawm ob lub zuas qe los sis muaj teeb meem txog cev ntas *Infertility, ovary or menstrual problems*	☐	☐	
Muaj teeb meem txog kev tso zis los sis xau zis *Urinary problems or leaking*	☐	☐	
Muaj teeb meem hauv lub raum los sis muaj pob zeb hauv raum *Kidney problem or stones*	☐	☐	
Muaj teeb meem txog kev tso quav los sis tso quav tsis xwm yeem *Bowel problems or irregularity*	☐	☐	
Hnyuv hlau – ntawm plab, puab tais, daim npluag kem hauv siab thiab plab hnyuv (hiatal) *Hernia – belly, groin, hiatal*	☐	☐	
Mob taub hau los sis mob rau ib sab taub hau xwb (migraine) *Headache or migraine problem*	☐	☐	
Kev ntxhov siab *(Anxiety)*	☐	☐	
Tu siab *(Depression)*	☐	☐	
Lwm cov kev mob puas hlwb *Other psychological illness*	☐	☐	

Daim Ntawv Nug (Txuas mus)

Tus neeg mob lub npe *Patient name*	MHN *MHN*	Hnub yug *DOB*	Muaj tsawg xyoo *Age*	Poj niam los sis txiv neej *Gender*

Keeb Kwm Txog Kev Kho Mob thiab Kev Phais (Txuas mus)
Medical and Surgical History (Continued)

	Muaj *Yes*	Tsis Muaj *No*	Yog Tias Muaj, Piav Qhia *If Yes, Describe*
Koj puas tau mus pw tim tsev kho mob vim muaj kev mob puas hlwb dua li? *Have you ever been hospitalized for psychological reasons?* Yog tias tau, thaum twg _____ *If yes, when*	☐	☐	
Kev quav tshuaj *(Chemical dependency)*	☐	☐	
Koj puas tau mus kho mob vim quav tshuaj los sis dej caw *Have you ever had treatment for drug or alcohol dependence*	☐	☐	
Muaj teeb meem taug kev *Walking problem*	☐	☐	
Teeb meem muaj nqaij rog ntawm lub plab/teeb meem txog daim tawv nqaij *Belly fat apron/skin problem*	☐	☐	

Keeb Kwm Ntawm Tsev Neeg
Family History

Sau cov kev mob nkeeg tseem ceeb hauv tsev neeg, tshwj xeeb yog mob ntshav qab zib, ntshav siab, mob plawv, thiab mob cancer ntawm koj niam koj txiv, pog yawg los sis niam tais yawm txiv, los sis nus muag. Yog hais tias tus neeg hauv tsev neeg tau tag sim neej lawm, sau seb nws muaj pes tsawg xyoo thaum tag sim neej.
List any significant family illnesses, especially diabetes, high blood pressure, heart disease, and cancer in your parents, grandparents brothers or sisters. If family member is deceased, list their age at the time of death.

_____

_____

_____

Keeb Kwm Ntawm Neeg Lub Neej
Social History

Kev txij nkawm:
Marital status:

☐ Tsis tau muaj txij nkawm *(Single)* ☐ Muaj txij nkawm *(Married)*
☐ Sib nrauj *(Divorced)* ☐ Poj ntsuam/yawg ntsuag *(Widowed)*

Muaj pes tsawg tus me nyuam thiab lawv muaj pes tsawg xyoo
Number of children and their ages

Keeb kwm txog kev haus luam yeeb:
Smoking history:

☐ Yav dhau los *Past* — Tau ___ xyoo *For # years* — Pes tsawg pob hauv ib hnub ___ *Packs per day* — Hnub txiav (hli/hnub/xyoo) ___ /___ /___ *Date stopped (m/d/y)*

☐ Tam sim no *Present* — Tau ___ xyoo *For # years* — Pes tsawg pob hauv ib hnub ___ *Packs per day* — Hnub tim npaj txiav (hli/hnub/xyoo) ___ /___ /___ *Stop date goal (m/d/y)*

Kev Phais Cov Nqaij Rog Tawm Kom Poob Ceeb Thawj

Daim Ntawv Nug (Txuas mus)

Tus neeg mob lub npe *Patient name*	MHN *MHN*	Hnub yug *DOB*	Muaj tsawg xyoo *Age*	Poj niam los sis txiv neej *Gender*

Keeb Kwm Ntawm Neeg Lub Neej
Social History

Kev haus dej caw:
Alcohol use:

☐ Yav dhau los — Hnub tim tsum (hli/hnub/xyoo) ___ /___ /___
Past — *Date stopped (m/d/y)*

☐ Tam sim no — Heev npaum cas _____ Pes tsawg _____
Present — *How often* — *How much*

Kev siv tshuaj:
Drug use:

☐ Yav dhau los — Hnub tim tsum (hli/hnub/xyoo) ___ /___ /___
Past — *Date stopped (m/d/y)*

☐ Tam sim no — Heev npaum cas _____ Pes tsawg _____
Present — *How often* — *How much*

Piav qhia seb qhov koj muaj ceeb thawj nws ua teeb meem li cas rau koj txoj kev noj qab haus huv los sis koj lub neej
Explain how your weight is adversely affecting your health or your life

_____

_____

_____

_____

_____

Tej yam uas koj xav tias koj tus kws kho mob yuav tsum tau paub txog
Anything else you feel your doctor should know

_____

_____

_____

_____

_____

Ua tsaug rau koj txoj kev pab. Cov lus qhia no yuav muab khaws tseg zoo tsis pub leej twg paub thiab yuav pab koj tus kws kho mob nkag siab koj qhov teeb meem kom zoo zog; yuav nrog koj tham mus ntxiv thaum lub sij hawm nrog koj tham ua ntej phais.
Thank you for your help. This information will be kept confidential and will assist your doctor to better understand your situation; it will be discussed further with you at the time of your preoperative consultation.

_____ _____ _____ /_____ /_____

Tus neeg mob kos npe (Tus neeg muaj cai los tso cai rau tus neeg mob) | (Kev sib txheeb) | Kos npe hnub tim (hli/hnub/xyoo)
Patient signature (Patient's legal representative) | *(Relationship)* | *Signature date (m/d/y)*

Xa daim ntawv nug uas teb meej rov qab mus rau Bariatric Nurse, General Surgery, 3F1
Return completed questionnaire to Bariatric Nurse, General Surgery, 3F1

