

GERD-Questionnaire

GERD-Health Related Quality of Life Questionnaire (GERD-HRQL)

Institution: _____ Patient name: _____ Date: _____

On PPI treatment: Yes No Off PPI treatment: Yes No If off, for how long _____ days/months

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 activity
- 5= Symptoms are incapacitating to do daily activities

Please circle the number to the right of each question which best describes your experience over the past two weeks.

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|--|---|---|---|---|---|---|
| 1. How bad is the heartburn? | 0 | 1 | 2 | 3 | 4 | 5 |
| 2. Heartburn when lying down? | 0 | 1 | 2 | 3 | 4 | 5 |
| 3. Heartburn when standing up? | 0 | 1 | 2 | 3 | 4 | 5 |
| 4. Heartburn after meals? | 0 | 1 | 2 | 3 | 4 | 5 |
| 5. Does heartburn change your diet? | 0 | 1 | 2 | 3 | 4 | 5 |
| 6. Does heartburn wake you from sleep? | 0 | 1 | 2 | 3 | 4 | 5 |
| 7. Do you have difficulty swallowing? | 0 | 1 | 2 | 3 | 4 | 5 |
| 8. Do you have pain with swallowing? | 0 | 1 | 2 | 3 | 4 | 5 |
| 9. If you take medication, does this affect your daily life? | 0 | 1 | 2 | 3 | 4 | 5 |
| 10. How bad is the regurgitation? | 0 | 1 | 2 | 3 | 4 | 5 |
| 11. Regurgitation when lying down? | 0 | 1 | 2 | 3 | 4 | 5 |
| 12. Regurgitation when standing up? | 0 | 1 | 2 | 3 | 4 | 5 |
| 13. Regurgitation after meals? | 0 | 1 | 2 | 3 | 4 | 5 |
| 14. Does regurgitation change your diet? | 0 | 1 | 2 | 3 | 4 | 5 |
| 15. Does regurgitation wake you from sleep? | 0 | 1 | 2 | 3 | 4 | 5 |
| 16. How satisfied are you with your present condition? | <input type="checkbox"/> Satisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Dissatisfied | | | | | |