

NATIONAL HIATUS SURGERY REGISTRY

Anti-Reflux (Fundoplication/LINX/Hybrid) 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
.....						
Heartburn when lying down?	0	1	2	3	4	5
.....						
Heartburn when standing up?	0	1	2	3	4	5
.....						
Heartburn after meals?	0	1	2	3	4	5
.....						
Does heartburn change your diet?	0	1	2	3	4	5
.....						
Does heartburn wake you from sleep?	0	1	2	3	4	5
.....						
Do you have difficulty swallowing?	0	1	2	3	4	5
.....						
Do you have pain while swallowing?	0	1	2	3	4	5
.....						
Do you have gassy or bloating feeling?	0	1	2	3	4	5
.....						

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If you take re-flux medication, does this affect your daily life? 0 1 2 3 4 5

Are you currently taking anti-acid medication? YES NO

If YES, which type and how often?

Alginate (Gaviscon, Peptac, Rennie) Occasionally At least once a week At least once a day

H2 Antagonist (Cimetidine, Famotidine, Nizatidine & Ranitidine)

Occasionally At least once a week At least once a day

PPI (Omeprazole (Losec), Pantoprazole, Lansoprazole (Zoton), Esomeprazole (Nexium), Rabeprazole (Aciphex)

Occasionally At least once a week At least once a day
