



GERD Research Questionnaire

Thank you in advance for taking the time to answer the following questions. There are A LOT of questions, many of which are similar. Johns Hopkins, the sponsor of our reflux outcomes study, tracks many different things in different ways. We very much appreciate you and your effort!

Date _____

Name (first, last) _____

Do you have any of these symptoms? (Check all that apply)

- Dysphagia (trouble swallowing)
 - Pain with swallowing
 - Difficulty with ___ certain solids ___ semi solids ___ liquids
- Regurgitation
- Voice hoarseness
- Chronic cough
- Sore Throat
- Chest pain
- Abdominal pain
- Shoulder pain
- Nausea
- Gas Bloating
- None of the above
- Other _____

Are you currently taking heartburn and or acid regurgitation medication? _____

If yes, medication #1 _____ Dose _____ Frequency: Daily ___ Twice Daily ___

medication #2 _____ Dose _____ Frequency: Daily ___ Twice Daily ___

PLEASE READ THIS CAREFULLY BEFORE ANSWERING THE QUESTIONS

On the following pages you will find some questions asking about how you have been feeling because of symptoms of heartburn or acid regurgitation.

Heartburn is defined as a burning feeling rising from your stomach or lower chest up towards your neck.

Acid Regurgitation is defined as acid tasting liquid returning to your throat or mouth.

Foregut Symptom Questionnaire

Rate the severity of your swallowing problem. Select only one answer.

- No dysphagia (swallowing difficult)
- Very mild (minimal)
- Tolerable, mild occasional with coarse foods (meat, sandwich, hard roll), lasting a few seconds
- Moderate, distressing, requiring clearing with liquids
- Severe, difficulty with swallowing liquids
- Excruciating, unbearable, trouble with saliva, needing intervention

Rate the severity of your chest pain. Select only one answer.

- No chest pain
- Minimal, occasional episodes
- Moderate, reason for visit
- Severe, intervening with daily activities

Rate the severity of your regurgitation. Select only one answer.

- No regurgitation
- Mild, after straining and large meals
- Moderate, predictable with position change and lying down
- Severe, constant regurgitation, presence of aspiration

Rate the severity of your heartburn. Select only one answer.

- No heartburn
- Minimal, occasional episodes, no prior medical visit
- Moderate, primary reason for visit
- Severe, constant marked disability in daily activities

Rate the severity of your bloating. Select only one answer.

- None
- Minimal, very mild
- Tolerable
- Distressing, frequent
- Intense, limiting
- Excruciating, unbearable, trouble with saliva, needing intervention

GERD-HRQL (Velanovich, 2007)

Scoring definitions: 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 = incapacitation to do daily activities.

For the following questions, please provide an answer that best describes your experience over the past **two weeks**.

Heartburn Score (1-5)	None					Severe
How bad is 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 with swallowing?	0	1	2	3	4	5
If you take reflux medication, does this affect your daily life?	0	1	2	3	4	5
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
Do you have gassy or bloating feeling?	0	1	2	3	4	5

Please continue to the last and final page.

RSI Reflux Symptom Index (Belafsky, 2002)

Scoring definitions: 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 = incapacitation to do daily activities.

For the following questions, please provide an answer that best describes your experience over the past **Month**.

	None			Severe		
Hoarseness or problem with your voice?	0	1	2	3	4	5
Clearing your throat?	0	1	2	3	4	5
Excess throat mucus or postnasal drip?	0	1	2	3	4	5
Difficulty swallowing food, liquids, or pills?	0	1	2	3	4	5
Coughing after you ate or after lying down?	0	1	2	3	4	5
Breathing difficulties or choking episodes?	0	1	2	3	4	5
Troublesome or annoying cough?	0	1	2	3	4	5
Sensations of something in your throat or a lump in your throat?	0	1	2	3	4	5
Heartburn, chest, pain, indigestion, or stomach acid coming up?	0	1	2	3	4	5

Overall Satisfaction

How satisfied are you with your health condition? S ____ N ____ D ____

S = satisfied; N = neutral; D = dissatisfied.

Thank you!

We really appreciate your taking the time to complete the questions! Your quality of life is important to us and if there are any thoughts or comments, please feel free to leave below.

Thanks again
Dr. Peter Janu