

Institution: _____ Patient ID: _____ Date ___ / ___ / ___

‘ On PPIs ‘ Off PPIs If off, for how long? _____ days / months

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 o

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.¹

When comparing GERD-HRQL scores post-TIF to scores pre-TIF, it is important t