

Alfred Sandringham Caulfield

BARIATRIC CLINIC SCREENING QUESTIONNAIRE

Last name*				First name/s*	
Date of birth*		Age		Sex at birth:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
Address					

*mandatory fields

Thank you for completing this questionnaire, to support allocating an appointment

Return completed questionnaire to: F 9076 0113 E bariatric.program@alfred.org.au

(Save questionnaire to your computer to complete electronically)

Patient's age:	*There is limited evidence on the effectiveness of bariatric surgery in people aged under 18 years and over 65 years		Years
Patient's BMI (weight / height²):	*Suitable candidates for bariatric surgery are those with a BMI greater than 40, or greater than 35 with medically important obesity-related co morbid conditions that could be improved by weight loss		BMI
Cigarettes / vapes / cigars	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, quantity per day	
Previous attempts to lose weight: *All appropriate non-surgical measures should have been tried but failed to achieve or maintain adequate, clinically beneficial weight loss			
• Diet and exercise program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Dietitian consultation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Participation in formalised weight loss program eg Weight Watchers, Jenny Craig, Lite'n'Easy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Meal replacement program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Previous Bariatric Surgery – Barium Swallow & Gastroscopy required prior to referral	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Obesity-related comorbid conditions: *Priority will be given to patients with significant chronic diseases that are currently not well treated but which are known to respond well to weight loss			
• Hypertension requiring medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Type 2 diabetes mellitus	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Obstructive sleep apnoea	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Pulmonary hypertension	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Obesity hypoventilation syndrome	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Non-alcoholic steatohepatitis (fatty liver)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Polycystic ovary syndrome	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other			
Surgical risk: *There may be medical contraindications to bariatric surgery			
• Active cancer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Unstable heart or lung disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Advanced liver disease with portal hypertension	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Uncontrolled obstructive sleep apnoea with pulmonary hypertension	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Serious blood or autoimmune disorders	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Provide details:			
Mental health and cognitive status: *Patients must be able to give fully informed consent and commit to the program			
• Active psychosis or unstable psychiatric disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Severe untreated depression	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Current alcohol dependence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Current illicit substance use disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• Cognitive or behavioural disorders affecting decision-making	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other			
Referrer details		Date of referral	Provider No
Name	Address		
Telephone	Email		
Fax	Copies to		

EMR: Assessments_Bariatric Assessments

*Reference: Victorian Government Department "Surgery for morbid obesity: Framework for bariatric surgery in Victoria's public hospitals."

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EPWORTH SLEEPINESS SCALE (ESS)

3	High chance of dozing off
2	Moderate chance of dozing off
1	Slight chance of dozing off
0	No chance of dozing off

SITUATION	CHANCE OF DOZING OFF
Sitting and reading	
Watching television	
Sitting inactive in a public place (eg a theatre or a meeting)	
As a passenger in a car for an hour without a break	
Lying down to rest in the afternoon when circumstance permit	
Sitting and talking to someone	
Sitting quietly after lunch without alcohol	
In a car, while stopped for a few minutes in traffic	
TOTAL SCORE	

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STOP / BANG questionnaire for Obstructive Sleep Apnoea

Snore: do you snore loudly (louder than talking or audible in another room)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tired: do you often feel tired, fatigued, or sleepy during daytime	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Observed: has anyone observed you stop breathing during your sleep?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Blood Pressure: do you have, or are you being treated for, high blood pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
BMI: greater than 35? (ie weight (kg) / height (m) ²)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Age: are you aged over 50 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Neck circumference: is your NC greater than 40cm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your sex at birth a male?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
TOTAL		

OSA - Low Risk

OSA - Intermediate Risk

OSA - High Risk

Yes to 0 - 2 questions

Yes to 3 - 4 questions

Yes to 5 - 8 questions

Recommendation for referring doctor: If OSA High Risk identified, consider respiratory assessment

EMR: Assessments_Bariatric Assessments

*Reference: Victorian Government Department "Surgery for morbid obesity: Framework for bariatric surgery in Victoria's public hospitals."