

Frequently Ask Questions about Bariatric Weight Loss Surgery Mental Health Evaluation

Please complete the provided questionnaire prior to you appointment. This will help to increase the benefit of our session. More than one session maybe needed to complete the evaluation.

The following page features a list of informative questions and answers intended to provide general information about bariatric psychological evaluations. If you have specific questions concerning any of the topics below please contact our office directly. We are always available to answer your questions.

Why is it required to have a psychological evaluation prior to weight-loss surgery?

Two very good reasons for this evaluation:

Insurance Requires It – Most major health insurance companies like United Healthcare, Blue Cross Blue Shield, Aetna, Cigna, Humana, Medicare etc...realize its importance and usually require a pre-surgical psychological evaluation to be complete by a licensed professional therapist before they will approve bariatric weight loss surgery.

Quality of Care – More importantly, your entire weight loss surgery team of physicians, nurses and dietitians want you to maximize your success – to lose excess body weight, become a healthier person and improve the quality your life to the greatest possible extent. Not only do they want to make sure you are physically fit for the surgery but your team also wants to make sure you are mentally fit for surgery as well.

What does a mental health evaluation for weight-loss surgery consist of?

The mental health evaluation involves Two Parts:

Screening Questionnaires – Patient's will provide demographic information and will take a series of exams to help identify your strengths. It can also help find areas where you might need help and support before and after surgery. Your therapist will evaluate and score the exams you completed which helps identify topics to discuss in the clinical interview process.

Clinical Interview – Patients will schedule a one on one clinical interview with one of our therapist. In a relaxed setting the therapist and the patient can discuss the exams and goals with weight loss surgery. The core parts of the clinical interview include reasons for seeking surgery, weight and diet history, current eating behaviors, understanding of the surgery and its associated lifestyle changes, social supports and history, and psychiatric symptoms (current and past). As each of these domains is addressed, your therapist will functions as an assessor collecting data, an educator providing information, and a therapist enhancing motivation and managing the emotions often encountered

Should I be concerned that I will fail the evaluation and not be able to have surgery?

It is important for you to understand that people with obesity are usually psychologically normal and do not fit any specific psychological profile. The therapist's main purpose is NOT to find underlying problems and conflicts that might have caused you to become obese but rather how to help you move forward with how to be successful with losing weight. Our therapists who perform these evaluations specialize in health psychology, and as such, are looking for ways to help you prevent disease and promote health in the future during the evaluation.

If I am being treated for a mental illness does this exclude me from having surgery?

There is really no specific personality pattern that predicts success or failure after surgery. Many studies have examined depression, bipolar illness, history of childhood sexual abuse and even severe mental illness or eating disorder as potential predictors of failure to reach weight-loss goals after surgery.

Results have shown no clear-cut predictors of failure. As an example, about 40 percent of candidates for bariatric surgery have a history of depression. Often, the depression is being treated with medication and/or counseling and is well controlled. This situation almost never presents a problem after surgery.

There are, however, behavior patterns which suggest greater need for follow-up after your surgery. For example, grazing, or non-mindful snacking and nibbling on high-calorie foods between meals can be a problem if not identified and stopped once you have had surgery. It is a pattern that significantly reduces your chances of success. This gives the provider a chance to recommend further follow up so you can be successful with your procedure.

Should I feel uncomfortable being evaluated by a mental health therapist?

Although patients often are hesitant and uncomfortable with the notion of seeing a mental health therapist before surgery, the information discussed during the clinical interview is critical not only for assessing their appropriateness for surgery but also for enhancing their success during the post surgery adjustment. As uncomfortable as the idea may seem, many patients report after the interview, how valuable it was for them to examine the issues raised.

What if I am currently being treated by another mental health therapist?

If you are currently being treated you still need to be evaluated by an independent mental health professional that is trained in conducting bariatric evaluations. Therapist trained in Bariatrics will know exactly what is needed not only by your insurance company for determining approval for weight loss surgery but will also know what your weight loss surgery program is looking for both pre and post operation from patients. It would help, however, if your current provider would write a brief letter supporting your decision to have weight reduction surgery.

What if I am taking medication for a mental or emotional problem?

You may be asked about current medications that you are taking. For the most part you will continue taking the medication after surgery. Many psychiatric medications cannot be abruptly stopped. However, if the medication is time released and you are seeking a weight loss surgery a substitute medication may need to be prescribed by your treating physician. Please seek advice from your current physician prescribing the medication and speak to your surgeon's office on how to instruct you about making changes or substituting medications in conjunction with your procedure.

