

Weightloss Surgery v3 HRA Questions



Questions	Potential Answers
Age	
Sex	Male Female
Height	
Weight	
Ethnicity	White African American Hispanic Asian or Pacific Islander American Indian/Alaskan Native Other Unknown/no answer
Are you of Asian descent?	Yes No Not Applicable (ethnicity_ethnicity != asian_pacific_islander)
Smoking	Never Smoked Quit smoking (more than 1 yr) Quit smoking (less than 1 yr) Smoked within 30 days
Does your weight greatly impact the quality of your life?	No Yes
Weekly exercise	x minutes of moderate activity x minutes of vigorous activity
Primary care physician	I do not have a primary care physician I have a primary care physician (Not Answered)
My last checkup was	Less than 1 year ago 1 to 2 years ago More than 2 years ago
Indicate if you have been diagnosed with any of these common weight-	Asthma

related conditions.	Obstructive sleep apnea Gastroesophageal reflux disease (GERD) Severe urinary incontinence None of these
Indicate if you have been diagnosed with any of these other weight-related conditions.	Debilitating arthritis Obesity-hypoventilation syndrome Pseudotumor cerebri Nonalcoholic liver disease Venous stasis disease None of these
Do you have diabetes?	No diabetes Prediabetes Diabetes (Type 1) Diabetes (Type 2)
Waist measurement	Less than {waistMeasurementThreshold} inches {waistMeasurementThreshold} inches or more Not Applicable (weightCategory != overweight OR normal)
Indicate any of these medications you are regularly taking	Blood pressure meds Cholesterol meds Diabetes meds None of these
Are your cholesterol numbers within the recommended ranges?	Yes No I don't know
Is your blood sugar within the range recommended by your doctor?	Yes No I don't know
Systolic blood pressure	I don't know
Diastolic blood pressure	I don't know