## **GERD-HRQL** Questionnaire

If you have heartburn or GERD, or take medications for those conditions, complete the GERD-HRQL (Health Related Quality of Life) questionnaire, print a copy with your answers and consult with a health care provider.

## 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 daily activities 1. How bad is your heartburn? 0 1 2 3 5 2. Heartburn when lying down? 2 3 3. Heartburn when standing up? 2 3 4. Heartburn after meals? 2 3 5. Does heartburn change your diet? 2 3 6. Does heartburn wake you from sleep? 0 1 2 3 4 5

8. Do you have pain with swallowing?

7. Do you have difficulty swallowing?

0 1 2 3 4 5

9. Do you have bloating or gassy feelings?	
	0 1 2 3 4 5
10. If you take medications, do	es this affect your daily life?
	0 1 2 3 4 5
11. How satisfied are you with your present condition?	
	Sati NeuDissat sfied tral isfied
12. Are you currently taking any medications for heartburn or GERD? Yes No	
Please select any of the medications you have taken in the past or are currently taking:	
Nexium	Zegerid
Prilosec	Kapidex
Prevacid	Dexilant
Aciphex	Vimovo
Protonix	
Your Zip Code:	
Need more information? Visit gerdhelp.com	
Is advanced treatment right for you? Visit https://www.gerdhelp.com/quiz-page/	