

GERD Risk Assessment

GERD Risk Assessment Tool

The GERD Risk Assessment Tool is designed & developed to assess the level of risk you are facing toward GERD & to devise a responsive treatment plan to help you improve your quality of life & well-being.

DID YOU KNOW THAT :

- 30% of UAE population suffers from Acid reflux.
- Acid reflux is linked to asthma, voice disorders, and Barrett's Esophagus which increases your risk of esophageal cancer
- Acid reflux significantly interrupts your ability to sleep soundly through the night
- Acid reflux can affect people of any age, from babies to adults

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Evaluating Your GERD Assessment Score

The scoring system: Calculate total points based on your answers.

Answer = Score

Yes = 2

Occasionally = 1

No = 0

Keep a track of your score based on your answer to each question and the total score will be the sum of each answer's score.

Inference:

1-3 Unlikely to have GERD

Learn about how to prevent GERD

4-6 Low possibilities of having GERD

Adopt preventive measures & seek consult if your symptoms increase

7-10 Moderate possibilities of GERD

Seek consult with a Specialist Gastroenterologist

11+ High possibilities of GERD

Take immediate actions - consult with your gastroenterologist & follow treatment options

For example: If you answer each question as Yes, your total score will 20 and the inference will be you've high possibilities that you've GERD and you should immediately take a Gastroenterology consult.

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Risk Assessment Questionnaire

1. Do you currently smoke cigarettes, or not?

- Yes, I do
- Occasionally
- No, I do not

*** 2. Are you more than %10 above your ideal bodyweight?**

- Yes
- No

*** 3. Do you eat out often?**

- Yes
- Occasionally
- No

***4. Do you get frequent heartburn or chest pains (especially after eating)?**

- Yes
- Occasionally
- No

*** 5. Do you suffer from indigestion, burping, nausea after eating, or stomach bloating?**

- Yes
- Occasionally
- NO

*** 6. Do you face difficulties in breathing or swallowing?**

- Yes
- Sometimes
- No

*** 7. Do you often feel hoarseness in your throat primarily in the morning?**

- Yes
- Occasionally
- No

*** 8. Do you suffer from a chronic cough?**

- Yes
- Occasionally
- No

*** 9. Are you prone to dental cavities or enamel erosions?**

- Yes
- Occasionally
- No

*** 10. Do you experience regurgitation or vomiting reflex often?**

- Yes
- Occasionally
- No



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Thank You

Thank you for taking the assessment. Based on your score's inference, you may connect with our team of experts to devise next steps towards your health & well-being.

Call us at **+971 4 4 400 500** or write to us at

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We'll Treat You Well