Sarah Bush Lincoln

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Heartburn / Reflux Symptoms Questionnaire

Patient name: _____ DOB: ____/____/_____

Regarding your symptoms over the past 7 days: Were you on anti-reflux medication? ❑ YES ❑ NO

Check column 1=symptoms OFF meds; Column 2= ON (may estimate past symptoms OFF reflux meds if not recent)

1. How often did you have a burning feeling behind your breastbone (heartburn)?

OFF	**ON** (medication)	
❑	❑ 0 days	(0)
❑	❑ 1 day	(1)
❑	❑ 2-3 days	(2)
❑	❑ 4-7 days	(3)

2. How often did you feel the unpleasant sensation of stomach contents (food or liquid) move upwards into your throat or mouth?

OFF	**ON** (medication)	
❑	❑ 0 days	(0)
❑	❑ 1 day	(1)
❑	❑ 2-3 days	(2)
❑	❑ 4-7 days	(3)

3. How often did you have pain in the center of the upper stomach region?

OFF	**ON** (medication)	
❑	❑ 0 days	(0)
❑	❑ 1 day	(1)
❑	❑ 2-3 days	(2)
❑	❑ 4-7 days	(3)

4. How often did you have nausea?

OFF	**ON** (medication)	
❑	❑ 0 days	(0)
❑	❑ 1 day	(1)
❑	❑ 2-3 days	(2)
❑	❑ 4-7 days	(3)

5. How often did you have difficulty getting a good night's sleep because of your heartburn?

OFF	**ON** (medication)	
❑	❑ 0 days	(0)
❑	❑ 1 day	(1)
❑	❑ 2-3 days	(2)
❑	❑ 4-7 days	(3)

6. How often did you take additional medications for your heartburn and/or regurgitation (such as Tums, Pepcid, Prilosec, etc.)?

OFF	**ON** (medication)	
❑	❑ 0 days	(0)
❑	❑ 1 day	(1)
❑	❑ 2-3 days	(2)
❑	❑ 4-7 days	(3)

Add up your corresponding score. Those with a score of 8 or greater have the likelihood of having Gastroesophageal Reflux Disease. Those with total scores of fewer than 8 have low or no likelihood of GERD.

TOTAL: _____

Within the last MONTH, how did the following problems affect you? (Refer to Scoring Scale)
Circle responses: 0= No Problem 5=Severe Problem

Hoarseness or a problem with your voice	0	1	2	3	4	5
Clearing your throat	0	1	2	3	4	5
Excess mucous in throat or postnasal drip	0	1	2	3	4	5
Difficulty swallowing food, liquids or pills	0	1	2	3	4	5
Coughing after eating or lying down	0	1	2	3	4	5
Breathing difficulty or choking episodes	0	1	2	3	4	5
Troublesome or annoying cough	0	1	2	3	4	5
Sensations of something sticking in your throat or a lump in your throat	0	1	2	3	4	5
Heartburn, chest pain, indigestion, or stomach acid coming up into your throat	0	1	2	3	4	5

TOTAL: _____

A score of 15 or more means that you have a 90% chance of having reflux, especially airway reflux. If you experience GERD and it's bothersome or unmanageable, please contact one of the clinics listed at top. Feel free to bring this filled out sheet to your appointment.