## **GERD-Health Related Quality of Life Questionnaire (GERD-HRQL)** Institution: Patient ID:\_\_ Date / / □ Off PPIs If off, for how long? days / months □ On PPIs Scale: 0 =No symptom 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 Please check the box to the right of each question which best describes your experience over the past 2 weeks 1. How bad is the heartburn? $\Box 0$ $\Box 1$ $\Box 2$ $\Box 3$ $\Box 4$ $\Box 5$ 2. Heartburn when lying down? $\Box 0$ $\Box 1$ $\Box 2$ $\Box 3$ $\Box 4$ $\Box 5$ 3. Heartburn when standing up? $\square 0 \ \square 1 \ \square 2 \ \square 3 \ \square 4 \ \square 5$ 4. Heartburn after meals? $\square 0 \ \square 1 \ \square 2 \ \square 3 \ \square 4 \ \square 5$ 5. Does heartburn change your diet? $\square 0 \ \square 1 \ \square 2 \ \square 3 \ \square 4 \ \square 5$ 6. Does heartburn wake you from sleep? $\square 0 \ \square 1 \ \square 2 \ \square 3 \ \square 4 \ \square 5$ 7. Do you have difficulty swallowing? $\square 0 \ \square 1 \ \square 2 \ \square 3 \ \square 4 \ \square 5$ 8. Do you have pain with swallowing? $\square 0 \ \square 1 \ \square 2 \ \square 3 \ \square 4 \ \square 5$ 9. If you take medication, does this affect your daily life? $\square 0 \ \square 1 \ \square 2 \ \square 3 \ \square 4 \ \square 5$ 10. How bad is the regurgitation? $\Box 0$ $\Box 1$ $\Box 2$ $\Box 3$ $\Box 4$ $\Box 5$ 11. Regurgitation when lying down? $\square 0 \ \square 1 \ \square 2 \ \square 3 \ \square 4 \ \square 5$ 12. Regurgitation when standing up? $\square 0 \ \square 1 \ \square 2 \ \square 3 \ \square 4 \ \square 5$ 13. Regurgitation after meals? $\square 0 \ \square 1 \ \square 2 \ \square 3 \ \square 4 \ \square 5$ 14. Does regurgitation change your diet? $\Box 0$ $\Box 1$ $\Box 2$ $\Box 3$ $\Box 4$ $\Box 5$ 15. Does regurgitation wake you from sleep? $\square 0 \ \square 1 \ \square 2 \ \square 3 \ \square 4 \ \square 5$ 16. How satisfied are you with your present condition? □ Satisfied □ Neutral □ Dissatisfied Administered by Monitored by Date (mm/dd/yy) Date (mm/dd/yy)

## **GERD-HRQL Questionnaire –Instructions**

The GERD-HRQL questionnaire was developed and validated to measure changes of typical GERD symptoms such as heartburn and regurgitation in response to surgical or medical treatment.<sup>1</sup>

When comparing GERD-HRQL scores post-TIF to scores pre-TIF, it is important to take medication use into consideration. It is recommended to request patients take this questionnaire twice at screening (once off PPIs and the other time on PPIs) for fair comparison at follow-ups post-TIF

<u>Total Score</u>: Calculated by summing the individual scores to questions 1-15.

- Greatest possible score (worst symptoms) = 75
- Lowest possible score (no symptoms) = 0

Heartburn Score: Calculated by summing the individual scores to questions 1-6.

- Worst heartburn symptoms = 30
- No heartburn symptoms = 0
- Scores of  $\leq 12$  with each individual question not exceeding 2 indicate heartburn elimination. <sup>2</sup>

Regurgitation Score: Calculated by summing the individual scores to questions 10-15.

- Worst regurgitation symptoms = 30
- No regurgitation symptoms = 0
- Scores of  $\leq 12$  with each individual question not exceeding 2 indicate regurgitation elimination. <sup>2</sup>

## **References Cited**

<sup>1</sup> Velanovich V. The development of the GERD-HRQL symptom severity instrument. *Dis Esophagus* 2007;20:130-4.

<sup>&</sup>lt;sup>2</sup> Hunter JG, Trus TL, Branum GD, Waring JP, Wood WC. A physiologic approach to laparoscopic fundoplication for gastroesophageal reflux disease. *Ann Surg* 1996;223:673-85.