

Heartburn Self-Assessment*



Twin Cities
Heartburn Center

Patient Name: _____ Date of Birth: _____

Phone number (1): _____ Alternate phone number (2): _____

Are you suffering from heartburn but not sure it is severe enough to seek medical help?

Here's a quick way to find out. Print this form and then circle the number to the right of each question that best describes your experience over the past **two weeks**.

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 so severe they prevent you
from performing daily activities

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|--|---|---|---|---|---|
| 1. How bad is the heartburn? | 1 | 2 | 3 | 4 | 5 |
| 2. Do you have heartburn when lying down? | 1 | 2 | 3 | 4 | 5 |
| 3. Do you have heartburn when standing up? | 1 | 2 | 3 | 4 | 5 |
| 4. Do you have heartburn after meals? | 1 | 2 | 3 | 4 | 5 |
| 5. Does heartburn change your diet? | 1 | 2 | 3 | 4 | 5 |
| 6. Does heartburn wake you from sleep? | 1 | 2 | 3 | 4 | 5 |
| 7. Do you have difficulty swallowing? | 1 | 2 | 3 | 4 | 5 |
| 8. Do you have pain with swallowing? | 1 | 2 | 3 | 4 | 5 |
| 9. If you take medication, does it affect your daily life? | 1 | 2 | 3 | 4 | 5 |
| 10. How bad is the regurgitation? | 1 | 2 | 3 | 4 | 5 |
| 11. Do you have regurgitation when lying down? | 1 | 2 | 3 | 4 | 5 |
| 12. Do you have regurgitation when standing up? | 1 | 2 | 3 | 4 | 5 |
| 13. Do you have regurgitation after meals? | 1 | 2 | 3 | 4 | 5 |
| 14. Does regurgitation change your diet? | 1 | 2 | 3 | 4 | 5 |
| 15. Does regurgitation wake you from sleep? | 1 | 2 | 3 | 4 | 5 |

TOTAL: _____

If your total is less than 10, your heartburn appears to be under control. If it starts to become more bothersome, please call us at the number below for an appointment.

If your total is 10 or more, we recommend that you see one of our specialists to diagnose and treat your heartburn. Please bring along a copy of this assessment to your first appointment.

*Information in this assessment is based on the GERD Health-Related Quality of Life Questionnaire (GERD-HRQL).

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