

GASTROPARESIS SCREENING QUESTIONNAIRE

Patient Name: _____ DOB: / / Phone: _____
 Insurance (Primary): _____ (Secondary): _____ Plan ID: _____

Symptoms: (Start Date/Severity 1-10) **Nausea:** / **Vomiting:** / **Early Satiety:** /
Bloating: / **Abdominal Pain:** /

How quickly do you vomit after Meal: 5-15 min 30 min 1-2 hrs 4+ hrs

Weight Loss: lbs wks

Doctor's Office Visits: In last year because of symptoms ER/Hospital Visits last year

Quality of Life Impact: (How has this affected work/family life?)

Gastric Emptying study (off prokinetics for 3 days) **Results:** % Retention 2 hrs 4 hrs (Delayed Normal)
 OR Smart Pill study Results: Stomach transit Small Bowel transit Colon transit

EGD: (rule out Obstruction) Results: (OR) CT Scan results:

Dietary Modification: Follow-Up Date: **Supplemental Nutrition:** Naso-Gastric G-J Tube TPN

Medical Treatment: (treat/retreat) with: **Prokinetics:** Follow-up: wks **Antiemetics:** Follow-up: wks

Reglan:	Dose	Duration	Zofran:	Dose	Duration
Erythromycin:	Dose	Duration	Phenergan:	Dose	Duration
Domperidone:	Dose	Duration	Scopolamine:	Dose	Duration
Other:	Dose	Duration	Other:	Dose	Duration

Determining Etiology

Is the patient **Diabetic?** Type I or Type II Duration: Current Blood Sugar: mg/dl HbA1c

Test for Neuropathy? Renal Insufficiency:

Assess for Prior Acute **Viral illness** suggestive of post-viral Gastroparesis?

Is there **Narcotic Use?** What Narcotics? Dose Duration

Medication Induced: Amylin Octreotide Tranquilizers Antidepressants Anticholinergics
 Ganglion-blocking agents Calcium-blocking agents Beta-adrenergic agonists
 Vincristine Levodopa Digoxin

Neuromuscular Disorder (scleroderma, polymyositis, dermatomyositis)

Thyroid Dysfunction? (hyperthyroidism can delay emptying)

Infiltrative Disorders (amyloidosis, lymphoma) Auto-immune Disorders (Fibromyalgia, Lupus, Crohns, Colitis)?

Previous Abdominal Surgery? What procedure and when?

H-Pylori test to exclude ulcer as cause of symptoms? HIDA scan of Gall Bladder Emptying?

SIBO test—exclude small intestine bacterial overgrowth? Cyclic Vomiting Syndrome (CVS)?

Psychological Evaluation (exclude Psychogenic Vomiting)?

Therapy Recommendation: Botox J-G Tube Enterra Therapy Pyloroplasty Gastrectomy