Name: Date:

ACHQC SM
ABDOMINAL CORE HEALTH QUALITY COLLABORATIVE

Combined Patient Assessment - Hiatal

1. Please select your first and second most bothersome symptoms and indicate the duration of these symptoms.

Primary Symptom (choose one)	Secondary Symptom (choose one)
☐ Heartburn ☐ Regurgitation ☐ Difficulty ☐ Swallowing ☐ Chest Pain ☐ Hoarseness ☐ Cough ☐ Other: _____ ☐ None	☐ Heartburn ☐ Regurgitation ☐ Difficulty ☐ Swallowing ☐ Chest Pain ☐ Hoarseness ☐ Cough ☐ Other: _____ ☐ None
Duration of Symptom: _____ Months	Duration of Symptom: _____ Months

2. Can you belch or burp?	☐ Yes ☐ No
3. Can you vomit?	☐ Yes ☐ No
4. Do your symptoms impact your social activities?	☐ No ☐ Rarely ☐ Occasionally ☐ Frequently ☐ Daily
5. Do you take medications for	☐ Yes ☐ No
	If Yes, please list medications:

6. Do you have any of the following symptoms?
Please fill out these questions to the best of your ability by selecting your symptom and its frequency and severity. If you are unable to answer the question because you are either not on any medication or you do not know your symptoms off medication, please leave them blank.

☐ **Heartburn** (burning sensation behind breastbone)

	FREQUENCY					SEVERITY										
	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

☐ **Regurgitation** (food, liquid, or acid coming back into your mouth)

	FREQUENCY					SEVERITY											
	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	

☐ **Difficulty swallowing solid foods**

	FREQUENCY					SEVERITY											
	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	

☐ **Chest Pain**

	FREQUENCY					SEVERITY											
	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	

☐ **Abdominal Pain**

	FREQUENCY					SEVERITY											
	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	

☐ **Bloating** (feeling of distention of the abdomen)

	FREQUENCY					SEVERITY											
	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	

☐ **Nausea** (feeling of vomiting)

	FREQUENCY					SEVERITY											
	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	

☐ **Pain in the throat while swallowing**

	FREQUENCY					SEVERITY											
	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	

☐ **Feeling of fullness in the back of your throat**

	FREQUENCY					SEVERITY											
	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	

☐ **Hoarseness**

	FREQUENCY					SEVERITY											
	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	

☐ **Food or liquid getting into your windpipe, particularly at night**

	FREQUENCY					SEVERITY											
	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	

Wheezing

	FREQUENCY					SEVERITY											
	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	

Coughing

	FREQUENCY					SEVERITY											
	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	

Shortness of Breath

	FREQUENCY					SEVERITY											
	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	

Sore Throat

	FREQUENCY					SEVERITY											
	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	

Diarrhea

	FREQUENCY					SEVERITY											
	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	

7. Decision Regret Scale

Please think about the decision you made about abdominal surgery after talking to your health professional.
Please show how you feel about these statements by selecting a choice from **Strongly Agree** to **Strongly Disagree.**

It was the right decision	**Strongly Agree** (1)	**Agree** (2)	**Neither Agree Nor Disagree** (3)	**Disagree** (4)	**Strongly Disagree** (5)
I regret the choice that was made	**Strongly Agree** (1)	**Agree** (2)	**Neither Agree Nor Disagree** (3)	**Disagree** (4)	**Strongly Disagree** (5)
I would go for the same choice if I had to do it over again	**Strongly Agree** (1)	**Agree** (2)	**Neither Agree Nor Disagree** (3)	**Disagree** (4)	**Strongly Disagree** (5)
The choice did me a lot of harm	**Strongly Agree** (1)	**Agree** (2)	**Neither Agree Nor Disagree** (3)	**Disagree** (4)	**Strongly Disagree** (5)
The decision was a wise one	**Strongly Agree** (1)	**Agree** (2)	**Neither Agree Nor Disagree** (3)	**Disagree** (4)	**Strongly Disagree** (5)

Decision Regret Scale © AM O'Connor 1996