What psychological conditions would cause problems with weight loss surgery?

There are a wide variety of psychological disorders that may indicate that weight loss surgery is not in a patient's best interest. In general, we are looking for problems that would prevent a person from following diet restrictions and ensuring a successful pre and post-op experience. This includes conditions such as impulse control problems. In addition, conditions related to distortions in body image may cause problems. Such distortions may result in other conditions such as anorexia or other eating disorders.

Will normal episodes of anxiety or depression prevent me from having surgery?

Most people at some time in their lives have experienced psychological problems. These episodes are typically treated with medication and/or psychotherapy. Normal anxiety and depression would not disqualify you for weight loss surgery.

What happens during and after my clinical interview?

During the interview process your therapist will want to know about your family and social history, any medical or psychological concerns you may have and your reasons and motivation for seeking the weight loss surgery. You will also be asked about your past and present eating patterns, your level of activity and exercise and your current family and social situation. The psychologist can often answer questions you might have. For instance, some people are fearful of the surgery itself and may be able to benefit from stress management techniques. There is evidence that people who are relaxed prior to many types of surgery not only heal faster, but also have less post-operative pain. The psychologist may be able to guide you toward techniques which may help with this. Others may be concerned about future feelings of "deprivation," such as not being able to eat their favorite rich, high-calorie foods after surgery. The psychologist will help you to understand that these feelings, if they occur at all, will usually be short-lived. And, if you feel the need for a referral for counseling, please feel free to ask. Just remember, the psychologist is part of your "safety net" after your surgery whose primary focus is your ultimate success.

After the clinical interview is complete a psychological evaluation is created and the results of the testing are usually documented and sent over to your surgeon's office. If any concerns are needed to be addressed with your therapist will discuss them with you prior to your evaluation being sent over to discuss the conclusion of the assessment.

How will I know if I passed the evaluation?

The evaluation is not about passing or failing. The process identifies potential problems that might cause you difficulty if you have the surgery. If there is a concern it will generally be discussed at the time or after your clinical interview. Following the clinical interview a psychological assessment report is provided to the surgeon. Your surgeon's office may use this report as part of your pre-determination insurance process to get approved through your health insurance. Your surgeon may use this evaluation to make a decision as to whether he or she will proceed with the surgery. The evaluation itself does not qualify or disqualify you for surgery.

Name:

Birth date:

Date:

EATING QUESTIONNAIRE

Instructions: The following questions are concerned with the past four weeks (28 days) only. Please read each question carefully. Please answer all the questions. Thank you.

Questions 1 to 12: Please circle the appropriate number on the right. Remember that the questions only refer to the past four weeks (28 days) only.

On how many of the past 28 days	No days	1-5 days	6-12 days	13-15 days	16-22 days	23-27 days	Every day
1 Have you been deliberately <u>trying</u> to limit the amount of food you eat to influence your shape or weight (whether or not you have succeeded)?	0	1	2	3	4	5	6
2 Have you gone for long periods of time (8 waking hours or more) without eating anything at all in order to influence your shape or weight?	0	1	2	3	4	5	6
3 Have you <u>tried</u> to exclude from your diet any foods that you like in order to influence your shape or weight (whether or not you have succeeded)?	0	1	2	3	4	5	6
4 Have you <u>tried</u> to follow definite rules regarding your eating (for example, a calorie limit) in order to influence your shape or weight (whether or not you have succeeded)?	0	1	2	3	4	5	6
5 Have you had a definite desire to have an <u>empty</u> stomach with the aim of influencing your shape or weight?	0	1	2	3	4	5	6
6 Have you had a definite desire to have a <u>totally flat</u> stomach?	0	1	2	3	4	5	6
7 Has thinking about <u>food, eating or calories</u> made it very difficult to concentrate on things you are interested in (for example, working, following a conversation, or reading)?	0	1	2	3	4	5	6
8 Has thinking about <u>shape or weight</u> made it very difficult to concentrate on things you are interested in (for example, working, following a conversation, or reading)?	0	1	2	3	4	5	6
9 Have you had a definite fear of losing control over eating?	0	1	2	3	4	5	6
10 Have you had a definite fear that you might gain weight?	0	1	2	3	4	5	6
11 Have you felt fat?	0	1	2	3	4	5	6
12 Have you had a strong desire to lose weight?	0	1	2	3	4	5	6

Name

Birth date

Date

Questions 13-18: Please fill in the appropriate number in the boxes on the right. Remember that the questions only refer to the past four weeks (28 days).

