



PH: (951) 652-2252 | Office Fax: (951) 658-6476
Office Hours: 9 a.m. to 5 p.m., M-F

GI EXCELLENCE GERD QUESTIONNAIRE FORM

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

Table with 10 rows of questions and 6 columns of rating options (0-5).

TOTAL Score (enter total here - 50 points max.) _____

How satisfied are you with your current condition: Satisfied Neutral Dissatisfied

Are you currently taking any medications for heartburn or GERD? Yes No

First Name: _____ Last Name: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip code: _____

How would you like to be followed up with? (Circle below)

- ~ Phone call ~ ~ Email with information ~ ~ Schedule an Appointment ~