Universidad Indoamérica

QUESTIONNAIRE FOR PATIENTS WITH UPPER GASTROINTESTINAL SYMPTOMS

1. **CODE:**
2. **CAREER:**
3. **GENDER:**
   - Male
   - Female

4. **In the past week, how many days have you experienced a burning sensation or heartburn in your chest?**
   - Never
   - 1 day
   - 2 to 3 days
   - 4 to 7 days
5. **In the past week, how many days have you noticed stomach contents rising to your throat or mouth?**
   - Never
   - 1 day
   - 2 to 3 days
   - 4 to 7 days
6. **In the past week, how many days have you felt pain in the pit of your stomach?**
   - Never
   - 1 day
   - 2 to 3 days
   - 4 to 7 days
7. **In the past week, how many days have you felt nauseous or had the urge to vomit?**
   - Never
   - 1 day
   - 2 to 3 days
   - 4 to 7 days
8. **In the past week, how many nights have you had trouble sleeping due to heartburn or noticing stomach contents rising to your throat or mouth?**
   - Never
   - 1 day
   - 2 to 3 days
   - 4 to 7 days
9. **In the past week, how many days have you taken any medication for heartburn or stomach contents rising to your throat or mouth, aside from what your doctor prescribed (such as Almax, fruit salts, or Rennie digestive tablets)?**
   - Never
   - 1 day
   - 2 to 3 days
   - 4 to 7 days