

### Reflux 5-Day Journal

Keeping a record of your activities when you experience reflux symptoms is a great way to identify your personal triggers. A record of what remedies you used may also be helpful for you and your healthcare provider. Use this form for 5 consecutive days and bring the completed form to the next visit with your physician.

<b>Date:</b>					
<p><b>Symptoms:</b> <i>Be sure to describe symptoms in detail and include possible times and duration and how the symptoms may have affected your daily activity.</i></p> <ul style="list-style-type: none"> <li>▪ Pain (severity and location— upper abdomen, chest, back, arm, fingers, ear)</li> <li>▪ Nausea</li> <li>▪ Vomiting</li> <li>▪ Hiccups</li> <li>▪ Burping</li> <li>▪ Coughing</li> <li>▪ Fullness</li> <li>▪ Throat pain</li> <li>▪ Other</li> </ul>					
<p><b>Potential Triggers:</b></p> <ul style="list-style-type: none"> <li>▪ Meals (fatty, spicy, large)</li> <li>▪ Smoking</li> <li>▪ Stress</li> <li>▪ Exercising</li> <li>▪ Other</li> </ul>					
<p><b>Treatment/Relief:</b> <i>What made your symptoms better and how effective were they?</i></p> <ul style="list-style-type: none"> <li>▪ Elevate bed</li> <li>▪ Dietary changes (avoidance of specific foods, avoidance of late-night eating, smaller meals)</li> <li>▪ Decrease smoking</li> <li>▪ Increase exercise</li> <li>▪ Medications (antacids, prescription drugs, over-the-counter drugs, supplements)</li> <li>▪ Stress reduction/meditation</li> </ul>					
<p><b>Additional Comments/Relief Ranking:</b> <i>Rank your relief from 1-3 where 1 is complete relief or no symptoms, 2 is some relief (50% or more better) and 3 means no improvement</i></p>					