

Achalasia Assessment Tool V1.1

Hospital Number:

Age:

Gender:

Referral (i.e.: Inpatient / GP / Gastroenterology):

Initial Symptoms:

| | | |
|---------------------|----------|--------|
| Dysphagia: | Yes / No | Score: |
| Chest Pain: | Yes / No | |
| Regurgitation: | Yes / No | |
| Pulmonary Symptoms: | Yes / No | |

Current weight:

Estimated % weight loss during time with symptoms:

Malnutrition Universal Screening Tool Score:

Comorbidities:

WHO Performance Score / ASA Grade:

Dysphagia Score (Mellow & Pinkas, Knyrim et al 1993)

Score 0 – Able to eat normal diet / no dysphagia

Score 1 – Able to swallow some solid food

Score 2 – Able to swallow semi-solid food

Score 3 – Able to swallow liquids

Score 4 – Unable to swallow anything / complete dysphagia

Diagnosis:

OGD

Date:

Findings:

Barium Swallow

Date:

Findings:

HRM:

Date:

Findings:

Chicago Classification:

Management:

Treatment Decision: Surgery / Delayed Surgery + Botox / Botox only

Date of treatment(s):

Post-Treatment Assessment:

Symptom assessment at 6 weeks:

| | | |
|---------------------|----------|--------|
| Dysphagia: | Yes / No | Score: |
| Chest Pain: | Yes / No | |
| Regurgitation: | Yes / No | |
| Pulmonary Symptoms: | Yes / No | |

If symptoms ongoing, are they improved?

Current weight:

% weight change:

Malnutrition Universal Screening Tool Score:

| | |
|---------------------|--------------------------------|
| Presence of Reflux: | Yes / No |
| If yes: | GORD-HRQoL Score |
| | Need for regular PPI treatment |

Treatment Complications:

Length of Hospital Stay: Days

Complications (+ Clavien Dindo Classification):

Longevity of Treatment Resolution:

| | |
|---------------------|----------------|
| Symptom Recurrence: | Yes / No |
| If yes: | What symptoms? |
| | Timeframe? |

Need for recurrent treatment (i.e.: repeated Botox):

Date: