

Quality of Life Questionnaire Heartburn and Reflux Program

Date completing questionnaire: _____

Are you on PPIs (e.g. Prilosec, Omeprazole)? (Y/N)_____

If off PPIs, for how long? _____months

Using the scale below, **please write a number 0-5** next to each question which best describes your experience over the past two weeks.

0=no symptoms

1= symptoms noticeable but not bothersome

2= symptoms noticeable and bothersome but not everyday

3=symptoms bothersome everyday

4= symptoms affect daily activities

5= symptoms are incapacitating to do daily activities

1. How bad is the heartburn?

2. Heartburn when lying down?

3. Heartburn when standing up?

4. Heartburn after meals?

5. Heartburn change your diet?

6. Heartburn wake you from sleep?

7. Difficulty swallowing?

8. Pain with swallowing?

9. If you take medication, does this affect your daily life?

10. How bad is the regurgitation?

11. Regurgitation when lying down?

12. Regurgitation when standing up?

13. Regurgitation after meals?

14. Does regurgitation change your diet?

15. Does regurgitation wake you from sleep?

16. How satisfied are you with your present condition? Dissatisfied Neutral Satisfied