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Achalasia

You have been sent this paperwork because of our understanding that you may have achalasia and surgery is being considered as an option. Please complete the questionnaire as best you can. If you think that you have been sent this material in error, please contact us in advance of your appointment so that we can prepare adequately for your visit.

Which of the following symptoms do you have?

1. Put an X next to each symptom that you have.
2. Rank the three most troublesome to you from 1-3, 1 being most bothersome, 2 being next most bothersome, etc..
3. What percentage of each symptom is relieved by medication at high doses?

Symptom	**Place and X next to each symptom you have**	Rank your most bothersome symptoms from **1-3, with 1 being most bothersome**	**% relieved by maximal medical management**
Difficulty swallowing			
Vomiting			
Regurgitation			
Heartburn			
Chest pain			
Asthma			
Cough			
Hoarseness			
Bloating/belching			
Nausea			
Weight loss			
Other:			

Which of the medications below have you tried, and which have you found helpful?

Medication	Tried	Helpful	Not helpful
Antacids – TUMs, Rolaids, Mylanta, Mylanta, Digel, Alternal, etc.	❑	❑	❑
H2 blockers – tagamet, cimetidine, pepsid, famotidine, zantac, ranitidine, axid, etc.	❑	❑	❑
Prilosec	❑	❑	❑
Prevacid	❑	❑	❑
Aciphex	❑	❑	❑
Nexium	❑	❑	❑
Nifedipine	❑	❑	❑
Nitroglycerin	❑	❑	❑
Reglan	❑	❑	❑
Other:	❑	❑	❑

How long ago do you first recall having your current symptoms?

Do your symptoms affect your sleep?

❑ Yes ❒ No

Have you lost work because of this problem?

❑ Yes ❒ No

Are you comfortable eating in public?

❒ Yes ❒ No

I have trouble swallowing:

- ❑ I don't have trouble swallowing
- ❑ I have trouble swallowing solids more than liquids
- ❑ I have trouble swallowing liquids more than solids
- ❑ I have trouble swallowing liquids and solids
- ❑ I have more trouble with cold liquids than with warm liquids

I have regurgitation mostly:

- ❑ I don't have regurgitation.
- ❑ After meals
- ❑ In bed at night or when I bend
- ❑ After meals and in bed
- ❑ With exercise

I have heartburn mostly:

- ❑ I don't have heartburn
- ❑ After meals
- ❑ In bed at night or when I bend
- ❑ After meals and in bed
- ❑ With exercise

I have chest pain:

- ❑ I don't have chest pain
- ❑ Rarely
- ❑ Often
- ❑ At night
- ❑ I have sought medical attention thinking I was having a heart attack

I have trouble with bloating and belching:

- ❑ I don't have trouble with bloating and/or belching
- ❑ Rarely
- ❑ Often and severe enough to affect my lifestyle

I am troubled by:

- ❑ Chronic cough
- ❑ Hoarseness
- ❑ Asthma

I have constipation

- ❑ Rarely
- ❑ Often
- ❑ I take medication for this regularly

I have diarrhea

- ❑ Rarely
- ❑ Often
- ❑ I take medication for this regularly

I have nausea:

- ❑ Not significant
- ❑ Mostly in the mornings when I first wake up.
- ❑ Mostly after eating
- ❑ Mostly if I don't eat
- ❑ Other:
- ❑

I have vomiting:

- ❑ Rarely
- ❑ Often, if I don't eat.
- ❑ Often, after eating
- ❑ Other: