

## Acid Reflux HRA Questions

Questions	Potential Answers	Customization Info
Name & User Type Options	Myself Caregiver	Required - can customize whether you want to present caregiver field. Can also customize Page Introduction text, Myself selected text, and Someone
Email Address		Optional - can toggle off email capture. Can also customize the page
Sex at Birth	Male Female	Required & Not Customizable
Height		Required & Not Customizable
Weight		Required - can customize whether you want BMI calculation shown on screen
Gender Pronouns Display & Text		Optional - be default this question is hidden
Ethnicity (Always available)	White Black or African American Hispanic or Latino Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Other Unknown/no answer	Required - can customize the page introduction text that reads by default 'Methodologies for preventative screenings are determined, in part, by sex at birth, age, and ethnicity. Please provide the following information to increase the accuracy of your assessment.'
Race (Only populated if Detailed Race/Ethnic Origin option selected)	White Black or African American Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Other Unknown/no answer	Optional additional question
Ethnic Origin (Only populated if Detailed Race/Ethnic Origin option selected)	Not Hispanic or Latino Hispanic or Latino Unknown/no answer	Optional additional question
Do you use tobacco products?	No, never No, last used more than a year ago No, last used in the past year Yes	Required and not customizable
In a typical week, what types of physical activity do you engage in? Check all that apply.	Moderate activity (examples) Vigorous activity (examples) None of these	Required and not customizable
Describe your moderate activity in a typical week.	x minutes per day x days a week	Required - can customize text in parentheses - default is '(walking, biking, active yoga, dancing, recreational swimming)'
Describe your vigorous activity in a typical week.	x minutes per day x days a week	Required - can customize text in parentheses - default is '(running, hiking uphill, singles tennis, swimming laps)'
Do you have a (primary care name)? Default: primary care physician	(Not answered) Yes No I don't know	Required - can customize the wording of PCP ex/ 'primary care provider' vs 'primary care physician'
Do you have a (specialist name)? Default: gastroenterologist	(Not answered) Yes No I don't know	Optional additional question
Is your provider part of (ORGANIZATION_NAME)?	No Yes (not answered)	Optional additional question
Provider Name (label is customizable)	Provider Name	Optional additional question
Is your provider part of (ORGANIZATION_NAME)?	No Yes (not answered)	Optional additional question
Provider Name (label is customizable)	Physician Name	Optional additional question
Have you been diagnosed with gastroesophageal reflux disease (GERD) by a health care professional?	No Yes	Required & Not Customizable
Burning feeling behind the breastbone (heartburn)	0 Days 1 Day 2 or 3 Days 4 to 7 days	Required & Not Customizable
Stomach contents moving up to the throat or mouth (regurgitation)	0 Days 1 Day 2 or 3 Days 4 to 7 days	Required & Not Customizable
Pain in the middle of the upper stomach area	0 Days 1 Day 2 or 3 Days 4 to 7 days	Required & Not Customizable
Nausea	0 Days 1 Day 2 or 3 Days 4 to 7 days	Required & Not Customizable
Trouble getting a good night's sleep because of heartburn or regurgitation	0 Days 1 Day 2 or 3 Days 4 to 7 days	Required & Not Customizable
Need for over-the-counter medicine for heartburn or regurgitation, in addition to any medicine your doctor prescribed	0 Days 1 Day 2 or 3 Days 4 to 7 days	Required & Not Customizable
Do you have any of these other symptoms?	Chest pain not otherwise described Painful or difficulty swallowing Unexplained weight loss (5% or more) None of these	Required & Not Customizable
Do you have any of these related issues?	Chronic cough Chronic hoarseness Chronic laryngitis Chronic sore throat None of these	Required & Not Customizable
What healthy habits do you use to reduce or prevent your symptoms?	Avoid food and drink that trigger symptoms Consume fewer than 7 alcoholic drinks per week Eat smaller meals throughout the day Avoid eating 2-3 hours before going to bed None of these	Required & Not Customizable
How have you changed your diet to reduce or prevent symptoms?	Avoid taking naproxen, ibuprofen or aspirin, unless doctor directed Wear loose-fitting clothing around the abdomen Sleep with head elevated None of these	Required & Not Customizable