GERD/Heartburn
Patient Questionnaire

Gastroesophageal Reflux Disease (GERD) is a digestive reflux disorder. It's caused when gastric acid from your stomach flows back up into your esophagus. Heartburn is the most common symptom. If you believe you suffer from heartburn or GERD, or if you are on medications for those conditions, please complete this questionnaire:

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

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 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 (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* *Zegerid* *Vimovo*

Date: _____ / _____ / _____

Your first and last name: _____ Phone: _____

Crossville Medical Group
Covenant Medical Group

8800-2612