Appendix 1

Reflux Symptom Sheet

Patient Name: _____

DOB _____

STICKER

Appointment Date: _____

Predominant Category:

☐ LPR ☐ GOR ☐ MHH

Medications Current:

Predominant Symptom:

Symptoms

- ☐ Duration _____
- ☐ Heartburn _____ /10
- ☐ Regurgitation:
  - ☐ low _____ /10
  - ☐ throat _____ /10
- ☐ Odynophagia _____ /10
- ☐ Dysphagia:
  - ☐ typical _____ /10
  - ☐ slow transit _____ /10
- ☐ Vomiting _____ /10
- ☐ Nausea _____ /10
- ☐ Anorexia _____ /10
- ☐ Dyspepsia _____ /10
- ☐ Flatus _____ /10
- ☐ Bloat _____ /10
- ☐ Diarrhoea _____ /10
- ☐ Sleep Disturbance:
  - ☐ Sit up to Sleep _____ /10
- ☐ *Dyspnoea*
  - ☐ Exercise-induced _____ /10
  - ☐ Post-prandial _____ /10
  - ☐ Other _____ /10
- ☐ Atypical Chest Pain
  - ☐ Post-prandial _____ /10
  - ☐ Other _____ /10
- ☐ Palpitations _____ /10
- ☐ Early Satiety _____ /10
- ☐ Tiredness/Lethargy/Pre syncope _____ /10

Investigations

- ☐ Laryngoscopy _____
- ☐ CXR _____
- ☐ Smoking (Past) _____ (Present) _____
- ☐ PND _____
- ☐ High resolution CT
- ☐ RFTs
- ☐ Echo
- ☐ Gastroscopy
- ☐ Manometry
- ☐ 24hr pH
- ☐ Impedance

Symptoms

- ☐ Anaemia _____ /10
- ☐ Syncope _____ /10
- ☐ Cough _____ /10
- ☐ Cough duration _____
- ☐ Cough response to PPI? Y/N
- ☐ Globus _____ /10
- ☐ Mucous _____ /10
- ☐ Throat Clearing _____ /10
- ☐ Sore Throat _____ /10
- ☐ Dysphonia _____ /10
- ☐ Laryngospasm _____ /10
- ☐ Aspiration _____ /10
- ☐ Bronchitis (non-viral) _____ /10
- ☐ Pneumonia (non-viral) _____ /10
- ☐ Asthma:
  - ☐ Childhood _____ Suspected _____
  - ☐ Late onset _____ RFT proven _____
- ☐ Singing (History) _____ /10

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