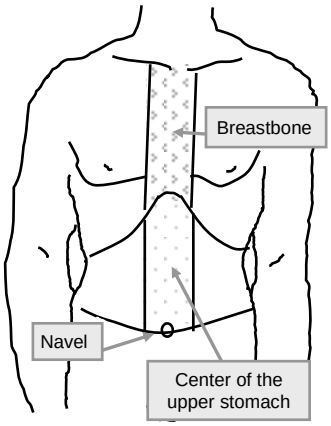
RESQ-7

Please answer the following questions to help us better understand the symptoms you have been experiencing over the past 7 days because of your reflux disease. For each question, please choose the answer that is most appropriate to you. Please answer each question by ticking **one** box per row.



1. Thinking about your symptoms over the past 7 days, how often have you had the following?

		Did not have	1 day	2 days	3-4 days	5-6 days	Daily
a.	A burning feeling behind your breastbone	☐	☐	☐	☐	☐	☐
b.	Pain behind your breastbone	☐	☐	☐	☐	☐	☐
c.	A burning feeling in the centre of the upper stomach	☐	☐	☐	☐	☐	☐
d.	Pain in the centre of the upper stomach	☐	☐	☐	☐	☐	☐
e.	An acid taste in your mouth	☐	☐	☐	☐	☐	☐
f.	Unpleasant movement of material upwards from the stomach	☐	☐	☐	☐	☐	☐
g.	Burping (gas coming from the stomach through the mouth)	☐	☐	☐	☐	☐	☐
h.	Hoarseness	☐	☐	☐	☐	☐	☐
i.	Coughing	☐	☐	☐	☐	☐	☐
j.	Difficulty swallowing	☐	☐	☐	☐	☐	☐
k.	A bitter taste in your mouth	☐	☐	☐	☐	☐	☐
l.	Stomach contents (liquid or food) moving upwards to your throat or mouth	☐	☐	☐	☐	☐	☐
m.	Heartburn	☐	☐	☐	☐	☐	☐

2. Thinking about your symptoms over the past 7 days, how would you rate the intensity of the following?

		Did not have	Very mild	Mild	Moderate	Moderately severe	Severe
a.	A burning feeling behind your breastbone	☐	☐	☐	☐	☐	☐
b.	Pain behind your breastbone	☐	☐	☐	☐	☐	☐
c.	The burning feeling in the centre of the upper stomach	☐	☐	☐	☐	☐	☐
d.	Pain in the centre of the upper stomach	☐	☐	☐	☐	☐	☐
e.	Acid taste in your mouth	☐	☐	☐	☐	☐	☐
f.	Unpleasant movement of material upwards from the stomach	☐	☐	☐	☐	☐	☐
g.	Burping (gas coming from the stomach through the mouth)	☐	☐	☐	☐	☐	☐
h.	Hoarseness	☐	☐	☐	☐	☐	☐
i.	Coughing	☐	☐	☐	☐	☐	☐
j.	Swallowing difficulty	☐	☐	☐	☐	☐	☐
k.	The bitter taste in your mouth	☐	☐	☐	☐	☐	☐
l.	Stomach contents (liquid or food) moving upwards to your throat or mouth	☐	☐	☐	☐	☐	☐
m.	Heartburn	☐	☐	☐	☐	☐	☐