

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

Scale:

0=No Symptoms 1=Noticeable, but not bothersome 2=Noticeable, bothersome, but not every day
3=Bothersome daily 4=Bothersome and affects daily activities 5=Incapacitating to do daily activities

Questions (Circle One):

How bad was the heartburn?	0	1	2	3	4	5
Heartburn when lying down?	0	1	2	3	4	5
Heartburn when standing up?	0	1	2	3	4	5
Heartburn after meals?	0	1	2	3	4	5
Does heartburn change your diet?	0	1	2	3	4	5
Does heartburn wake you from sleep?	0	1	2	3	4	5
Do you have difficulty swallowing?	0	1	2	3	4	5
Do you have pain while swallowing?	0	1	2	3	4	5
Do you have gassy or bloating feeling?	0	1	2	3	4	5
If you take reflux medication, does this affect your daily life?	0	1	2	3	4	5

TOTAL SCORE (enter total here; 50 points total) _____

How bad is the regurgitation?	0	1	2	3	4	5
Regurgitation when lying down?	0	1	2	3	4	5
Regurgitation when standing up?	0	1	2	3	4	5
Regurgitation after meals?	0	1	2	3	4	5
Does regurgitation change your diet?	0	1	2	3	4	5
Does regurgitation wake you from sleep?	0	1	2	3	4	5
How satisfied are you with your current health condition?	Satisfied____ Neutral____ Dissatisfied____					

Are you currently taking any medications for heartburn or GERD? Yes No

Please circle any of the medications you have taken in the past or are currently taking:

Nexium Prilosec Prevacid Aciphex Protonix Zegerid Kapidex Dexilant Zegerid Vimovo

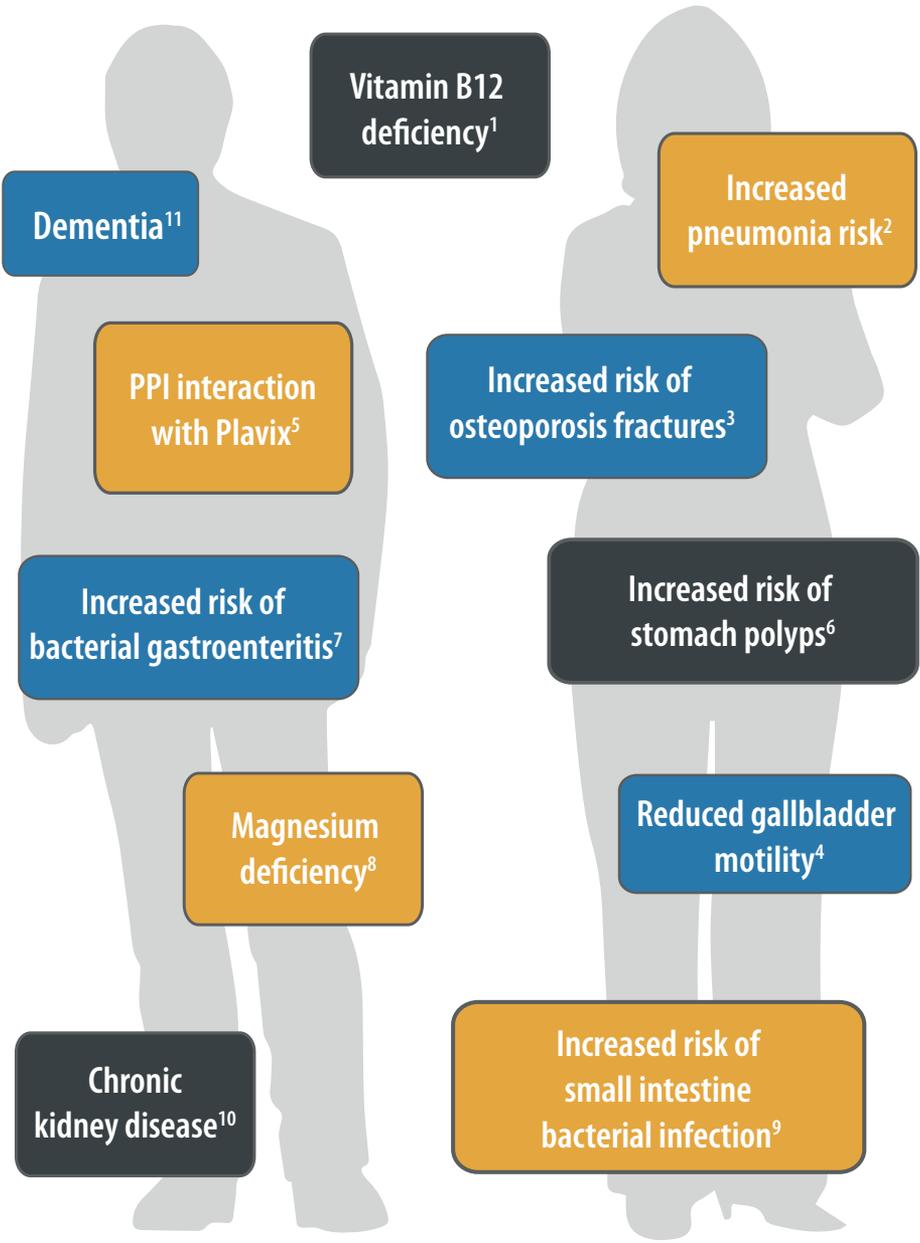
Your first and last name: _____

Phone: _____ Date: _____

Email: _____



Published Risks Associated With PPI Use



References:

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