

GERD/Heartburn

Patient Questionnaire

If you have heartburn or GERD or take medications for those conditions, please complete this 10-question GERD Health Related Quality of Life questionnaire:

Scale: No symptoms = 0; Symptoms noticeable, but not bothersome = 1; Symptoms noticeable and bothersome, but not every day = 2; Symptoms bothersome every day = 3; Symptoms affect daily activities = 4; Symptoms are incapacitating, unable to do daily activities = 5

Questions (circle one)

- | | | | | | | |
|--|---|---|---|---|---|---|
| 1. How bad is your 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 up 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. Do you have bloating or gassy feelings? | 0 | 1 | 2 | 3 | 4 | 5 |
| 10. If you take medications, does this affect your daily life? | 0 | 1 | 2 | 3 | 4 | 5 |

Total score (enter total here; 50 points max.) _____

How satisfied are you with your present 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 Vimovo

Date: ____/____/____

Your first & last name: _____ Phone: _____

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“Minimally Invasive... Maximum Benefit”

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