

# CENTER FOR GERD & FOREGUT DISORDERS

## Symptom Tracker

If you have persistent heartburn two or more days a week despite treatment and diet changes, you might have gastroesophageal reflux disease (GERD), or a related disorder. In order to help manage your symptoms, it's important to know what might lead to or trigger them. Keep track of your symptoms by filling out the tracker below and share this with your provider so, together, you can take the first step towards treatment.

### Symptoms Experienced

*(check all that apply)*

- Heartburn (a burning feeling in the chest)
- Reflux (acid backing up into the throat or esophagus)
- Trouble swallowing
- Sore throat
- Hoarseness
- Feeling of a lump in the throat
- Other symptoms (please explain): \_\_\_\_\_  
\_\_\_\_\_

### Food and Beverages that Trigger Symptoms

*(check all that apply)*

- Fried or fatty foods
- Spicy foods
- Tomato-based foods
- Citrus fruits/juices
- Coffee/Alcohol/Carbonated drinks
- Other (please explain): \_\_\_\_\_  
\_\_\_\_\_

### How Painful are Your Symptoms?

*(5 being the worst)*

No Pain		Moderate Pain		Severe Pain
1	2	3	4	5

### Symptoms Typically Start When I...

*(check all that apply)*

- Lay down
- Bend over
- Exercise
- Eat or drink
- Eat within three hours before going to bed
- Sleep
- Other (please explain): \_\_\_\_\_  
\_\_\_\_\_

### Symptoms Cause Me To...

*(check all that apply)*

- Stay up at night
- Wake up in the middle of the night
- Miss work or social events
- Use a recliner to sleep
- Limit physical activity
- Other (please explain): \_\_\_\_\_  
\_\_\_\_\_

### Frequency of Symptoms

- Daily
- 2-3 times per week
- More than 3 times per week
- 2-3 times per month
- Other (please explain): \_\_\_\_\_  
\_\_\_\_\_

### Length of Symptoms

*(from time symptoms began - how long they lasted)*

\_\_\_\_\_  
\_\_\_\_\_

### Medications

List any medications you are currently taking for your heartburn/reflux (both over-the-counter and prescription): \_\_\_\_\_  
\_\_\_\_\_

List other medications you are currently taking: \_\_\_\_\_  
\_\_\_\_\_

### Symptom Management

*(list any methods you have used to manage your symptoms such as diet changes, sleeping position, clothing, etc.)*

\_\_\_\_\_  
\_\_\_\_\_

### Notes For Your Doctor

*(Use this space to write down any notes you would like to discuss with your doctor.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_