

# Predicting Factors in Preoperative Screening for Bariatric Surgery: A Large Retrospective Cohort study

## SQ-48 Questionnaire

Name of the Patient:

Today's Date: Number:

Date of Birth:

### Instruction

Try to answer the following propositions fairly and accurately. There are no 'right' or 'wrong' answers. Give the answer that best expresses the number of times you have felt the following ways **last week, including today**. The answer which comes to your mind first is often the best answer.

**Note:** If you did not work or study or have not been able to do so, then you can skip the questions 9, 15, 20, 30 and 35.

Please indicate what applies to you:	never	rarely	sometimes	often	very often
1. I was short of breath with minimal excursion.	0	1	2	3	4
2. I felt weak or slow.	0	1	2	3	4
3. I was irritable and dissatisfied.	0	1	2	3	4
4. I felt anxious while I was in a crowd (of people).	0	1	2	3	4
5. I felt palpitations.	0	1	2	3	4
6. I had trouble making decisions.	0	1	2	3	4
7. I could not enjoy anything at all.	0	1	2	3	4
8. I did not dare to cross open spaces, such as a public square.	0	1	2	3	4
9. I felt stressed at my work or study.	0	1	2	3	4
10. I argued with others.	0	1	2	3	4
11. I felt chest pain (or pressure).	0	1	2	3	4

12. I looked forward to things.	0	1	2	3	4
13. I considered my death or suicide.	0	1	2	3	4
14. I did not dare to travel on my own using public transport.	0	1	2	3	4
15. I was dissatisfied with my work or study.	0	1	2	3	4
16. I was hot-tempered without good reason.	0	1	2	3	4
17. I felt dizzy or lightheaded.	0	1	2	3	4
18. I felt like doing things.	0	1	2	3	4
19. I did not want to live anymore.	0	1	2	3	4
20. I had the feeling that I have been working or studying very hard.	0	1	2	3	4
21. I had trouble with controlling my anger.	0	1	2	3	4
<b>Please indicate what applies to you:</b>	<b>never</b>	<b>rarely</b>	<b>sometime s</b>	<b>often</b>	<b>very often</b>
22. I felt a tingling, for example in my hands.	0	1	2	3	4
23. I could hardly express myself.	0	1	2	3	4
24. I was afraid or anxious.	0	1	2	3	4
25. I did not dare to go alone to a crowded shop.	0	1	2	3	4
26. I was shaking or trembling.	0	1	2	3	4
27. I was afraid of rejection by others.	0	1	2	3	4
28. I was scared.	0	1	2	3	4
29. I was optimistic about my future.	0	1	2	3	4
30. I worked or studied less intensely than before.	0	1	2	3	4
31. I felt shaky or I had shivers.	0	1	2	3	4
32. I felt low and less than others.	0	1	2	3	4
33. I felt jittery and nervous.	0	1	2	3	4
34. I looked forward to my plans and goals for the future.	0	1	2	3	4
35. I had the feeling that I did not do well with my work or study.	0	1	2	3	4
36. I felt uncomfortable when other people looked at me.	0	1	2	3	4
37. I took interest in things.	0	1	2	3	4
38. I felt hopeless.	0	1	2	3	4

39. I was forgetful.	0	1	2	3	4
40. I felt down or depressed.	0	1	2	3	4
41. I felt restless.	0	1	2	3	4
42. I felt energetic and high-spirited.	0	1	2	3	4
43. I wanted to hit people if I was provoked.	0	1	2	3	4
44. I struggled to get the day started.	0	1	2	3	4
45. I felt insecure in the company of others.	0	1	2	3	4
46. I felt tense.	0	1	2	3	4
47. I could not concentrate well.	0	1	2	3	4
48. I worried.	0	1	2	3	4

### Scoring SQ-48

For the total score, the scores on the items should be added (without WORK).

All 48 items are scored 0-4. The following items have a reverse scoring (VITA): 12, 18, 29, 34, 37, 42.

The distribution of the 48 items about the 9 subscales is as follows:

AGGR (aggression 4 items): items 10, 16, 21, 43.

AGOR (agoraphobia 4 items): 4, 8, 14, 25

ANXI (anxiety 6 items): 24, 28, 33, 41, 46, 48

COGN (cognitive complaints 5 items): 2, 6, 39, 44, 47

MOOD (mood/depression 6 items): 3, 7, 13, 19, 38, 40 SOMA (somatic complaints 7 items): 1, 5, 11, 17, 22, 26, 31

SOPH (social phobia 5 items): 23, 27, 32, 36, 45.

VITA (vitality 6 items): 12, 18, 29, 34, 37, 42 WORK (work/study 5 items): 9, 15, 20, 30, 35.

### Reference SQ-48

Carlier, I. et al (2012). Development and validation of the 48 item Symptom Questionnaire (SQ-48) in patients with depressive-, anxiety- and somatoform disorders. *Psychiatry Research*, 200 (2-3), 904-910.

