

MODIFIED REFLUX SYMPTOM QUESTIONNAIRE ELECTRONIC DIARY

Instructions: Please answer the following questions to help us understand the symptoms you experienced over the past 24 hours because of your reflux disease. For each question, please choose the answer most appropriate for you.

1.	Over the past 24 hours, how would you rate <u>the severity</u> of your burning feeling behind the breastbone or in the center of the upper stomach? <i>0=Did not have/ 1=Very mild/ 2=Mild/ 3=Moderate/ 4=Moderately severe/ 5=Severe</i>
2.	Over the past 24 hours, how would you rate <u>the severity</u> of your pain behind the breastbone or in the center of the upper stomach? <i>0=Did not have/ 1=Very mild/ 2=Mild/ 3=Moderate/ 4=Moderately severe/ 5=Severe</i>
3.	Over the past 24 hours, how would you rate <u>the severity</u> of your difficulty swallowing? <i>0=Did not have/ 1=Very mild/ 2=Mild/ 3=Moderate/ 4=Moderately severe/ 5=Severe</i>
4.	Over the past 24 hours, how would you rate <u>the severity</u> of your hoarseness? <i>0=Did not have/ 1=Very mild/ 2=Mild/ 3=Moderate/ 4=Moderately severe/ 5=Severe</i>
5.	Over the past 24 hours, how would you rate <u>the severity</u> of your cough? <i>0=Did not have/ 1=Very mild/ 2=Mild/ 3=Moderate/ 4=Moderately severe/ 5=Severe</i>
6.	Over the past 24 hours, <u>how often</u> did you experience regurgitation (liquid or food moving upwards towards your throat or mouth)? <i>0=Never/ 1=Rarely/ 2=Sometimes/ 3=Often/ 4=Very often</i>
7.	Over the past 24 hours, <u>how often</u> did you experience an acid or bitter taste in the mouth? <i>0=Never/ 1=Rarely/ 2=Sometimes/ 3=Often/ 4=Very often</i>
8.	Over the past 24 hours, <u>how often</u> did you experience burping? <i>0=Never/ 1=Rarely/ 2=Sometimes/ 3=Often/ 4=Very often</i>