

# GENERAL SURGERY PATIENT REFLUX HISTORY



Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Todays Date: \_\_\_\_\_

Do you normally take PPI's?      Twice Daily / Daily / As needed / No

Have you taken PPI's in the last 7 days?      Yes / No

PPI's include Prilosec(omeprazole), Prevacid(lansoprazole, Nexium(esomeprazole), Aciphex(raberprazole), Protonix(pantoprazole)

## SCALE

0 = No Symptoms      1 = Noticable, but not bothersome      2 = Noticable, bothersome, but not every day  
3 = Bothersome daily      4 = Bothersome and affects daily activities      5 = Incapacitating to do daily activities

## QUESTIONS (PLEASE CIRCLE ANSWER):

How bad was the heartburn?	0	1	2	3	4	5
Heartburn when lying down?	0	1	2	3	4	5
Heartburn when standing up?	0	1	2	3	4	5
Heartburn after meals?	0	1	2	3	4	5
Does heartburn change your diet?	0	1	2	3	4	5
Does heartburn wake you from sleep?	0	1	2	3	4	5
Do you have difficulty swallowing?	0	1	2	3	4	5
Do you have pain while swallowing?	0	1	2	3	4	5
Do you have gassy or bloating feeling?	0	1	2	3	4	5
If you take reflux medication, does this affect your daily life?	0	1	2	3	4	5

**Total Score (50 points total): \_\_\_\_\_**

How bad is the regurgitation?	0	1	2	3	4	5
Regurgitation when lying down?	0	1	2	3	4	5
Regurgitation when standing up?	0	1	2	3	4	5
Regurgitation after meals?	0	1	2	3	4	5
Does regurgitation change your diet?	0	1	2	3	4	5
Does regurgitation wake you from sleep?	0	1	2	3	4	5

How satisfied are you with your current health condition?      Satisfied      Neutral      Dissatisfied