### Pre-operative Screening Questionnaire for Bariatric Surgery (Obesity Center Eindhoven)

What is your body length? ..... cm

How much do you weigh? ..... kg

1. Have you already gathered information about the operation?

Yes

No

2. How many kilograms do you expect to eventually weigh after surgery?

... .. kilograms

3. How soon do you think you will achieve this weight loss (in months)?

4. How does your social environment feel about your wish for bariatric surgery?

Everyone is supportive

Some have reservations

5. What is your eating pace?

Low

Medium

High

6. In general, do you eat consciously?

Yes

No

7. How often do you feel hungry?

Never

Rarely

Sometimes

Often

Very often

8. How often do you have cravings?

Never

Rarely

Sometimes

Often

Very often

9. Do you feel satiated after eating?

Never

Rarely

Sometimes

- Often
- Very often

10. Do you eat because of hunger or because of cravings?

- Especially because of hunger
- Especially because of cravings
- Equally because of hunger and because of cravings

11. Do you ever binge a lot in which you eat a lot in a short time (e.g. within two hours)?

- Yes
- No

12. Do you ever binge a little bit in which you eat a lot within an hour, such as a whole bag of chips or a whole pack of cookies?

- Yes
- No

13. Do you ever "graze", in which you continue to eat all kinds of things for a longer period (e.g. an evening); such as chips, biscuits or chocolate?

- Yes
- No

14. When you binge or graze, do you feel hungry?

- Yes
- No

15. When you binge or graze, do you eat faster than usual?

- Yes
- No

16. When you binge or graze, do you feel like you have lost control over eating?

- Yes
- No

17. After such a binge or grazing period, do you ever try to limit the consequences by vomiting, using laxatives, fasting or excessive exercise?

Yes

No

18. Do you ever try to prevent a binge or grazing period?

Yes

No

19. If so, are those attempts successful?

Never

Rarely

Sometimes

Often

Very often

20. Do others know that you binge or graze?

Yes

No

21. Have you binged or grazed in the past?

Yes

No

Question 22 to 27 is related to how your physical appearance was at different ages.

22. Baby (0-2 years)

Slim

Normal

Chubby

Fat

Very fat

23. Child (2-9 years)

Slim

Normal

Chubby

- Fat
- Very fat

24. Teenager (10-17 years)

- Slim
- Normal
- Chubby
- Fat
- Very fat

25. Young adult (18-28 years)

- Slim
- Normal
- Chubby
- Fat
- Very fat

26. Adult (29-55 years)

- I have not reached this age yet
- Slim
- Normal
- Chubby
- Fat
- Very fat

27. Adult (56+ years)

- I have not reached this age yet
- Slim
- Normal
- Chubby
- Fat
- Very fat

28. On average, how much do you smoke per day?

- I don't smoke
- Less than 5 cigarettes per day
- Between 5 and 10 cigarettes per day

Between 11 and 20 cigarettes per day

More than 20 cigarettes per day

29. On average, how much alcohol do you drink per day?

I don't drink or I drink less than 1 glass of alcohol per day.

1 drink per day

2 drinks per day

3 drinks per day

4 drinks per day

more than 4 drinks a day

30. Are there times that you drink significantly more than usual (e.g. weekends, parties)?

Yes

No

31. Have you excessively used alcohol in the past?

Yes

No

32. Do you use drugs?

Yes

No

33. Have you excessively used drugs in the past?

Yes

No

34. Have you experienced major events in your life?

Yes

No

35. Do these events still affect your life?

Yes

No

36. Are major events occurring at this point in your life, or do you expect them to occur soon?

Yes



No

37. Have you ever received professional help from a psychologist, social worker, or psychiatrist?

Yes

No

38. Have you ever used medication in the past because of psychological problems?

Yes

No

39. Are you currently using medication for mental health problems?

Yes

No

40. How do you rate your overall health? (1-10)

.....

41. How concerned are you about your health? (1-10)

.....

42. Overall, how do you rate your mood? (1-10)

.....

43. How limited are you due to obesity in doing work or other daily activities? (1-10)

.....

44. Overall, how do you rate your confidence / self-esteem? (1-10)

.....

45. How impulsive are you? (1-10)

.....

46. How do you rate your overall quality of life? (1-10)

.....

Thank you for completing the questionnaire, we will discuss your answers during the multidisciplinary consultation.

Team Obesity Center Eindhoven

To determine significant categorical independent variables from the general screening questionnaire the chi-square test of independence and Cramér's V were used (cut-off point 0.10) in the univariate analysis. And if clinically relevant used for the subsequent multinomial logistic regression.

