NORTHWEST ALLIED BARIATRIC & FOREGUT SURGERY

Gastroparesis Screening Questionnaire

Patient Name:				DOB:/	/Date:_	
Weight Loss :	lbsw	vks				
HOW DID YO	U HEAR ABOU	JT US?				
Primary Ca	re Physician (PC	CP) Name?				
Referring S	pecialist (Gastro	enterologist	t, ENT, Pulm	onologist): Na	me?	
Personal: A	nother Patient, I	Family Mem	ber, or Frien	t		
Marketing	(please circle):	Website	Seminar	Billboard	Other(please lis	st):
How many docto How many times Have you had and Have you had a O Have you had ab	did you go to th d EGD? Yes_ Gastric Emptying	ne ER/Hospi No g Study?	ital last year? Yes No			
Have you been tr	eated with any o	of these med	lications?			
Reglan	Dose	_ Duration_		Zofran	Dose	_ Duration
Erythromycin	Dose	Duration_		Phenergan	Dose	_Duration
Domperidone	Dose	Duration_		Scopolamine	Dose	Duration

Other _____ Dose____ Duration_____

For office use only:				
Therapy Recommendation: Botox	J-G Tube	Enterra Therapy	Pyloroplasty	Gastrectomy

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Gastropa	resis C	luestio	nnaire	Intake Fo	rm					
Name		DO	ов/_	/	Da	ate_				
Gastro	paresis (Cardinal Sy	mptom In	dex (GCSI)						
The following are validated questionnai	ires to de	termine sev	verity of sy	mptoms you n	nay have	e rela	atec	l to y	our	
gastrointestinal problem. There are no r	right or wi	rong answe	rs. For each	n symptom, pl	ease <u>Cir</u>	cle	the	nun	nber	that
best describes how severe the sympton	n has beer	n during t	he past 2	2 weeks.						
	None	Very Mild	Mild	Moderate	Seve	ere	v	ery s	Seve	re
1. Nausea (feeling sick to your stomach as if you were going to vomit or throw up)	0	1	2	3	4				5	
2. Retching (heaving as if to vomit, but		-		3		4 5				
nothing comes up)	0	1	2	3	4		5			
3. Vomiting	0	1	2	3	4			5		
4. Stomach fullness	0	1	2	3	4				5	
5. Not able to finish a normal-sizes meal	0	1	2	3	4				5	
6. Feeling excessively full after meals	0	1	2	3	4				5	
7. Loss of appetite	0	1	2	3	4				5	
8. Bloating (feeling like you need to loosen		1	2	3	4			5		
	0	L 1	4							
your clothes) 9. Stomach or belly visibly larger	0	1	2	3	4				5	
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your clothes) 9. Stomach or belly visibly larger This questionnaire asks you to dete best describes your 0 = No symptoms	0 rmine th	e severity nce <u>when</u>	2 of your sy you are	3 mptoms. Ple NOT on me 3 = Sy	4 ease Ci <u>r</u> edication mptoms	cle on.	erso	me e	wery	day
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