

Acid Reflux

Name _____

Date _____

ESOPHAGEAL REFLUX QUESTIONNAIRE

What is your most bothersome symptom? _____

Approximately how long have you had symptoms of reflux? _____

How long have you taken prescription drugs for reflux? _____

Have you been treated for a narrowed esophagus (stricture)? _____

Since developing reflux symptoms, have you lost/gained weight? _____

If so, how much weight have you lost/gained? _____

Over the last few years have you been diagnosed with or treated for any of the following:

Asthma (Yes/No) Bronchitis (Yes/No) Pneumonia (Yes/No) Laryngitis (Yes/No)

PLEASE RESPOND TO THE FOLLOWING STATEMENTS USING THE NUMBER SCALE BELOW

0 = Never 1 = Rarely 2 = Occasionally 3 = Frequently 4 = Always

	on medication	before medication
During swallowing, food " hangs up " while going down	0 1 2 3 4	0 1 2 3 4
Swallowing a bite of chewed food is painful	0 1 2 3 4	0 1 2 3 4
Citrus juices or swallowing spicy food causes burning pain	0 1 2 3 4	0 1 2 3 4
I feel as if something is stuck in my throat	0 1 2 3 4	0 1 2 3 4
I find myself swallowing saliva or air to relieve my discomfort	0 1 2 3 4	0 1 2 3 4
I have chest pains	0 1 2 3 4	0 1 2 3 4
I feel as if I have a " stomach ache "	0 1 2 3 4	0 1 2 3 4
I feel uncomfortably full after eating a meal	0 1 2 3 4	0 1 2 3 4
I have heartburn	0 1 2 3 4	0 1 2 3 4
During the daytime, acid/bitter fluid is burped into my throat	0 1 2 3 4	0 1 2 3 4
My sleep is disturbed by symptoms of reflux	0 1 2 3 4	0 1 2 3 4
My symptoms become more noticeable when I lie down	0 1 2 3 4	0 1 2 3 4
My symptoms become worse when I bend over	0 1 2 3 4	0 1 2 3 4
Taking medication relieves my discomfort.....	0 1 2 3 4	0 1 2 3 4
In the morning I awaken with an acid/bitter taste in my mouth	0 1 2 3 4	0 1 2 3 4
I sometimes get a sore throat for no good reason	0 1 2 3 4	0 1 2 3 4
I sometimes lose my voice for no good reason	0 1 2 3 4	0 1 2 3 4
I develop coughing at night	0 1 2 3 4	0 1 2 3 4
I have to clear my throat a lot	0 1 2 3 4	0 1 2 3 4