Multimedia appendix: The GerdQ self-assessment questionnaire

	Symptoms	present i	in the	last 7	days
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	Symptom presence	
	0 days	1 day 2
Question:		
1. How often did you have a burning feeling behind	0	1
your breastbone (heartburn)?		
2. How often did you have stomach contents (liquid or	0	1
food) moving upwards to your throat or mouth		
(regurgitation)?		
3. How often did you have a pain in the center of the	3	2
upper stomach?		
4. How often did you have nausea?	3	2
5. How often did you have difficulty getting a good	0	1
night's sleep because of your heartburn and/ or		
regurgitation?		
6. How often did you take additional medication for	0	1
your heartburn and/ or regurgitation other than what		
the physician told you to take (such as Maalox)?		

GerdQ symptom scores:

GerdQ < 8: low probability for GERD

GerdQ ≥ 8 and ≤ 3 on questions 5 and 6 (impact questions): GERD with low impact on daily life

GerdQ \geq 8 and \geq 3 on questions 5 and 6 (impact questions): GERD with high impact on daily life