Over the past four weeks (28 days)

- 13 Over the past 28 days, how many times have you eaten what other people would regard as an unusually large amount of food (given the circumstances)?
- 14 On how many of these times did you have a sense of having lost control over your eating (at the time that you were eating)?
- 15 Over the past 28 days, on how many DAYS have such episodes of overeating occurred (i.e., you have eaten an unusually large amount of food and have had a sense of loss of control at the time)?
- 16 Over the past 28 days, how many times have you made yourself sick (vomit) as a means of controlling your shape or weight?
- 17 Over the past 28 days, how many times have you taken laxatives as a means of controlling your shape or weight?
- 18 Over the past 28 days, how many times have you exercised in a "driven" or "compulsive" way as a means of controlling your weight, shape or amount of fat, or to burn off calories?

Questions 19 to 21: Please circle the appropriate number. Please note that for these questions the term "binge eating" means eating what others would regard as an unusually large amount of food for the circumstances, accompanied by a sense of having lost control over eating.

19 Over the past 28 days, on how many days have you eaten in secret (ie, furtively)? Do not count episodes of binge eating	No days	1-5 days	6-12 days	13-15 days	16-22 days	23-27 days	Every day
	0	1	2	3	4	5	6
20 On what proportion of the times that you have eaten have you felt guilty (felt that you've done wrong) because of its effect on your shape or weight? Do not count episodes of binge eating	None of the times	A few of the times	Less than half	Half of the times	More than half	Most of the time	Every time
	0	1	2	3	4	5	6
21 Over the past 28 days, how concerned have you been about other people seeing you eat? Do not count episodes of binge eating	Not at all		Slightly		Moderately		Markedly
	0	1	2	3	4	5	6

Name

Birth date

Date

Questions 22 to 28: Please circle the appropriate number on the right. Remember that the questions only refer to the past four weeks (28 days).

Over the past 28 days	Not at all		Slightly		Moderate-ly		Markedly
22 Has your <u>weight</u> influenced how you think about (judge) yourself as a person?	0	1	2	3	4	5	6
23 Has your <u>shape</u> influenced how you think about (judge) yourself as a person?	0	1	2	3	4	5	6
24 How much would it have upset you if you had been asked to weigh yourself once a week (no more, or less, often) for the next four weeks?	0	1	2	3	4	5	6
25 How dissatisfied have you been with your <u>weight</u> ?	0	1	2	3	4	5	6
26 How dissatisfied have you been with your <u>shape</u> ?	0	1	2	3	4	5	6
27 How uncomfortable have you felt seeing your body (for example, seeing your shape in the mirror, in a shop window reflection, while undressing or taking a bath or shower)?	0	1	2	3	4	5	6
28 How uncomfortable have you felt about <u>others</u> seeing your shape or figure (for example, in communal changing rooms, when swimming, or wearing tight clothes)?	0	1	2	3	4	5	6

What is your weight at present? (Please give your best estimate.)

What is your height? (Please give your best estimate.)

If female: Over the past three-to-four months have you missed any menstrual periods?

If so, how many?

Have you been taking the "pill"?

THANK YOU

Name:

Birthdate:

Date:

WHO Quality of Life Scale-Brief

Before we begin we would like to ask you to answer a few general questions about yourself by circling in the correct answer or by filling in the space provided.

1. What is your gender? Male Female
2. What is your date of birth? _____ / _____ / _____
Day Month Year
3. What is the highest education you received? None at all
Elementary School
High School
College
Graduate/Professional Degree
4. What is your marital status? Single Separated
Married Divorced
Living as Married Widowed
5. Are you currently ill? Yes No
6. If something is wrong with your health, what do you think it is? _____ illness/problem

Instructions: This questionnaire asks how you feel about your quality of life, health, or other areas of your life. Please answer all of the questions. If you are unsure about which response to give to a question, please choose the one that appears most appropriate. This can often be your first response.

Please keep in mind standards, hopes, pleasures, and concerns. We ask that you think about your life in the last two weeks. For example, thinking about the last two weeks a question might ask:

Do you get the kind of support from others that you need?

<i>(Please circle the number)</i>				
Not at all	A little	Moderately	Mostly	Completely
1	2	3	4	5

You should circle the number that best fits how much support you got from others over the last two weeks. So you would circle the number 4 if you got a great deal of support from others.

Do you get the kind of support from others that you need?

