|  |
| --- |
| **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

yes

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