

First Name: *Ken* ..... From (optional): .....

Surgery Date: *August 10, 2010* ..... Weight Loss (number of pounds): *180* .....

Improvements in health (i.e. off blood pressure medications, no longer diabetic, etc.): *Blood pressure, back pain, foot pain, sleeping, acid reflux* .....

1. What was your motivation to pursue surgery?

*I wanted more time with my son. I knew if I didn't do something I wouldn't live to see 50.* .....

2. What were your goals at the start of the program/process?

*Lose 100 lbs. and be happy with who I am.* .....

3. What are your biggest accomplishments?

*The first was when I took my son to Six Flags and I could ride all the rides with him. I don't care if this is vain, but I like how people look at me.* .....

4. What message would you give to someone just starting out in the program/process?

*Stick with it. the road may be long and hard, but the rewards are worth every bit of it.* .....

5. How is life different now compared to life prior to your experience with Memorial Bariatric Services?

*I'm 100% a new and better man.* .....

