



BARIATRIC CENTER
AT COLUMBUS REGIONAL HOSPITAL

Patient Questionnaire Post Information Seminar

Patient's Name: _____

Date: ____/____/____

Date of Birth: ____/____/____

Initial Test / Retest _____

INSTRUCTIONS: This questionnaire is given for your completion to indicate to your surgeon and your insurance carrier that you understand the information that has been presented to you, and that you agree to follow the dietary and life-style changes that are required by the program. If you answer any question incorrectly, it will alert your surgeon to review this information with you, and you will be retested until the doctor is satisfied that you understand the material / concepts involved. Please circle the answer you choose as correct, and fill in any blanks with the information you believe to be true.

- True / False 1. I have been given a **guarantee** that I will lose weight and that the weight loss will be permanent.
- True / False 2. It is possible that I could require additional care that could keep me in the hospital on either a short or long-term basis having obesity surgery.
- True / False 3. Sometimes after obesity surgery it could be necessary to have another operation due to such problems as bleeding, hernias, ulceration, bursting of sutures/stitches or staples, leaking, blockage of intestines or stomach, or other unforeseen medical conditions.
- True / False 4. I am aware that obesity surgery is a very serious procedure and I am seeking it for medical not cosmetic reasons.
- True / False 5. On average, approximatel 1 to 2 patients of every one hundred patients die from having obesity surgery.
- True / False 6. I am aware that I will have usual post-operative discomfort experienced by most surgical patients for the first few days after having obesity surgery.
- True / False 7. I understand that obesity surgery is performed on the stomach and / or intestines, and that staples will be used as part of this procedure, and that it is possible for the staples or suture lines to leak and result in infection or communication (fissure) between the stomach, intestines, or skin.
- True / False 8. Blood clots seldom occur after having obesity surgery, and they are never a serious cause for concern.
- True / False 9. I agree to walk as I have been instructed to do even after going home from the hospital to assist in avoiding blood clots and accomplishing weight loss.
- True / False 10. It is important to eat foods high in protein such as fish, chicken, and dairy products because I am at risk for malnutrition after obesity surgery.

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- True / False 11. I understand that I will be advised by my doctor to take nutritional supplements such as vitamins and minerals, and those could include vitamin injections, for the rest of my life and I agree to do as directed.
- True / False 12. I understand that I may be subject to vomiting especially if I do not follow my diet and I agree to follow my dietary instructions for the rest of my life.
- True / False 13. I understand that *all* medical problems always get better after obesity surgery.
- True / False 14. I agree to have periodic nutritional assessments for the rest of my life.
- True / False 15. I understand that some people become seriously depressed after having obesity surgery and I agree to notify my surgeon if I begin to feel very down or depressed.
- True / False 16. I agree to remain on full liquid foods such as strained soups, yogurt and low-fat cottage cheese for at least 6 weeks after having surgery, or longer if so instructed by my doctor/dietitian.
- True / False 17. I understand that I will never be able to eat the way I did before surgery, and that I will be required to monitor my caloric intake to achieve and maintain my desired weight loss.
- True / False 18. I agree to keep a food-exercise journal of what I eat and of my activity. I will bring it to my dietitian/MD on my scheduled periodic visits.
- True / False 19. I understand that some people may become anorexia (not wanting to eat) after obesity surgery, I agree to seek help from my surgeon if this happens.
- True / False 20. I agree to contact my surgeon if I have any medical problems even if they occur before I am scheduled to go for my check-up.
- True / False 21. I agree to keep all my doctor's appointments after obesity surgery because I will be required to have periodic check-ups for the rest of my life.

The name of my surgeon I have chosen to perform my surgery is Dr. _____.

The name of the surgery I am seeking is _____.

By signing this I certify that I took this test myself without any help during the exam.

Patient Signature: _____

Date: _____

Witness: _____

Date: _____



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