Heartburn/Reflux Symptoms Questionnaire

Regarding your symptoms over the past 7 days:
Were you on anti-reflux medication? □ YES □ NO

Check Column 1= symptoms OFF meds; Column 2 = ON (may estimate past symptoms off reflux meds if not recent)

1. How often did you have a burning feeling behind your breastbone (heartburn)?
   OFF   ON (Medication)
   □   □   0 days   (0)
   □   □   1 day   (1)
   □   □   2-3 days   (2)
   □   □   4-7 days   (3)

2. How often did you feel the unpleasant sensation of stomach contents (food or liquid) move upwards into your throat or mouth (regurgitation)?
   OFF   ON (Medication)
   □   □   0 days   (0)
   □   □   1 day   (1)
   □   □   2-3 days   (2)
   □   □   4-7 days   (3)

3. How often did you have pain in the center of the upper stomach region?
   OFF   ON (Medication)
   □   □   0 days   (0)
   □   □   1 day   (1)
   □   □   2-3 days   (2)
   □   □   4-7 days   (3)

4. How often did you have nausea?
   OFF   ON (Medication)
   □   □   0 days   (0)
   □   □   1 day   (1)
   □   □   2-3 days   (2)
   □   □   4-7 days   (3)

5. How often did you have difficulty getting a good night’s sleep because of your heartburn and/or regurgitation?
   OFF   ON (Medication)
   □   □   0 days   (0)
   □   □   1 day   (1)
   □   □   2-3 days   (2)
   □   □   4-7 days   (3)

6. How often did you take additional medications for your heartburn and/or regurgitation (such as Tums, Pepcid, Prilosec, etc.)?
   OFF   ON (Medication)
   □   □   0 days   (0)
   □   □   1 day   (1)
   □   □   2-3 days   (2)
   □   □   4-7 days   (3)

TOTAL:
Add up your corresponding score. Those who have a score of 8 or greater have a high likelihood of having Gastroesophageal Reflux Disease. Those with total scores of fewer than 8 have low or no likelihood of GERD.

Within the last MONTH, how did the following problems affect you? (Refer to Scoring Scale)
Circle responses: 0= No problem......5= Severe problem

<table>
<thead>
<tr>
<th>Problem</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoarseness or a problem with your voice</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>Clearing your throat</td>
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<tr>
<td>Excess mucous in throat or postnasal drip</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Difficulty swallowing food, liquid or pills</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Coughing after eating or lying down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Breathing difficulty or choking episodes</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Troublesome or annoying cough</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Sensations of something sticking in your throat or a lump in your throat</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Heartburn, chest pain, indigestion, or stomach acid coming up into your throat</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

TOTAL:_________
(A score of 15 or more means that you have a 90% chance of having reflux, especially airway reflux.)
GERD-HRQL Questionnaire

Please check the number that best reflects your symptoms using the scoring scale provided below.

Circle only one number for each question.

Scoring Scale:
0 = No symptoms
1 = Symptoms noticeable but not bothersome
2 = Symptoms noticeable and bothersome but not every day
3 = Symptoms bothersome every day
4 = Symptoms affect daily activities
5 = Symptoms are incapacitating – unable to do activities

<table>
<thead>
<tr>
<th>Question</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>How bad is your heartburn?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heartburn when lying down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Heartburn when standing up</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Heartburn after meals?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Does heartburn change your diet</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Does heartburn wake you from sleep?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Do you have difficulty swallowing?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Do you have bloating or gassy feelings?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Do you have pain with swallowing?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>If you take medication, does this affect daily life?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**GERD-HRQL Total**

How satisfied are you with your present condition?  □ Satisfied □ Neutral □ Dissatisfied

This questionnaire shall not be copied without the permission of Dr. James Rosser. Contact: broser1@me.com.