

HRDQ Diary

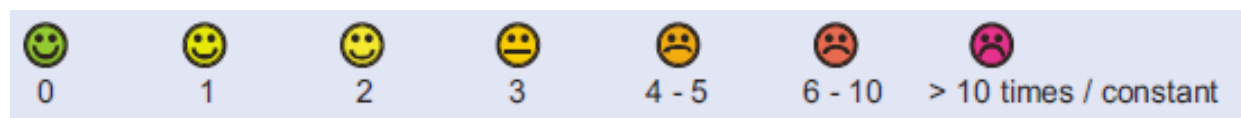
Please remember to fill out the diary every day!

The final layout of the questionnaire may differ

1. Heartburn

1a. How often since yesterday have you suffered from heartburn?

By heartburn we mean a burning sensation in the chest, just behind the breastbone.



**Please mark the smiley that indicates the number of times with an X.
Mark only one smiley.**

1b. Please rate the severity of your heartburn since yesterday.

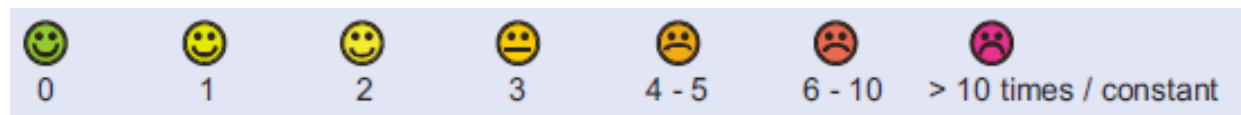
Please mark only one box with an X.

- ☐ No symptoms
- ☐ Mild: (awareness of heartburn but easily tolerated)
- ☐ Moderate: (discomforting heartburn sufficient to cause interference with normal activities including sleep)
- ☐ Severe: (incapacitating heartburn, with inability to perform normal activities, including sleep)

2. Regurgitation

2a. How often since yesterday have you suffered from regurgitation?

By regurgitation we mean the return of liquid or small amounts of food from the stomach to the mouth or throat.



**Please mark the smiley that indicates the number of times with an X.
Mark only one smiley.**

2b. Please rate the severity of your regurgitation since yesterday.

Please mark only one box with an X.

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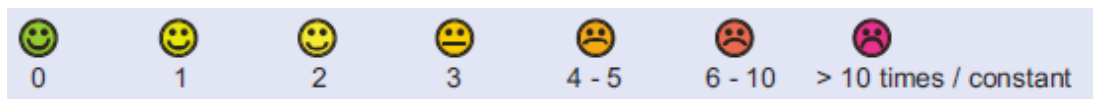
The final layout of the questionnaire may differ

- ☐ No symptoms
- ☐ Mild: (awareness of regurgitation but easily tolerated)
- ☐ Moderate: (discomforting regurgitation sufficient to cause interference with normal activities including sleep)
- ☐ Severe: (incapacitating regurgitation, with inability to perform normal activities, including sleep)

3. Dyspepsia

3a. How often since yesterday have you suffered from dyspepsia?

By dyspepsia we mean pain or discomfort in the upper part of the abdomen (the triangular area below the breastbone and between the ribs).



Please mark the smiley that indicates the number of times with an X. Mark only one smiley.

3b. Please rate the severity of your dyspepsia since yesterday.

Please mark only one box with an X.

- ☐ No symptoms
- ☐ Mild: (awareness of dyspepsia but easily tolerated)
- ☐ Moderate: (discomforting dyspepsia sufficient to cause interference with normal activities including sleep)
- ☐ Severe: (incapacitating dyspepsia, with inability to perform normal activities, including sleep)

4. Please note the total amount of time that you have suffered from heartburn, regurgitation or dyspepsia since yesterday.

Please do not note the amount of time for each symptom but for all three symptoms together.

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___ minutes or ___ hours

5. Have you suffered from heartburn, regurgitation or dyspepsia during night time (during sleep) since yesterday?

Please do not specify the symptom.

☐ Yes

☐ No

Thank you for your time.