

**PRE-INTERVIEW LIFESTYLE QUESTIONNAIRE**

Please answer the following questions honestly. This is designed to help provide the most beneficial aftercare recommendations for your successful outcome.

This information will be kept confidential.

Thank You,

Jan Ford MA CSAC, Certified Bariatric Counselor

Bluepoint Surgical Group

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

1. I am currently: single    married    separated    divorced    widowed (circle one)
2. I currently live with: \_\_\_\_\_
3. Who is emotionally supportive of your decision to have the surgery at this time and what is their relationship to you? \_\_\_\_\_
4. Which relationships are you most concerned with, as you lose weight?  
\_\_\_\_\_
5. To what extent (in the past) have you enjoyed physical activity? What type?  
\_\_\_\_\_
6. To what extent in the last 6 months have you participated in physical activity?  
Not at all    Slightly    Moderately    Regularly (circle one)  
What type of activity? \_\_\_\_\_
7. What physical problems do you have at this time?  
\_\_\_\_\_  
\_\_\_\_\_
8. Are you currently being treated for any mental health/substance abuse issues? (specify type) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Have you ever been treated for any mental health/substance abuse issues in the past?  
If yes, please specify type, treatment received, date... \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

