



**HIATAL HERNIA PRE & POSTOPERATIVE ASSESSMENT**

1. Please circle your first and second most bothersome symptom and indicate duration of these symptoms:

Primary: Heartburn  
(circle one) Regurgitation  
Difficulty Swallowing  
Chest Pain  
Hoarseness  
Cough  
Shortness of Breath  
Other: \_\_\_\_\_  
Duration: \_\_\_\_\_

Secondary: Heartburn  
(circle one) Regurgitation  
Difficulty Swallowing  
Chest Pain  
Hoarseness  
Cough  
Shortness of Breath  
Other: \_\_\_\_\_  
Duration: \_\_\_\_\_

A. Can you belch or burp? Yes No

B. Can you vomit? Yes No

C. Do your symptoms impact your social activity? (Circle one)

No                  Rare                  Occasional                  Frequent                  Daily

D. Do you take any medications for heartburn or reflux? If yes, please list:

2. Do you have any of the following symptoms?

FREQUENCY						SEVERITY										
<b>Heartburn</b> (burning sensation behind breastbone)																
	Never	Once/Month	Once/week	Once/day	several/day	Never	Mild		Moderate		Severe		Worst			
Off Anti-reflux Meds	0	1	2	3	4	0	1	2	3	4	5	6	7	8	9	10
On Anti-reflux Meds	0	1	2	3	4	0	1	2	3	4	5	6	7	8	9	10
<b>Regurgitation</b> (food, liquid or acid coming back into your mouth)																
	Never	Once/Month	Once/week	Once/day	several/day	Never	Mild		Moderate		Severe		Worst			
Off Anti-reflux Meds	0	1	2	3	4	0	1	2	3	4	5	6	7	8	9	10
On Anti-reflux Meds	0	1	2	3	4	0	1	2	3	4	5	6	7	8	9	10
<b>Difficulty swallowing solid foods</b>																
	Never	Once/Month	Once/week	Once/day	several/day	Never	Mild		Moderate		Severe		Worst			
Off Anti-reflux Meds	0	1	2	3	4	0	1	2	3	4	5	6	7	8	9	10
On Anti-reflux Meds	0	1	2	3	4	0	1	2	3	4	5	6	7	8	9	10
<b>Chest Pain</b>																
	Never	Once/Month	Once/week	Once/day	several/day	Never	Mild		Moderate		Severe		Worst			
Off Anti-reflux Meds	0	1	2	3	4	0	1	2	3	4	5	6	7	8	9	10
On Anti-reflux Meds	0	1	2	3	4	0	1	2	3	4	5	6	7	8	9	10
<b>Abdominal Pain</b>																
	Never	Once/Month	Once/week	Once/day	several/day	Never	Mild		Moderate		Severe		Worst			
Off Anti-reflux Meds	0	1	2	3	4	0	1	2	3	4	5	6	7	8	9	10
On Anti-reflux Meds	0	1	2	3	4	0	1	2	3	4	5	6	7	8	9	10
<b>Bloating</b> (feeling of distention of the abdomen)																
	Never	Once/Month	Once/week	Once/day	several/day	Never	Mild		Moderate		Severe		Worst			
Off Anti-reflux Meds	0	1	2	3	4	0	1	2	3	4	5	6	7	8	9	10
On Anti-reflux Meds	0	1	2	3	4	0	1	2	3	4	5	6	7	8	9	10
<b>Nausea</b> (feeling of vomiting)																
	Never	Once/Month	Once/week	Once/day	several/day	Never	Mild		Moderate		Severe		Worst			
Off Anti-reflux Meds	0	1	2	3	4	0	1	2	3	4	5	6	7	8	9	10
On Anti-reflux Meds	0	1	2	3	4	0	1	2	3	4	5	6	7	8	9	10
<b>Pain in throat while swallowing</b>																
	Never	Once/Month	Once/week	Once/day	several/day	Never	Mild		Moderate		Severe		Worst			
Off Anti-reflux Meds	0	1	2	3	4	0	1	2	3	4	5	6	7	8	9	10
On Anti-reflux Meds	0	1	2	3	4	0	1	2	3	4	5	6	7	8	9	10

FREQUENCY						SEVERITY										
<b>Feeling of fullness in the back of your throat</b>																
	Never	Once/Month	Once/week	Once/day	several/day	Never	Mild		Moderate			Severe		Worst		
Off Anti-reflux Meds	0	1	2	3	4	0	1	2	3	4	5	6	7	8	9	10
On Anti-reflux Meds	0	1	2	3	4	0	1	2	3	4	5	6	7	8	9	10
<b>Hoarseness</b>																
	Never	Once/Month	Once/week	Once/day	several/day	Never	Mild		Moderate			Severe		Worst		
Off Anti-reflux Meds	0	1	2	3	4	0	1	2	3	4	5	6	7	8	9	10
On Anti-reflux Meds	0	1	2	3	4	0	1	2	3	4	5	6	7	8	9	10
<b>Food or liquid getting into windpipe particularly at night</b>																
	Never	Once/Month	Once/week	Once/day	several/day	Never	Mild		Moderate			Severe		Worst		
Off Anti-reflux Meds	0	1	2	3	4	0	1	2	3	4	5	6	7	8	9	10
On Anti-reflux Meds	0	1	2	3	4	0	1	2	3	4	5	6	7	8	9	10
<b>Wheezing</b>																
	Never	Once/Month	Once/week	Once/day	several/day	Never	Mild		Moderate			Severe		Worst		
Off Anti-reflux Meds	0	1	2	3	4	0	1	2	3	4	5	6	7	8	9	10
On Anti-reflux Meds	0	1	2	3	4	0	1	2	3	4	5	6	7	8	9	10
<b>Coughing</b>																
	Never	Once/Month	Once/week	Once/day	several/day	Never	Mild		Moderate			Severe		Worst		
Off Anti-reflux Meds	0	1	2	3	4	0	1	2	3	4	5	6	7	8	9	10
On Anti-reflux Meds	0	1	2	3	4	0	1	2	3	4	5	6	7	8	9	10
<b>Shortness of Breath</b>																
	Never	Once/Month	Once/week	Once/day	several/day	Never	Mild		Moderate			Severe		Worst		
Off Anti-reflux Meds	0	1	2	3	4	0	1	2	3	4	5	6	7	8	9	10
On Anti-reflux Meds	0	1	2	3	4	0	1	2	3	4	5	6	7	8	9	10
<b>Sore Throat</b>																
	Never	Once/Month	Once/week	Once/day	several/day	Never	Mild		Moderate			Severe		Worst		
Off Anti-reflux Meds	0	1	2	3	4	0	1	2	3	4	5	6	7	8	9	10
On Anti-reflux Meds	0	1	2	3	4	0	1	2	3	4	5	6	7	8	9	10
<b>Diarrhea</b>																
	Never	Once/Month	Once/week	Once/day	several/day	Never	Mild		Moderate			Severe		Worst		
Off Anti-reflux Meds	0	1	2	3	4	0	1	2	3	4	5	6	7	8	9	10
On Anti-reflux Meds	0	1	2	3	4	0	1	2	3	4	5	6	7	8	9	10