

Data Collection Worksheet

PhenX Measure: Gastroesophageal Reflux Disease (GERD) Symptoms (#191100)

PhenX Protocol: Gastroesophageal Reflux Disease (GERD) Symptoms (#191101)

Date of Interview/Examination/Bioassay (MM/DD/YYYY): _____

For the next 6 questions please think about your symptoms over the past 7 days . . .

1. How often did you have a burning feeling behind your breastbone (heartburn)?

0 0 days

1 1 day

2 2-3 days

3 4-7 days

2. How often did you have stomach contents (liquid or food) moving upwards to your throat or mouth (regurgitation)?

0 0 days

1 1 day

2 2-3 days

3 4-7 days

3. How often did you have pain in the center of the upper stomach?

3 0 days

2 1 day

1 2-3 days

0 4-7 days

4. How often did you have nausea?

3 0 days

2 1 day

1 2-3 days

0 4-7 days

5. How often did you have difficulty getting a good night's sleep because of your heartburn and/or regurgitation?

0 0 days

1 1 day

2 2-3 days

3 4-7 days

6. How often did you take additional medications for your heartburn and/or regurgitation other than what your physician told you to take (such as Tums, Rolaids, Maalox)?

0 0 days

1 1 day

2 2-3 days

3 4-7 days

To use the Gastroesophageal Reflux Disease Questionnaire (GerdQ), permission must be obtained from AstraZeneca. To obtain permission, contact AstraZeneca at PROinformation@astrazeneca.com and complete a License Agreement.

Protocol Source: <https://www.phenxtoolkit.org/index.php?pageLink=browse.protocoldetails&id=191101>