

Supplementary material

Appendix 1 Symptom questionnaire

1. Heartburn

0, Never:

1, Mild: Occasionally (less than once a week) It can be ignored if I don't think about it

2, Moderate: Sometimes (several times a week). It cannot be ignored, but does not affect my lifestyle.

3, Severe: Often (daily). It affects my lifestyle.

4, Always (with every meal). It markedly affects my lifestyle.

2. Regurgitation

0, Never:

1, Mild: Occasionally (less than once a week) It can be ignored if I don't think about it

2, Moderate: Sometimes (several times a week). It cannot be ignored, but does not affect my lifestyle.

3, Severe: Often (daily). It affects my lifestyle.

4, Always (with every meal). It markedly affects my lifestyle.

3. Difficulty swallowing:

0, Never:

1, Mild: Occasionally (less than once a week) It can be ignored if I don't think about it

2, Moderate: Sometimes (several times a week). It cannot be ignored, but does not affect my lifestyle.

3, Severe: Often (daily). It affects my lifestyle.

4, Always (with every meal). It markedly affects my lifestyle.

4. Chest pain:

0, Never:

1, Mild: Occasionally (less than once a week) It can be ignored if I don't think about it

2, Moderate: Sometimes (several times a week). It cannot be ignored, but does not affect my lifestyle.

3, Severe: Often (daily). It affects my lifestyle.

4, Always (with every meal). It markedly affects my lifestyle.