



Name: _____ DOB: _____ Date: _____

(Dysphagia) Eckardt Score Intake Form

DIRECTIONS: Mark inside the bubble to indicate your response. Please do not write additional comments in white spaces.

1. Have you experienced weight loss due to your achalasia or other swallowing problem? If you are post-esophageal surgery, have you experienced weight loss following this procedure (POEM, Heller Myotomy or other treatment)?

- None
- Fewer than 11lbs.
- 11 lbs. - 22lbs.
- More than 22lbs.

2. Are you experiencing dysphagia (difficulty swallowing) as a result of your achalasia? If you are post-esophageal surgery, are you experiencing dysphagia?

- None
- Occasional
- Daily
- Each Meal

3. Are you experiencing retro-sternal pain (pain behind the sternum, "breast-bone")?

- None
- Occasional
- Daily
- Each Meal

4. Are you experiencing regurgitation (a feeling that food or other stomach contents are coming back up into the esophagus or throat)?

- None
- Occasional
- Daily
- Each Meal

Administrative Use: Baseline (First Visit) 2 Week post-op 3mo 6mo 1 year Other _____