

NATIONAL HIATUS SURGERY REGISTRY

Primary Hiatus Hernia Repair Pre-Operative QoL Score

This questionnaire is designed to help your surgeon assess how much your condition affects your health.

Scoring Scale

- 0 = No Symptoms
- 1 = Symptoms noticeable but not bothersome
- 2 = Symptoms noticeable and bothersome but not every day
- 3 = Symptoms bothersome everyday
- 4 = Symptoms affect daily activity
- 5 = Symptoms are incapacitating- unable to do daily activity

Currently how are your symptoms?

Questions: (Please circle one answer for each question)

How bad is the heartburn?	0	1	2	3	4	5
Do you have difficulty swallowing?	0	1	2	3	4	5
Do you have gassy or bloating feeling?	0	1	2	3	4	5
Do you have shortness of breath?	0	1	2	3	4	5
Do you have nausea?	0	1	2	3	4	5
Do you have vomiting?	0	1	2	3	4	5
Does your hiatus hernia change your diet?	0	1	2	3	4	5
Does hiatus hernia wake you from sleep?	0	1	2	3	4	5
Do you have pain while or shortly after eating?	0	1	2	3	4	5



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Does your hiatus hernia limit enjoyment of your life?		0	1	2	3	4	
Are you currently taking anti-acid medication?				YES		NO	
If YES, which type and how often	1?						
Alginate (Gaviscon, Peptac, Rennie)	Occasionally	At least once a w	At	At least once a d		day	
H2 Antagonist (Cimetidine, Famotidine	e, Nizatidine & Ranitidine)						
	Occasionally	At least once a w	eek	At	: least (once a	day
PPI (Omeprazole (Losec), Pantoprazole,	Lansoprazole (Zoton), Eso	meprazole (Nexium),	Rabe	prazole	(Aciph	ex)	
	Occasionally	At least once a w	eek	At	: least (once a	day