



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

Pain chest: 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

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

Pain chest: 1 2 3 4 5

Abdominal bloating: 1 2 3 4 5

Excessive flatulence: 1 2 3 4 5

Nausea postcardiaal/vomiting: 1 2 3 4 5

Heartburn or acid belching: 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: _____

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

- yes
 no (explain (not obligatory)): _____