Bagshahi Bariatric and General Surgery

Patient Name: _____ DOB/Age: _____
Initial Visit _____ POST-OP ____ MO/YR

REFLUX/GERD QUESIONAIRE

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

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
11. How satisfied are you with present condition?	☐ Satisfied	☐ Neutral	☐ Dissatisfied			
12. Are you currently taking any medications for heartburn or GERD?	☐ Yes	☐ No				

Medications you have taken in the past or are currently taking:

_____
_____
_____

_____
Hossein Bagshahi, MD

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