

Psychological History (Bariatric)

History	
Is there a history of obesity in your family (e.g., parents, grandparents, siblings)? _____	
Explain: _____ _____	
Were you overweight as a child?	
No: How old were you when you first became overweight? _____	
Yes: Age _____	
If you were overweight as a child, what efforts were made to help you control your weight?	
_____ _____	
Effects of Overweight	
If you had periods in your life when you lost significant amounts of weight, what do you think caused this to happen? _____	
_____ _____	
Weight Control Efforts	
If you had periods in your life when you lost significant amounts of weight, what did you do to make that happen? _____	
_____ _____	
If you had periods in your life when you gained or regained significant amounts of weight, what do you think caused this to happen? _____	
_____ _____	
Concerns	
What concerns do you have about your facility stay? _____	
_____ _____	
Goals for Facility Stay	
Weight Loss	Other (explain): _____
_____	_____
_____	_____
Resident Name: _____	Date: _____
Interviewer: _____	