

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

Institution: _____ Patient ID: _____ 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)