<b>Question number</b>	<b>Pearson Chi-square</b>	<b>Cramer's V</b>	<b>Clinically relevant</b>
1	0.003	0.075	
4	0.004	0.073	
5	0.001	0.07	
6	0.001	0.113	Yes
7	0.009	0.07	
8	0.001	0.126	Yes
9	0.113	0.056	
10	0.001	0.082	
11	0.001	0.179	Yes
12	0.001	0.134	Yes
13	0.001	0.159	Yes
14	0.019	0.062	
15	0.001	0.126	Yes
16	0.001	0.172	Yes
17	0.001	0.09	
18	0.034	0.057	
19	0.001	0.135	No
20	0.001	0.125	No
21	0.001	0.086	
22	0.083	0.058	
23	0.035	0.063	
24	0.191	0.052	
25	0.025	0.065	
26	0.001	0.119	No

27	0.175	0.058	
28	0.001	0.082	
29	0.031	0.069	
30	0.229	0.038	
31	0.001	0.087	
32	0.006	0.071	
33	0.001	0.101	Yes
34	0.121	0.045	
35	0.001	0.123	Yes
36	0.001	0.091	
37	0.001	0.168	Yes
38	0.001	0.134	Yes
39	0.001	0.18	Yes
40	0.001	0.106	Yes
41	0.166	0.076	
42	0.001	0.133	Yes
43	0.003	0.098	
44	0.001	0.138	Yes
45	0.001	0.142	Yes
46	0.001	0.106	Yes

To reduce the number of variables a reliability analyses was carried out for the general questionnaire.

Binging score (0-10) based on question numbers 11 till 18 and 21.

Psychological help score (0-10) based on question numbers 37 till 39

Craving score based on question number 8.

### **RAND-36 SURVERY**

1. In general, would you say your health is:

- Excellent
- Very good
- Good
- Fair
- Poor

2. **Compared to one year ago**, how would you rate your health in general **now**?

- Much better now than one year ago

- Somewhat better now than one year ago
- About the same
- Somewhat worse now than one year ago
- Much worse now than one year ago

The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?

3. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports

- Yes, limited a lot
- Yes, limited a little
- No, not limited at all

4. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf

- Yes, limited a lot
- Yes, limited a little
- No, not limited at all

5. Lifting or carrying groceries

- Yes, limited a lot
- Yes, limited a little
- No, not limited at all

6. Climbing several flights of stairs

- Yes, limited a lot
- Yes, limited a little
- No, not limited at all

7. Climbing one flight of stairs

- Yes, limited a lot
- Yes, limited a little
- No, not limited at all

8. Bending, kneeling, or stooping

- Yes, limited a lot
- Yes, limited a little
- No, not limited at all

9. Walking more than a mile

- Yes, limited a lot
- Yes, limited a little
- No, not limited at all

10. Walking several blocks

- Yes, limited a lot
- Yes, limited a little
- No, not limited at all

11. Walking one block

- Yes, limited a lot
- Yes, limited a little
- No, not limited at all

12. Bathing or dressing yourself

- Yes, limited a lot
- Yes, limited a little
- No, not limited at all

During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?

13. Cut down the **amount of time** you spent on work or other activities

- Yes
- No

14. **Accomplished less** than you would like

- Yes
- No

15. Were limited in the **kind** of work or other activities

Yes

No

16. Had **difficulty** performing the work or other activities (for example, it took extra effort)

Yes

No

During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

17. Cut down the **amount of time** you spent on work or other activities

Yes

No

18. **Accomplished less** than you would like

Yes

No

19. Didn't do work or other activities as **carefully** as usual

Yes

No

20. During the **past 4 weeks**, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

Not at all

Slightly

Moderately

Quite a bit

Extremely

21. How much **bodily** pain have you had during the **past 4 weeks**?

None

Very mild

Mild

Moderate

Severe

Very severe

22. During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)?

Not at all

A little bit

Moderately

Quite a bit

Extremely

These questions are about how you feel and how things have been with you **during the past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the **past 4 weeks**...

23. Did you feel full of pep?

All of the time

Most of the time

A good bit of the time

Some of the time

A little of the time

None of the time

24. Have you been a very nervous person?

All of the time

Most of the time

A good bit of the time

Some of the time

A little of the time

None of the time

25. Have you felt so down in the dumps that nothing could cheer you up?

All of the time

Most of the time

A good bit of the time

Some of the time

- A little of the time
- None of the time

26. Have you felt calm and peaceful?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

27. Did you have a lot of energy?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

28. Have you felt downhearted and blue?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

29. Did you feel worn out?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time



30. Have you been a happy person?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

31. Did you feel tired?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

32. During the **past 4 weeks**, how much of the time has **your physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

How TRUE or FALSE is **each** of the following statements for you.

33. I seem to get sick a little easier than other people

- Definitely true
- Mostly true
- Don't know
- Mostly false
- Definitely false

34. I am as healthy as anybody I know

- Definitely true
- Mostly true
- Don't know
- Mostly false
- Definitely false

35. I expect my health to get worse

- Definitely true
- Mostly true
- Don't know
- Mostly false
- Definitely false

36. My health is excellent

- Definitely true
- Mostly true
- Don't know
- Mostly false
- Definitely false