## FSSG (Frequency Scale for the Symptoms of GERD)

1) Do you get heartburn?
2) Does your stomach get bloated?
3) Does your stomach feel heavy after meals?
4) Do you subconsciously rub your chest with your hand?
5) Do you feel sick after meals?
6) Do you get heartburn after meals?
7) Do you have an unusual sensation in your throat?
8) Do you feel full while eating meals?
9) Do some things get stuck when you swallow?
10) Do you get bitter liquid coming up into your throat?
11) Do you burp a lot?
12) Do you get heartburn if you bend over?

The answer of symptom frequency is from 0 to 4 on each question as follows: never $=0$; occasionally $=1$; sometimes=2; often=3; and always=4.

## Questionnaire on symptoms, medical/family histories, and lifestyles

1) Do you have a history of gastrectomy?
2) Do you take some proton pump inhibitors (PPIs)?
3) Do you take some histamine $\mathrm{H}_{2}$-receptor antagonists ( $\mathrm{H}_{2} \mathrm{RAs}$ )?
4) Do you take some digestive drugs other than antacids (PPIs or $\mathrm{H}_{2} \mathrm{RAs}$ )?
5) Do you take some non-steroidal anti-inflammatory drugs (NSAIDs)?
6) Do you take some steroids?
7) Do you take some anticoagulants?
8) Do you take some antihypertensive drugs?
9) Do you take some antihyperglycemic agents?
10) Do you take some antihyperlipidemic agents?
11) Do you have a history of cerebrovascular disease?
12) Do you have a history of cardiovascular disease?
13) Do you have a history of renal failure?
14) Has your body weight markedly increased in adulthood (more than 10 kg from age 20 years)?
15) Is your time of exercise less than 30 minutes a day?
16) Do you have a habit of midnight snack (more than three times a week)?
17) Do you have a feeling of inadequate sleep?
18) Do you have a habit of frequent lack of breakfast (more than three times a week)?
19) Do you have a habit of having dinner within two hours before going to bed?
20) Do you have a habit of quick eating?
21) Do you have a habit of smoking?
22) Do you have a habit of alcohol drinking (almost every day)?

The answer is "Yes" or "No" for each question.

