

Follow up Reflux Questionnaire

The Following Questions Relate to Reflux/Heartburn

In the last week:

1. How often did you have a burning feeling behind your breastbone?
a. 0 days b. 1 day c. 2-3 days d. 4-7 days (3)
2. How often did you feel the unpleasant sensation of stomach contents (food or liquid) move upwards into your throat or mouth (regurgitation)?
a. 0 days b. 1 day c. 2-3 days d. 4-7 days
3. How often did you have pain in the center of the upper stomach region?
a. 0 days b. 1 day c. 2-3 days d. 4-7 days
4. How often did you have nausea?
a. 0 days b. 1 day c. 2-3 days d. 4-7 days
5. How often did you have difficulty getting a continuous night's sleep because of your heartburn and or regurgitation?
a. 0 days b. 1 day c. 2-3 days d. 4-7 days
6. How often did you take additional medications for your heartburn and or regurgitation like over the counter medications?
a. 0 days b. 1 day c. 2-3 days d. 4-7 days

In the last month circle responses 0=no problem....5=severe problem

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| 7. Hoarseness or problem with your voice | 0 | 1 | 2 | 3 | 4 | 5 |
| 8. Clearing your throat | 0 | 1 | 2 | 3 | 4 | 5 |
| 9. Excess mucous in throat or postnasal drip | 0 | 1 | 2 | 3 | 4 | 5 |
| 10. Difficult swallowing food, liquids or pills | 0 | 1 | 2 | 3 | 4 | 5 |
| 11. Coughing after eating or lying down | 0 | 1 | 2 | 3 | 4 | 5 |
| 12. Breathing difficulty or choking episodes | 0 | 1 | 2 | 3 | 4 | 5 |
| 13. Annoying cough | 0 | 1 | 2 | 3 | 4 | 5 |
| 14. Sensation of something sticking in your throat or lump in your throat | 0 | 1 | 2 | 3 | 4 | 5 |
| 15. Heartburn, Chest pain, indigestion, or stomach acid coming up into your throat. | 0 | 1 | 2 | 3 | 4 | 5 |

Quality of Life

0=no symptoms 1=symptoms noticeable & not bothersome 2=symptoms noticeable & bothersome not everyday 3=symptoms bothersome everyday 4=symptoms affect daily activities 5=symptoms incapacitating

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| 16. How bad is your heartburn? | 0 | 1 | 2 | 3 | 4 | 5 |
| 17. Heartburn when lying down/standing up? | 0 | 1 | 2 | 3 | 4 | 5 |
| 18. Heartburn after meals? | 0 | 1 | 2 | 3 | 4 | 5 |
| 19. Does heartburn change your diet? | 0 | 1 | 2 | 3 | 4 | 5 |
| 20. Does Heartburn wake you from sleep? | 0 | 1 | 2 | 3 | 4 | 5 |
| 21. Do you have difficulty/pain swallowing? | 0 | 1 | 2 | 3 | 4 | 5 |
| 22. Do you have bloating or gassy feelings? | 0 | 1 | 2 | 3 | 4 | 5 |
| 23. If you take medication, does this affect daily life? | 0 | 1 | 2 | 3 | 4 | 5 |

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