



LEE BARIATRICS
Expert Weight Loss Surgery

Name: _____ Date: _____ Date of Birth: _____

Initial Nutrition Screen

Which bariatric surgery procedure are you interested in?

- Gastric Bypass Gastric Sleeve Conversion/Revision Undecided
 Hernia Repair

What have you done in the past to try to lose weight? (Please list all diets, pills and programs)

Why do you want weight loss surgery?

What is your goal weight? _____ pounds

Have you ever been diagnosed with an eating disorder?

- No Bulimia Anorexia Binge Eating Disorder

Do you currently use the following? If so, how often?

- Drugs (ex. marijuana) _____ Alcohol _____ Tobacco _____

How often? _____ _____ _____

Have you been diagnosed with a psychological disorder? (ex: anxiety or depression)

- No Yes List any _____

Do you eat due to emotions? (ex: sadness, stress/anxiety, anger)?

- No Yes List any _____

GERD-Health Related Quality of Life Questionnaire (GERD-HRQL)

Institution: _____ Patient ID: _____ Date: ____/____/____

On PPIs Off PPIs If off, for how long? _____ days / months

Scale:

- 0 = No symptoms
- 1 = Symptoms noticeable but not bothersome
- 2 = Symptoms noticeable and bothersome but not every day
- 3 = Symptoms bothersome every day
- 4 = Symptoms affect daily activity
- 5 = Symptoms are incapacitating to do daily activities

Please check the box to the right of each question which best describes your experience over the past **2 weeks**

- | | | | | | | | |
|-----|---|----------------------------------|---------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. | How bad is the heartburn? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 2. | Heartburn when lying down? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 3. | Heartburn when standing up? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 4. | Heartburn after meals? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 5. | Does heartburn change your diet? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 6. | Does heartburn wake you from sleep? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 7. | Do you have difficulty swallowing? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 8. | Do you have pain with swallowing? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 9. | If you take medication, does this affect your daily life? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 10. | How bad is the regurgitation? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 11. | Regurgitation when lying down? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 12. | Regurgitation when standing up? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 13. | Regurgitation after meals? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 14. | Does regurgitation change your diet? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 15. | Does regurgitation wake you from sleep? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 16. | How satisfied are you with your present condition? | | | | | | |
| | <input type="checkbox"/> Satisfied | <input type="checkbox"/> Neutral | <input type="checkbox"/> Dissatisfied | | | | |

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