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| **Voice clinic AZ DELTA****Questionnaire inability to belch: follow-up** |

**Dear patient,**

**In the voice clinic, we care very much about our patients and the longterm results of our treatments. Therefore, we would appreciate very much to have 3 minutes of your time to fill out this questionnaire listed below by simply replying to this mail.**

**Thank you very much!**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of procedure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What were your main symptoms before the procedure?**

*(1 = most bothersome, 2 = second bothersome, 3 = third bothersome, 4 = less bothersome, 5 = not present)*

*Inability to burp:* [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

*Gurgling noises:* [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

*Chest pain:* [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

*Abdominal bloating:* [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

*Excessive flatulence:* [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

Nausea after meal/vomiting: [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

*Heartburn or acid belching:* [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

*Impression that food slides down difficultly into the esophagus:* [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

*Hard time drinking fluids:* [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

*Hard time swallowing solid food:* [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

**To what degree are your symptoms relieved?**

[ ] 80-100%

[ ] 50-80%

[ ] less than 50%

[ ] no improvement

[ ] not applicable

**What are your main symptoms now?**

*(1 = most bothersome, 2 = second bothersome, 3 = third bothersome, 4 = less bothersome, 5 = not present)*

*Inability to burp:* [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

*Gurgling noises:* [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

*Chest pain:* [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

*Abdominal bloating:* [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

*Excessive flatulence:* [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

Nausea after meal/vomiting: [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

*Heartburn or acid belching:* [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

*Impression that food slides down difficultly into the esophagus:* [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

*Hard time drinking fluids:* [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

*Hard time swallowing solid food:* [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

**When did you experience improvement?**

[ ]  within 24 hours [ ]  within 3 days [ ]  within 7 days [ ]  within 2 weeks [ ]  within 1 month [ ] no improvement

**Did you experience any side effect?**

[ ]  no

[ ]  yes, explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Do you agree that these data will be used in an anonymized way to report results of this procedure?**

[ ]  yes

[ ]  no (explain (not obligatory)):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_