

Personal Reflux Record

The first step to controlling heartburn is identifying what may trigger your attacks and how your body responds to those factors. The next is determining which lifestyle changes and treatments may offer relief for you.

This record will help you chart the frequency and severity of attacks. If you consult your health care professional for advice, bring this record to serve as a reference during your visit. Record the date, time of occurrence, factors that seem to contribute to your

heartburn and any symptoms that might be related. Then write down what you do to treat the heartburn and whether or how long it works. Complete a separate column for each episode and answer as many questions as you can for each episode.

It is also important to note if you experience any hoarseness, wheezing, trouble swallowing food or pills and any activities that you limit because of your heartburn. This will help to assure that all these issues are discussed during your visit.

WHAT TO RECORD	QUESTIONS TO KEEP IN MIND	DATE	DATE	DATE	DATE	DATE	DATE	DATE
Symptoms	<ul style="list-style-type: none"> Describe your symptoms. What time did symptoms occur? Do you have any symptoms that may or may not be related to heartburn, such as asthma, hoarseness or stomach pain? Is the pain radiating to another part of your body? 							
Duration	<ul style="list-style-type: none"> How long (hours, days) did the hearburn last? 							
Impact	<ul style="list-style-type: none"> Were you unable to sleep? Were you unable to go to work? Were you unable to perform any other activity? 							
Potential Triggers	<ul style="list-style-type: none"> Are you taking any other medications? Did exercise make your symptoms worse? What did you eat? What did you drink? Did you eat on the run? Did you smoke before this episode? Were you under stress? Were you lying down or bending over during the episode? 							
Treatment	<ul style="list-style-type: none"> Did you take any medicines—over-the-counter or prescription—to relieve the heartburn? Record all treatments, including antacids, H2 blockers, PPIs, herbal remedies, home remedies. 							
Impact of Treatment	<ul style="list-style-type: none"> Did the medicine provide complete relief? If yes, how long did the relief last? Did your symptoms persis even though you took the medicine as indicated? 							

Patient Analysis

After completing the chart above, review the information and respond to the following questions.

QUESTION	RESPONSE
Is there a typical time of day that you experience heartburn? How many days a week does your heartburn occur?	
What is your preferred treatment?	
Is your medicine providing relief? How long does the relief typically last?	
Is your heartburn affecting your daily activities?	