Name: _____ ID: _____ Date: ___ ( ) Entered into Database

Status

☐ **On antacids (e.g. PPIs)** ☐ Twice daily ☐ Daily ☐ Occasionally

☐ **Off antacid medication**

☐ **Before Surgery** After Surgery - How Long? _____ months after surgery

Scale:

0=No Symptoms 1=Noticeable not bothersome 2=Noticeable, bothersome, not every d

3=Bothersome daily 4=Bothersome and affects daily activity 5=incapacitating to do daily activities

	None → Severe					
Which describes your experience over the past **2 weeks?**	0	1	2	3	4	5
How bad is the heartburn?						
Heartburn when lying down?						
Heartburn when standing up?						
Heartburn after meals?						
Does heartburn change your diet?						
Does heartburn wake you from sleep?						
Do you have difficulty swallowing?						
Do you have pain with swallowing?						
If you take reflux medication, does this affect your daily life?						
How bad is the regurgitation?						
Regurgitation when lying down?						
Regurgitation when standing up?						
Regurgitation after meals?						
Does regurgitation change your diet?						
Does regurgitation wake you from sleep?						
(Subtotal)						
(Total)						
Hoarseness or a problem with your voice?						
Clearing your throat?						
Excess throat mucus or postnasal drip?						
Difficulty swallowing foods, liquids, or pills?						
Coughing after you ate or after lying down?						
Breathing difficulties or choking episodes?						
Troublesome or annoying cough?						
Sensation or something sticking or a lump in your throat?						
Heartburn, chest pain, indigestion, or stomach acid coming up?						
(Subtotal)						
(Total)						
Upper abdominal bloating, distention?						
Excess flatulence?						
	Satisfied		Neutral		Dissatisfied	
How satisfied are you with your current condition?						