

## Kemper & Associates Neuropsychological Services

13575 W. Indian School Rd, Unit 500, Litchfield Park, AZ 85340

Phone 623-312-3713 Fax 623-328-9352

[www.KemperNeuropsychServices.com](http://www.KemperNeuropsychServices.com)

**This questionnaire is to be completed by all clients requesting a psychological evaluation for Bariatric Surgery.**

Name \_\_\_\_\_ Date \_\_\_\_\_

Please select the appropriate response below:

1. **In the past three months**, have you experienced recurrent episodes of eating in a discrete period of time (such as within a 2 hour period) an amount of food that is definitely larger than most people would eat, in a similar period of time, under similar circumstances?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

2. Do you feel a sense of lack of control over eating during these episodes (i.e. a feeling that you cannot stop eating or control what or how much you are eating)?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

3. If you eat in a manner described above, then do you experience any of the following:

\_\_\_\_\_ eating much more rapidly than normal

\_\_\_\_\_ eating until feeling uncomfortably full

\_\_\_\_\_ eating large amounts of food when not feeling physically hungry

\_\_\_\_\_ eating alone because of feeling embarrassed by how much you are eating

\_\_\_\_\_ feeling disgusted with yourself, depressed, or very guilty afterward

4. If you answered “yes” to #1 and #2 above, then do you have significant emotional distress after eating?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

5. If you answered “yes” to #1 and #2 above, then does this happen, on average, at least once a week?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If yes then how many times a week, on average, does this happen: \_\_\_\_\_

6. Do you ever vomit, fast, or engage in excessive exercise in an effort to lose weight?

\_\_\_\_\_ Yes

\_\_\_\_\_ No