

GERD Health-Related Quality of Life Questionnaire

Pre- & Post-Operative Quality of Life Assessment

Patient Name: _____

Date: _____

Pre-operative

Post-operative

Section 1: GERD – Health Related Quality of Life (GERD-HRQL)

Please check the box that best describes your experience over the past 2 weeks.

Scoring 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 activity

5 = Symptoms are incapacitating to do daily activities

Question	0	1	2	3	4	5
Heartburn Questions						
1. How bad is the heartburn?						
2. Heartburn when lying down?						
3. Heartburn when standing up?						
4. Heartburn after meals?						
5. Does heartburn change your diet?						
6. Does heartburn wake you from sleep?						
Dysphagia & Other Symptoms						
7. Do you have difficulty swallowing?						
8. Do you have pain while swallowing?						
9. Do you have a gassy or bloating feeling?						
10. If you take reflux medication, does this affect your daily life?						
TOTAL SCORE (max 50 points): _____						

Regurgitation Questions						
11. How bad is the regurgitation?						
12. Regurgitation when lying down?						
13. Regurgitation when standing up?						
14. Regurgitation after meals?						
15. Does regurgitation change your diet?						

16. Does regurgitation wake you from sleep?						
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How satisfied are you with your current health condition?	Satisfied ____	Neutral ____	Dissatisfied ____
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Section 2: Reflux Symptom Index (RSI)

Within the past month, how did the following affect you?

Scoring Scale: 0 = No problem | 1 | 2 | 3 | 4 | 5 = Severe problem

A total score greater than 13 suggests the presence of significant reflux symptoms and warrants further evaluation.

Question	0	1	2	3	4	5
1. Hoarseness or a problem with your voice						
2. Clearing your throat						
3. Excess throat mucus or postnasal drip						
4. Difficulty swallowing food, liquids, or pills						
5. Coughing after you eat or lie down						
6. Breathing difficulties or choking episodes						
7. Troublesome or annoying cough						
8. Sensations of something sticking in your throat or a lump in your throat						
9. Heartburn, chest pain, indigestion, or stomach acid coming up						
TOTAL RSI SCORE: _____						
<i>(Score > 13 suggests possible silent GERD/laryngopharyngeal reflux)</i>						