

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

Patient Name: \_\_\_\_\_ Date \_\_\_\_\_

On PPIs    Off PPIs   If off, for how long? \_\_\_\_\_ days / months

Scale:

- 0 = No symptom
- 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 check the box to the right of each question which best describes your experience over the past 2 weeks*

- |     |  |                   |
|-----|--|-------------------|
| 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?                             |                   |
|     | □ Satisfied                      □ Neutral                      □ Dissatisfied |                   |

Administered by \_\_\_\_\_

Monitored by \_\_\_\_\_

Date (mm/dd/yy) \_\_\_\_\_

Date (mm/dd/yy) \_\_\_\_\_

## The Reflux Symptom Index

Reflux Symptom Index Scale Test: Rate the following items on a scale of 1-5. The composite of these scores should be 10 or below. If it is more than 10, you should consider an evaluation to check for "Silent Gastroesophageal Reflux Disease," or GERD.

### The Reflux Symptom Index

Within the past month, how did the following affect you?

0 = No problem

5 = Severe problem

	0	1	2	3	4	5
Hoarseness or a problem with your voice?						
Clearing your throat?						
Excess throat mucus or postnasal drip?						
Difficulty swallowing food, liquids or pills?						
Coughing after you ate or lie down?						
Breathing difficulties or choking episodes?						
Troublesome or annoying cough?						
Sensations of something sticking in your throat or a lump in your throat?						
Heartburn, chest pain, indigestion, or stomach acid coming up?						