

# SGB Evaluation

Thank you for completing this questionnaire.

Your information helps us understand and treat your voice problem.

## Describe Your Problem

What is your current problem?

When and how did your problem start?

What do you feel before you belch?

What makes your problem better?

What makes your problem worse?

## Associated Symptoms

- Reflux
- Hypomotility
- Regurgitation
- Other?

## Your Goals

What are your expectations from therapy?

## Prior Level of Function: Have You Had This Problem Before?

Pain: On a Scale of 0 – 10, Rate Any Pain Associated with Your Problem.

0    1    2    3    4    5    6    7    8    9    10

About You

- What is your occupation?
- Who lives with you?
- How do you spend your time outside of work?

Previous Treatment

Please fill in the information below for all professionals you have seen for this problem.

<b>Date</b>	<b>MD or Speech Pathologist</b>	<b>Diagnosis</b>	<b>Recommendation</b>	<b>Helpful?</b>

Please Fill in Your Complete Medical History Along with Medications and Surgeries.

<b>Date</b>	<b>Diagnosis</b>	<b>Medicine</b>	<b>Surgery</b>


Please List All Over the Counter Medications, Vitamins and Supplements You Take.

Smoking and Exposure to Smoke

- Childhood exposure to smoke?
- Did you ever smoke?
- Ages?
- How much did you smoke?

Eating Disorders

- Do you have a history of an eating disorder?
- How active is your eating disorder?

How are Your Hearing and Vision?

Please answer each question below on a scale of 0 to 100

You may choose any number 0-100

How bothering do you experience your symptom of excessive belching?

0 None                      25 A Little                      50 Somewhat                      75 To a Great Extent                      100 To a Very Great Extent

**How bothering do you think your environment experiences your excessive belching?**

0 None                      25 A Little                      50 Somewhat                      75 To a Great Extent                      100 To a Very Great Extent

**Does excessive belching hamper your work/daily activities?**

0 None                      25 A Little                      50 Somewhat                      75 To a Great Extent                      100 To a Very Great Extent

**Are your social activities hampered by excessive belching?**

0 None                      25 A Little                      50 Somewhat                      75 To a Great Extent                      100 To a Very Great Extent

**Do you experience any level of control over your excessive belching?**

0 To a Very Great Extent    25 To a Great Extent                      50 Somewhat                      75 A Little                      100 None