

ROARS Questionnaire

Name: _____ DOB: _____ Date: _____

Do you normally take PPIs? ☐ Twice Daily ☐ Daily ☐ Occasionally, as needed ☐ No

Have you taken PPIs in the last 7 days? ☐ Yes ☐ No

(Prilosec (omeprazole), Prevacid, Nexium, Dexilant, Aciphex)

Scoring Scale	
0 = No symptoms	3 = Symptoms bothersome every day
1 = Symptoms noticeable but not bothersome	4 = Symptoms affect daily activities
2 = Symptoms noticeable and bothersome but not every day	5 = Symptoms are incapacitating – unable to do activities
**Please answer questions as if you are not taking any PPI's	

1. How bad is your heartburn?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2. Heartburn when lying down?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3. Heartburn when standing up?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4. Heartburn after meals?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
5. Does heartburn change your diet?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
6. Does heartburn wake you from sleep?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
7. Do you have difficulty swallowing?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
8. Do you have pain with swallowing?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
9. How bad is your regurgitation?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
10. Regurgitation when lying down?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
11. Regurgitation when standing up?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
12. Regurgitation after meals?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
13. Does regurgitation change your diet?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
14. Does regurgitation wake you from sleep?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
15. Do you have abdominal bloating or distention?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
16. Do you have cough?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
17. Do you have excess flatulence (passing gas)?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
18. Do you have voice changes?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
19. Do you have nausea?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
20. Do you have vomiting?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
21. Do you have dumping (crampy abdominal pain and diarrhea after eating)?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
22. Do you have bowel urgency?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
23. If you take reflux medications, does this affect your daily life?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
24. Are you able to belch?	☐ Yes		☐ No		☐ Don't know	
25. Are you able to vomit if needed?	☐ Yes		☐ No		☐ Don't know	
26. How satisfied are you with your present condition?	Satisfied ☐		Neutral ☐		Dissatisfied ☐	
27. Do you have a pacemaker?	☐ Yes		☐ No		☐ Don't Know	
28. Do you have any allergies to metal? (Nickel, Copper, Cobalt, etc)	☐ Yes		☐ No		☐ Don't know	