Gastroesophageal Reflux

Please respond to each question or statement by marking one box.

In the past 7 days…

1 GISX2	How often did you have regurgitation—that is, food or liquid coming back up into your throat or mouth without vomiting?

- ☐ 1 Never → **If Never, go to #5**
- ☐ 2 One day
- ☐ 3 2-6 days
- ☐ 4 Once a day
- ☐ 5 More than once a day

2 GISX3	What was the most food or liquid you had come back up into your mouth at one time?

- ☐ 1 None
- ☐ 2 Enough to fill a little of my mouth
- ☐ 3 Enough to fill some of my mouth
- ☐ 4 Enough to fill most of my mouth
- ☐ 5 So much that it filled my entire mouth

3 GISX9	After eating a meal how often did food or liquid come back into your throat without vomiting?

- ☐ 1 Never
- ☐ 2 Rarely
- ☐ 3 Sometimes
- ☐ 4 Often
- ☐ 5 Always

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In the past 7 days…

4 GISX10	How often did you re-swallow food that came back into your throat?

- ☐ 1 Never
- ☐ 2 Rarely
- ☐ 3 Sometimes
- ☐ 4 Often
- ☐ 5 Always

5 GISX11	How often did you feel like you were going to burp, but food or liquid came up instead?

- ☐ 1 Never
- ☐ 2 One day
- ☐ 3 2-6 days
- ☐ 4 Once a day
- ☐ 5 More than once a day

6 GISX12	How often did you feel like there was too much saliva in your mouth?

- ☐ 1 Never
- ☐ 2 Rarely
- ☐ 3 Sometimes
- ☐ 4 Often
- ☐ 5 Always

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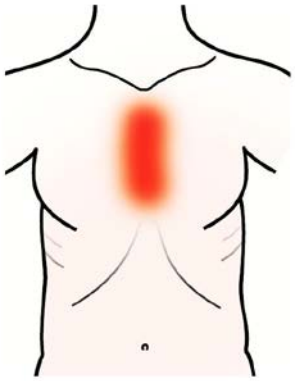
Think of the area behind your breastbone (the area extending from the base of your throat to mid-chest). In the past 7 days…

7 GISX14	How often did you feel burning in the red area shown in the picture — that is, behind the breastbone?

- ☐ 1 Never
- ☐ 2 One day
- ☐ 3 2-6 days
- ☐ 4 Once a day
- ☐ 5 More than once a day



8 GISX21	How often did you feel burning in your throat?

- ☐ 1 Never
- ☐ 2 Rarely
- ☐ 3 Sometimes
- ☐ 4 Often
- ☐ 5 Always

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In the past 7 days…

9 GISX22	How often did you burp?

- ☐ 1 Never → **If Never, go to #11**
- ☐ 2 One day
- ☐ 3 2-6 days
- ☐ 3 Once a day
- ☐ 4 More than once a day

10 GISX24	How much did burping bother you?

- ☐ 1 Not at all
- ☐ 2 A little bit
- ☐ 3 Somewhat
- ☐ 4 Quite a bit
- ☐ 5 Very much

11 GISX25	How often did you have hiccups?

- ☐ 1 Never
- ☐ 2 Rarely
- ☐ 3 Sometimes
- ☐ 4 Often
- ☐ 5 Very often

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In the past 7 days…

12 GISX28	How often did you feel like there was a lump in your throat?

- ☐ 1 Never → **If Never, you are finished.**
- ☐ 2 Rarely
- ☐ 3 Sometimes
- ☐ 4 Often
- ☐ 5 Very often

13 GISX30	How much did having a lump in your throat bother you?

- ☐ 1 Not at all
- ☐ 2 A little bit
- ☐ 3 Somewhat
- ☐ 4 Quite a bit
- ☐ 5 Very much

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