

# Heartburn

How long have you had heartburn?  
a. Just today  
b. Today and yesterday  
c. More than two days and less than one week  
d. More than a week and less than 4 weeks  
e. A month to several months  
f. A year or more

How often do you experience heartburn?  
a. All the time  
b. Several times a day  
c. Once a day  
d. Every couple of days

How long does your heartburn last?  
a. I have it all the time  
b. It lasts for several hours  
c. It lasts for 20 minutes to an hour  
d. It lasts less than 20 minutes

Where do you feel the heartburn?  
*(multi-response)*  
a. In the middle of my chest  
b. In my back  
c. On my left side  
d. On my right side  
e. In my stomach

Does your heartburn wake you from sleep?  
a. Yes  
b. No

Do you feel full after eating less than usual?  
a. Yes  
b. No

Do you have trouble swallowing?  
a. Yes  
b. No

Do you have any of the following?  
a. Wheezing or worsening asthma  
b. Cough  
c. Noisy breathing  
d. None of the above

Which of the following are you experiencing:  
a. Frequent belching  
b. Stomach fluid entering the back of your throat  
c. Hoarseness  
d. Frequent sore throat  
e. Choking  
f. Fullness in the back of your throat  
g. None of the above

Does your heartburn change depending on whether you are sitting, standing, or lying down?  
a. Yes  
b. No

Does your heartburn limit your ability to do thing you need to do?  
a. Yes  
b. No

Do you have any of the following?  
a. Chest Pain  
b. Trouble breathing with exertion  
c. None of the above

Which of the following makes the heartburn worse?  
a. Drinking alcohol  
b. Smoking  
c. Drinks with caffeine  
d. Eating certain foods  
e. Lying down  
f. Tight clothing  
g. Stress  
h. None of the above

Do you have any of the following?  
a. Shortness of breath  
b. Pale skin  
c. Dark / black stools  
d. Weakness  
e. None of the above

Have you lost weight lately without trying?  
a. Yes  
b. No

Have you ever been told you have the following?  
a. Hiatal hernia  
b. Problems with esophagus  
c. None of the above

Have you seen a healthcare provider for your heartburn?  
a. I saw someone over a year ago  
b. I saw someone in the past year  
c. I saw someone in the past month  
d. I have never seen a provider for heartburn

Anything else to add?

Have you had any of the following for heartburn?  
a. Ultrasound  
b. Upper GI study  
c. Scope of your stomach  
d. Esophageal monitor / measurements  
e. None of the above

Have the Medicines provided relief?  
a. Yes  
b. No

Have you taken any medicines to relieve your heartburn in the past?  
a. Antacids (Tums, Roloids, Maalox, other)  
b. H2 Blockers (Pepcid, Tagament, Zantac, Axid)  
c. PPIs (Prilosec, Nexium, Prevacid, Prontonix)  
d. Anti-spasm drugs (Baclofen)  
e. None of the above

No