



Dyspepsia Questionnaire

1. **Indigestion** is a pain or discomfort of the upper abdomen.

a. How often have you had this symptom over the past 2 months? Please mark one.

- Not at all
- Less than once a month
- Between once a month and once a week
- Between once a week and once a day
- Once a day or more

b. How often has this symptom interfered with your normal activities (eating, sleeping, work leisure) over the past 2 months? Please mark one.

- Not at all
- Less than once a month
- Between once a month and once a week
- Between once a week and once a day
- Once a day or more

2. **Heartburn** is a burning feeling behind the breastbone.

a. How often have you had this symptom over the past 2 months? Please mark one.

- Not at all
- Less than once a month
- Between once a month and once a week
- Between once a week and once a day
- Once a day or more

b. How often has this symptom interfered with your normal activities (eating, sleeping, work leisure) over the past 2 months? Please mark one.

- Not at all
- Less than once a month
- Between once a month and once a week
- Between once a week and once a day
- Once a day or more

3. **Regurgitation** is an acid taste coming up into your mouth from your stomach.

a. How often have you had this symptom over the past 2 months? Please mark one.

- Not at all
- Less than once a month
- Between once a month and once a week
- Between once a week and once a day
- Once a day or more

b. How often has this symptom interfered with your normal activities (eating, sleeping, work leisure) over the past 2 months? Please mark one.

- Not at all
- Less than once a month
- Between once a month and once a week
- Between once a week and once a day
- Once a day or more

4. **Nausea** is a feeling of sickness without actually being sick.

a. How often have you had this symptom over the past 2 months? Please mark one.

- Not at all
- Less than once a month
- Between once a month and once a week
- Between once a week and once a day
- Once a day or more

b. How often has this symptom interfered with your normal activities (eating, sleeping, work leisure) over the past 2 months? Please mark one.

- Not at all
- Less than once a month
- Between once a month and once a week
- Between once a week and once a day
- Once a day or more

5. Which, if any, of these symptoms has been most troublesome to you in the past 2 months? Please mark one.

- Heartburn
- Regurgitation
- Indigestion
- Nausea
- None of these has bothered me

6. Over the past 2 months have you taken any of the following medications?

- | | | | |
|----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Axid | <input type="checkbox"/> Prilosec | <input type="checkbox"/> Prevacid | <input type="checkbox"/> Dexilant |
| <input type="checkbox"/> Pepcid | <input type="checkbox"/> Aciphex | <input type="checkbox"/> Nexium | <input type="checkbox"/> Maalox |
| <input type="checkbox"/> Zantac | <input type="checkbox"/> Protonix | <input type="checkbox"/> Zegerid | <input type="checkbox"/> Tums |
| <input type="checkbox"/> Rolaids | | | |