

Entered: __/__/20__ mm dd yy	Initials: _____	Verified: __/__/20__ mm dd yy	Initials: _____
Patient ID _____ - _____ - _____	For office use only.		Visit: _____

GSRS – Version: 06/30/2005

Form Completion Date __/__/20__
mm dd yy

Revicki DA, Wood M, Wiklund I, Crawley J. Reliability and validity of the gastrointestinal symptom rating scale in patients with gastroesophageal reflux disease. *Quality of Life Research*. v7, 1998.