

The following questionnaire is a translation. The original questionnaire was written in German.

# Questionnaire

## Dear Patient

You have undergone an operation to reduce weight (Bariatric Procedure) in our clinic. To learn more about the progress and changes after such an operation we kindly request to fill out the following questionnaire. This will help us to improve our treatment. It takes about 10 minutes to fill out the questionnaire and the evaluation will be anonym.

**Thank you for your help.**

### General Information:

- Date:** \_\_\_\_\_
- Age:** \_\_\_\_\_ years
- Sex:**             Female             Male
- Family status:**     Single  
                           Married / civil union  
                           Widowed
- How tall are you:**            \_\_\_\_\_ cm
- Current weight:**            \_\_\_\_\_ kg

### Information about the operation:

**Your weight before the operation?**

\_\_\_\_\_kg

**Kind of operation performed?**

- |  |  |
|--|--|
| <input type="checkbox"/> Gastric Bypass  | <input type="checkbox"/> Sleeve Gastrectomie       |
| <input type="checkbox"/> Gastric Banding | <input type="checkbox"/> Biliopancreatic Diversion |

**How satisfied are you with the result of the operation?  
In general the result is:**

Very good	Good	Satisfactory	Sufficient	Insufficient
<input type="checkbox"/>				

**Here you can give us some information why you are not satisfied:**

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**How satisfied are you with the following aspect of your body after the operation?**

	Very good	Good	Satisfactory	Sufficient	Insufficient
Weight:	<input type="checkbox"/>				
Look in general:	<input type="checkbox"/>				
Firmness of your tissue:	<input type="checkbox"/>				
Look of your arms:	<input type="checkbox"/>				
Look of your breast:	<input type="checkbox"/>				
Look of your abdomen:	<input type="checkbox"/>				
Look of your thighs:	<input type="checkbox"/>				
Look of your back:	<input type="checkbox"/>				
Look of your buttocks:	<input type="checkbox"/>				

**Did you know before the operation that you will develop excess skin after massive weight loss?**

Yes  No

**Has a doctor before the operation informed you about excess skin?**

Yes  No

**Would you undergo the operation again?**

Yes  No  I don't know

**How much weight have you lost since the operation?**

Total: \_\_\_\_\_kg / During the first 6 months after operation\_\_\_\_\_kg

**Do you want to reduce more weight?**

- No
- Yes, about \_\_\_\_\_kg

**How do you judge our attractiveness right now in comparison to your attractiveness before the operation?**

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Much better              | Better                   | Same                     | Worse                    | Much worse               |
| <input type="checkbox"/> |

**Do you suffer from one of the following conditions right now**

**- Intertriginous dermatitis and itching under the excess skin**

- |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| Frequently               | Occasionally             | Never                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**- Problems finding fitting clothes**

- |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| Frequently               | Occasionally             | Never                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**- Difficulties in performing sport because of surplus skin**

- |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| Frequently               | Occasionally             | Never                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Do you know that there are surgical options to improve body contour deformities?**

- Yes
- No

**Which options have you heard of?**

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**Would you like to have more information about body contouring surgery?**

- Yes
- No

**Do you wish to undergo body contouring surgery?**

- Yes
- No, because \_\_\_\_\_  
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**Do you have any doubts about complications/problems followed by a body contouring surgery?**

- No
- Yes, \_\_\_\_\_  
\_\_\_\_\_

**Have you already undergone any body contouring surgery?**

- No
- Yes

- What kind of operation? \_\_\_\_\_  
\_\_\_\_\_

- When was the operation? \_\_\_\_\_

**How high is your desire for body contouring surgery?**

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Not existent             | Little                   | Average                  | High                     | Very high                |
| <input type="checkbox"/> |

**How high is your desire for body contouring surgery in the following body parts?**

	Not existent	Little	Average	High	Very high
Arms:	<input type="checkbox"/>				
Breasts:	<input type="checkbox"/>				
Abdomen:	<input type="checkbox"/>				
Thighs:	<input type="checkbox"/>				
Back:	<input type="checkbox"/>				
Buttocks:	<input type="checkbox"/>				

**What are your expectations towards benefits from body contouring surgery? (Multiple answers possible)**

- Less Itching
- Improvement in Appearance
- Improvement in Sexuality
- Improvement in Quality of life
- Others: \_\_\_\_\_
- Improvement in physical activity
- Reduction of feeling ashamed in public
- Improvement of self-confidence
- Improvement in physical finding proper clothes
- Improvement in life-balance

**Do you plan to undergo aesthetic operations which are not in relationship with your weight loss (e.g. correction of your nose)**

No

Yes,-----