GI Excellence, Inc.
Gastroenterology Associates
PH: (951) 652-2252 | Office Fax: (951) 658-6476
Office Hours: 9 a.m. to 5 p.m., M-F

Procedure to be at this location:

Hemet Endoscopy Center
Informed Consent for Gastroenterology Related Procedures
1003 E. Florida Avenue, Suite 104, Hemet CA 92543
(951) 652-2252

GI EXCELLENCE GERD QUESTIONAIRE FORM

If you have heartburn or GERD or take medication for those conditions, please complete this 10- question GERD Health Related Quality of Life Questionnaire:

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

Questions: (circle one)

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

TOTAL Score (enter total here - 50 points max.) _____

How satisfied are you with your current condition: Satisfied Neutral Dissatisfied

Are you currently taking any medications for heartburn or GERD? Yes No

First Name: _____ Last Name: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip code: _____

How would you like to be followed up with? (Circle below)

~ Phone call ~ ~ Email with information ~ ~ Schedule an Appointment ~