

1. Personal details

Insurance number:.....

Name:.....

Date of birth:.....

Gender: Female / Male

Race: White / Black / Indian-Asian / Other:

Date of questioning:

Way of admission: ambulatory / hospital admission

if hospital admission:

Date of admission:.....(yyyy/mm/dd)

Date of discharge:(yyyy/mm/dd)

Length of hospital stay:...

Country:

City:

Hospital:

Doctor:

Blood sample code:

Date of blood sampling:

2. Anamnestic details

Alcohol consumption: yes / no

if yes: frequency: occasionally/monthly/weekly/daily

amount (g/day):.....

since when? (years):.....

Alcohol consumption in the last 2 weeks:

if not:

Did you drink alcohol earlier? yes/no

if yes: frequency: occasionally/monthly/weekly/daily

amount (g/occasion):.....

For how many years?.....

How long ago did you stop drinking alcohol?.....

Guide for estimation of the amount:

1 dl beer (4.5 vol. %) = ~3.5 g alcohol

1 dl wine (12.5 vol. %) = ~10 g alcohol

1 dl hard drink (50 vol. %) = ~40 g alcohol

Smoking: Yes / No

if yes: amount (cigarettes/day):.....

For how many years?

if not:

Did you smoke earlier? yes/no

if yes: amount (pcs/occasion):.....

For how many years?.....

How long ago did you stop smoking?

Drug abuse: yes/no *Prescribed medication should not be included here.*

If yes: type of drug:.....

amount:.....

for how many years.....

Diet: yes / no
if yes: type: diabetic / gluten free / vegetarian / paleolit / lactose free / other:.....

Autoimmun disease: yes /no
if yes:: specify:.....
since when:.....

Diabetes mellitus: yes / no
if yes: type: type I / type II / type III / MODY
since when:.....

Lipid metabolism disorder: yes / no
if yes: since when:.....

High blood pressure: yes / no
if yes: since when:.....

Thyroid disease: yes / no
if yes: type: hypothyroidism / hyperthyroidism / other:.....
since when:.....

Other diseases: yes / no
if yes: specify:.....

Medications taken regulary: yes / no
if yes:
Name of medication:.....active substance:.....
dose: unit: g / mg / IU, if fluid, concentration: (e.g. 10%,
1g/2ml)..... how many times per day (e.g. 3)method of
administration:.....other notes:.....

Name of medication:.....active substance:.....
dose: unit: g / mg / IU, if fluid, concentration: (e.g. 10%,
1g/2ml)..... how many times per day (e.g. 3)method of
administration:.....other notes:.....

Name of medication:.....active substance:.....
dose: unit: g / mg / IU, if fluid, concentration: (e.g. 10%,
1g/2ml)..... how many times per day (e.g. 3)method of
administration:.....other notes:.....

Name of medication:.....active substance:.....
dose: unit: g / mg / IU, if fluid, concentration: (e.g. 10%,
1g/2ml)..... how many times per day (e.g. 3)method of
administration:.....other notes:.....

Malignant disease in family history: yes / no

if yes: relationship: father / mother / sibling / child / paternal grandfather / paternal grandmother / maternal grandmother / maternal grandfather / paternal cousin / maternal cousin / father sibling (uncle, aunt) / mother sibling (uncle, aunt) / siblings child (nephew, niece) / grandchild / paternal grandfathers sibling / paternal grandmothers sibling / maternal grandfathers sibling / maternal grandmothers sibling / other blood relation / spouse (husband, wife, other not blood relation)

Other anamnestic detail:

.....

3. Diagnosis

Diagnosis: previously diagnosed / newly diagnosed

Date of diagnosis:.....

3.1 Oesophago-gastro-bulboscopy

date of examination:.....

mechanical obstruction: yes / no

(note: if yes, the patient is excluded from the registry)

esophageal mycosis: yes / no

food retention in the esophagus: yes / no

discrepancy of gastric mucosa: yes / no

if yes: specify: inflammation / erosion / ulcer / polyp / tumor / other:.....

HP positivity: yes / no

3.2 Barium swallow X-ray*(obligatory)*

date of examination:.....

Width of esophagus:..... (cm)

Rate of retention:.....(cm)

Width of cardia:(mm)

3.3 Esophageal manometry*(obligatory)*

Type of manometry: water perfusion/ high resolution, with water perfusion catheter / high resolution, solid state

Date of examination:.....

LES position:-..... cm (between)

LES pressure:..... (Hgmm)

LES relaxation:..... (%).....(Hgmm)

Motility of the tubular esophagus: aperistalsis / simultaneous contraction, < 30 Hgmm / simultaneous contraction, >30 Hgmm / incoordinate

contractions/other:.....

UES position:.....-..... cm (between)

UES pressure:.....(Hgmm)

UES relaxation:.....(%)

if HR manometry: Chicago classification: I. classic achalasia/ II. classic achalasia with esophageal compression/III. spastic achalasia

4. Original complaints *Complaints prior to diagnosis, if achalasia is previously diagnosed. If newly diagnosed, please jump to section 5.*

Swallowing difficulty: yes / no

if yes: since when ? (*prior to the diagnosis, how much time has passed since the occurring of the symptom?*) :.....weeks/months/years

food consistency: solid/pulpy/liquid

frequency: every meal / daily / occasionally

Chest tightness: yes / no

if yes: frequency: every meal / daily / occasionally

Regurgitation: yes / no

if yes: frequency: every meal / daily / occasionally

Vomiting: yes / no

if yes: frequency: every meal / daily / occasionally

Appetite: good / retained / bad

Change in body weight: yes / no

if yes: direction of change: weight loss / weight gain

how much?:.....(kg)

how long did it take? (weeks):.....

