

NATIONAL HIATUS SURGERY REGISTRY

Achalasia-Pre-Operative QoL Score

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

Currently how are your symptoms?

Questions: (Please circle one answer for each question)

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Dysphagia (Difficulty swallowing)	none	occasionally	every day	every meal
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Regurgitation	none	occasionally	every day	every meal
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Chest pain	none	occasionally	every day	every meal
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Weight loss in last 6 months (in kilos)	Nothing
	Less than 5kg or 11lbs
	Between 5-10kg or 11-22lbs
	More than 10kg or 22lbs

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