<i>(Please circle the number)</i>				
Not at all	A little	Moderately	Mostly	Completely
1	2	3	4	5

You would circle number 1 if you did not get any of the support that you needed from others in the last two weeks.

Name:

Birthdate:

Date:

Do you get the kind of support from others that you need?

<i>(Please circle the number)</i>				
Not at all	A little	Moderately	Mostly	Completely
1	2	3	4	5

Please read each question, assess your feelings, and circle the number on the scale that gives the best answer for you for each question.

1. How would you rate your quality of life?

<i>(Please circle the number)</i>				
Very poor	Poor	Neither poor nor good	Good	Very Good
1	2	3	4	5

2. How satisfied are you with your health?

<i>(Please circle the number)</i>				
Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
1	2	3	4	5

The following questions ask about **how much** you have experienced certain things in the last two weeks.

3. To what extent do you feel that physical pain prevents you from doing what you need to do?

<i>(Please circle the number)</i>				
Not at all	A little	A moderate amount	Very much	An extreme amount
1	2	3	4	5

4. How much do you need any medical treatment to function in your life?

1	2	3	4	5
----------	----------	----------	----------	----------

5. How much do you enjoy life?

1	2	3	4	5
----------	----------	----------	----------	----------

6. To what extent do you feel your life to be meaningful?

1	2	3	4	5
----------	----------	----------	----------	----------

7. How well are you able to concentrate?

1	2	3	4	5
----------	----------	----------	----------	----------

Name:
 Birthdate:
 Date:

(Please circle the number)				
Not at all	Slightly	A moderate amount	Very much	Extremely
1	2	3	4	5

8. How safe do you feel in your daily life?

1 2 3 4 5

9. How healthy is your physical environment?

The following questions ask about **how completely** you experience or were able to do certain things in the last two weeks.

(Please circle the number)				
Not at all	A little	Moderately	Mostly	Completely
1	2	3	4	5

10. Do you have enough energy for everyday life?

1 2 3 4 5

11. Are you able to accept your bodily appearance?

12. Have you enough money to meet your needs?

1 2 3 4 5

13. How available to you is the information that you need in your day-to-day life?

1 2 3 4 5

14. To what extent do you have the opportunity for leisure activities?

(Please circle the number)				
Very poor	Poor	Neither poor nor well	Well	Very well
1	2	3	4	5

15. How well are you able to get around?

The following questions ask you to say how **good** or **satisfied** you have felt about various aspects of your life over the last two weeks.

(Please circle the number)				
Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
1	2	3	4	5

16. How satisfied are you with your sleep?

1 2 3 4 5

17. How satisfied are you with your ability to perform your daily living activities.

1 2 3 4 5

Name: _____
 Birthdate: _____
 Date: _____

<i>(Please circle the number)</i>				
Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied

Office Use
2.4/F16.2.1

Office Use
6.4/F8.2.2

Office Use
3.3/F17.2.3

Office Use
5.3/F3.2.1

Office Use
4.4/F18.2.5

Office Use
7.3/F21.2.2

Office Use
9.3/F24.2.1

Office Use
3.3/F28.2.2

Office Use
1.1/F10.1.2

- | | | | | | |
|--|----------|----------|----------|----------|----------|
| 18. How satisfied are you with your capacity for work? | 1 | 2 | 3 | 4 | 5 |
| 19. How satisfied are you with yourself? | 1 | 2 | 3 | 4 | 5 |
| 20. How satisfied are you with your personal relationships? | 1 | 2 | 3 | 4 | 5 |
| 21. How satisfied are you with your sex life? | 1 | 2 | 3 | 4 | 5 |
| 22. How satisfied are you with the support you get from your friends? | 1 | 2 | 3 | 4 | 5 |
| 23. How satisfied are you with the conditions of your living place? | 1 | 2 | 3 | 4 | 5 |
| 24. How satisfied are you with your access to health services? | 1 | 2 | 3 | 4 | 5 |
| 25. How satisfied are you with your mode of transportation? | 1 | 2 | 3 | 4 | 5 |

The following question refers to **how often** you have felt or experienced certain things in the last two weeks.

<i>(Please circle the number)</i>				
Never	Seldom	Quite often	Very often	Always

- | | | | | | |
|--|----------|----------|----------|----------|----------|
| 26. How often do you have negative feelings, such as blue mood, despair, anxiety, depression? | 1 | 2 | 3 | 4 | 5 |
|--|----------|----------|----------|----------|----------|

Did someone help you to fill out this form? *(Please circle Yes or No)* Yes No

How long did it take you to fill out this form? _____ minutes