Coughing: yes / no

Previous treatments

Medication treatment: yes / no

Botulinum toxin treatment: yes / no

Ballon dilation: yes / no

Heller myotomy: yes / no

if any yes:

Changes in complaints after treatment:

Swallowing difficulty: better / unchanged / worse

Chest tightness: better / unchanged / worse

Regurgitation: better / unchanged / worse

Vomiting: better / unchanged / worse

Appetite: better / unchanged / worse b

Change in body weight: weight loss / unchanged weight / weight gain
 Coughing: better / unchanged / worse
 Esophagus burning appeared: yes / no
 Acidic regurgitation appeared: yes / no
 Epigastric burning pain appeared : yes / no

Control Barium swallow X-ray: yes / no

if yes:
 date of examination:.....
 Width of esophagus:..... (cm)
 Rate of retention:.....(cm)
 Width of cardia:(mm)

Control esophageal manometry: yes / no

if yes:
 LES pressure: (Hgmm)
 LES relaxation: (%).....(Hgmm)

5. Present complaints, symptoms: yes / no

Swallowing difficulty: yes / no

if yes: since when:.....weeks/months/years
 food consistency: solid/pulpy/liquid
 frequency: every meal / daily / occasionally

Chest tightness: yes / no

if yes: frequency: every meal / daily / occasionally

Regurgitation: yes / no

if yes: frequency: every meal / daily / occasionally

Vomiting: yes / no

if yes: frequency: every meal / daily / occasionally

Appetite: good / retained / bad

Change in body weight: yes / no

if yes: direction of change: weight loss / weight gain
 how much?:.....(kg)
 how long did it take? (weeks):.....

Coughing: yes / no

Admission Eckard score:..

6. Admission details, status

Body weight (kg):.....

Body height (m):.....

BMI...

Blood pressure (Hgmm):...../.....

Pulse (/min):.....

Abdominal tenderness: yes / no / no data

7. Laboratory: yes /no

erythrocyte sedimentation rate (mm/h)	
CRP (mg/l)	
Blood	
WBC count (G/l)	
RBC count (T/l)	
Hemoglobin (g/l)	
Hematokrit (%)	
MCV	
Platelet count (G/l)	
Ions	
Sodium (mmol/l)	
Potassium (mmol/l)	
Calcium (mmol/l)	
Magnesium (mmol/l)	
Phosphate (mmol/l)	
Chloride (mmol/l)	
Iron (umol/l)	
Pancreas	
Glucose (mmol/l)	
Amylase (U/l)	
Lipase (U/l)	
Renal functions	
Urea nitrogen (Karbamid) (mmol/l)	
Kreatinin (umol/l)	
eGFR	
Liver functions	
Total bilirubin (umol/l)	
Direct/conjugated bilirubin (umol/l)	
Indirect bilirubin (umol/l)	
ASAT/GOT (U/l)	
ALAT/GPT (U/l)	
Gamma GT (U/l)	

Alkaline phosphatase (U/l)	
Laktate dehydrogenase LDH (U/l)	
Protrombin (%)	
Protrombin INR	
Metabolism	
Cholesterol (mmol/l)	
Triglycerides (mmol/l)	
Uric acid (umol/l)	
TSH (mU/l)	
HgbA1C (%)	
Proteins	
Total protein (g/l)	
Albumin (g/l)	
Globulin alfa1 (g/l)	
Globulin alfa2 (g/l)	
Globulin beta (g/l)	
Globulin gamma (g/l)	
Fibrinogen (g/l)	
Blood gases	
PaO2 (Hgmm)	
HCO3 (mmol/l)	
sO2 (%)	
Other	

8. Therapy:

Medication: yes /no

if yes:

type of emdication: calcium channel blockers / nitrate / nitric oxid donor /

other.....

dose..... (mg)

how many times / day:.....

Botulinum toxin therapy: yes /no

if yes:

dose:

number of thatments:

Ballon dilation: yes /no

if yes:

Ballon type:.....

Dilatation length:.....(min)

Dilatation rate:.....

Repeated dilation: yes /no if yes: how many times:.....

Complication: yes /no

Type of complication: mucous membrane injury / perforation / fever / other....

POEM: yes /no

if yes:

Complication: yes / no

if yes: type of complication:

Repeated intervention: yes / no

Heller myotomy: yes /no

if yes:

Fundoplication type:.....

Complication: yes /no

Type of complication: perforation / fever / other.....

Reoperation: yes / no

Controll Barium swallow X-ray before emission: yes / no

if yes:

Width of esophagus:.....(cm)

Rate of retention:.....(cm)

Width of cardia:.....(mm)

9. Epicrisis, complications *(Short summary of hospitalization, including how the patient got to the hospital, what happened during hospitalization and what was the discharge instructions (control examinations, surgery..))*

Complication: yes / no

if yes: type of complication: mucous membrane injury / perforation / fever / bleeding /other.....

Description:

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.....
.....
.....
.....