



LEEDS SHORT FORM QUESTIONNAIRE

Please answer both parts of each question		A	B
Patient ID:		How often have you had this symptom over the last 2 months?	How often has this symptom interfered with your normal activities (eating, sleeping, work, leisure) over the last 2 months?
Date:		Tick only one box per question.	Tick only one box per question
1. Indigestion Indigestion is a pain or discomfort in the upper abdomen.		<input type="checkbox"/> Not at all <input type="checkbox"/> Less than once a month <input type="checkbox"/> Between once a month and once a week <input type="checkbox"/> Between once a week and once a day <input type="checkbox"/> Once a day or more	<input type="checkbox"/> Not at all <input type="checkbox"/> Less than once a month <input type="checkbox"/> Between once a month and once a week <input type="checkbox"/> Between once a week and once a day <input type="checkbox"/> Once a day or more
2. Heartburn Heartburn is a burning feeling behind the breastbone.		<input type="checkbox"/> Not at all <input type="checkbox"/> Less than once a month <input type="checkbox"/> Between once a month and once a week <input type="checkbox"/> Between once a week and once a day <input type="checkbox"/> Once a day or more	<input type="checkbox"/> Not at all <input type="checkbox"/> Less than once a month <input type="checkbox"/> Between once a month and once a week <input type="checkbox"/> Between once a week and once a day <input type="checkbox"/> Once a day or more
3. Regurgitation Regurgitation is an acid taste coming up into your mouth from your stomach.		<input type="checkbox"/> Not at all <input type="checkbox"/> Less than once a month <input type="checkbox"/> Between once a month and once a week <input type="checkbox"/> Between once a week and once a day <input type="checkbox"/> Once a day or more	<input type="checkbox"/> Not at all <input type="checkbox"/> Less than once a month <input type="checkbox"/> Between once a month and once a week <input type="checkbox"/> Between once a week and once a day <input type="checkbox"/> Once a day or more
4. Nausea Nausea is a feeling of sickness without actually being sick.		<input type="checkbox"/> Not at all <input type="checkbox"/> Less than once a month <input type="checkbox"/> Between once a month and once a week <input type="checkbox"/> Between once a week and once a day <input type="checkbox"/> Once a day or more	<input type="checkbox"/> Not at all <input type="checkbox"/> Less than once a month <input type="checkbox"/> Between once a month and once a week <input type="checkbox"/> Between once a week and once a day <input type="checkbox"/> Once a day or more
5. Which, if any, of these symptoms has been the most troublesome to you in the last 2 months? Please tick one box only		<input type="checkbox"/> Heartburn <input type="checkbox"/> Regurgitation <input type="checkbox"/> Indigestion <input type="checkbox"/> Nausea <input type="checkbox"/> None of these have troubled me	