7-Day Diary (Print)

A 1-week diary to help you get the most out of your next doctor visit.

For more information, please contact the International Foundation for Functional Gastrointestinal Disorders (IFFGD)

Toll Free at

1-888-964-2001

or visit www.aboutgerd.org

Frequent heartburn sufferers …

Persistent heartburn is the most frequent—but not the only—symptom of Gastroesophageal Reflux Disease, or GERD. Use this diary to help your doctor determine whether or not you have acid reflux disease (gastroesophageal reflux disease, or GERD). If your heartburn is persistent and occurs on 2 or more days a week, this diary will help you help your doctor find appropriate treatment.

Take these simple steps to find out if you're getting the relief you need:

Step 1: Fill out the following questionnaire.

Step 2: Follow the instructions for keeping your 7-day diary, and then take your questionnaire and diary to your doctor.

Consult a physician for a diagnosis and appropriate treatment.

Step 1: Complete this quick questionnaire

YES	**NO**	Do you take antacids 2 or more times a week?
YES	**NO**	Do you take heartburn medicine(s) other than antacids?
YES	**NO**	Does your heartburn interfere with your daily activities?
YES	**NO**	Do your symptoms often occur after meals?
YES	**NO**	Do these symptoms persist after changing your diet or avoiding specific foods?
YES	**NO**	Do your symptoms interfere with your sleep?
YES	**NO**	Do you find that your medicine only relieves your symptoms for short periods of time?

Step 2: Fill out your 7-day diary

If you have heartburn persistently, it is a good idea to talk with your doctor. He or she can help determine which treatment is right for you, including lifestyle modifications and/or offering you a prescription medication, should you need one.

We have designed this 7-day diary specifically to help you get the most out of your next doctor visit. By filling out this diary over the next week, you will help your doctor gain a better understanding of your symptoms so that he or she can prescribe the most effective treatment program.

For the next 7 days, it is important to keep a record of any and all heartburn and other symptoms you may have and how often they occur. **Record each symptom each time it occurs, even if it occurs several times a day.** Also, please try to carry this diary with you at all times to keep it accurate and complete.

How to use your diary

1. Record the approximate time the symptom(s) occurred.
2. Name the symptom(s) you experienced, such as:
   - heartburn (a burning discomfort that rises into the chest)
   - bitter/acid taste in the mouth
   - difficult or painful swallowing
3. Indicate how frequent heartburn and other symptoms interfere with your life. For example, make a note if you can't sleep, are unable to complete an activity, or have to avoid certain foods.
4. Record all treatments you used to relieve the symptom(s), including prescription medicine and any over-the-counter medicines.
5. On the last line, note how effective your medicine was in relieving your

7-Day Diary

Day 1

Time: _____

Symptom(s): _____

Impact on daily activities: _____

Treatment: _____

After taking medicine, my heartburn and other symptoms were:

- ☐ Not better at all
- ☐ Somewhat better
- ☐ Completely gone

Day 2

Time: _____

Symptom(s): _____

Impact on daily activities: _____

Treatment: _____

After taking medicine, my heartburn and other symptoms were:

- ☐ Not better at all
- ☐ Somewhat better
- ☐ Completely gone

Day 3

Time: _____

Symptom(s): _____

Impact on daily activities: _____

Treatment: _____

After taking medicine, my heartburn and other symptoms were:

- ☐ Not better at all
- ☐ Somewhat better
- ☐ Completely gone

Day 4

Time: _____

Symptom(s): _____

Impact on daily activities: _____

Treatment: _____

After taking medicine, my heartburn and other symptoms were:

- ☐ Not better at all
- ☐ Somewhat better
- ☐ Completely gone

Time: _____

Symptom(s): _____

Impact on daily activities: _____

Treatment: _____

After taking medicine, my heartburn and other symptoms were:

- ☐ Not better at all
- ☐ Somewhat better
- ☐ Completely gone

Time: _____

Symptom(s):

Impact on daily activities: _____

Treatment: _____

After taking medicine, my heartburn and other symptoms were:

- ☐ Not better at all
- ☐ Somewhat better
- ☐ Completely gone

Time: _____

Symptom(s): _____

Impact on daily activities: _____

Treatment: _____

After taking medicine, my heartburn and other symptoms were:

- ☐ Not better at all
- ☐ Somewhat better
- ☐ Completely gone

Time: _____

Symptom(s): _____

Impact on daily activities: _____

Treatment: _____

After taking medicine, my heartburn and other symptoms were:

- ☐ Not better at all
- ☐ Somewhat better
- ☐ Completely gone

7-Day Diary

Day 5

Time: _____

Symptom(s): _____

Impact on daily activities: _____

Treatment: _____

After taking medicine, my heartburn and other symptoms were:

- ☐ Not better at all
- ☐ Somewhat better
- ☐ Completely gone

Time: _____

Symptom(s): _____

Impact on daily activities: _____

Treatment: _____

After taking medicine, my heartburn and other symptoms were:

- ☐ Not better at all
- ☐ Somewhat better
- ☐ Completely gone

Day 6

Time: _____

Symptom(s): _____

Impact on daily activities: _____

Treatment: _____

After taking medicine, my heartburn and other symptoms were:

- ☐ Not better at all
- ☐ Somewhat better
- ☐ Completely gone

Time: _____

Symptom(s):

Impact on daily activities: _____

Treatment: _____

After taking medicine, my heartburn and other symptoms were:

- ☐ Not better at all
- ☐ Somewhat better
- ☐ Completely gone

Day 7

Time: _____

Symptom(s): _____

Impact on daily activities: _____

Treatment: _____

After taking medicine, my heartburn and other symptoms were:

- ☐ Not better at all
- ☐ Somewhat better
- ☐ Completely gone

Time: _____

Symptom(s): _____

Impact on daily activities: _____

Treatment: _____

After taking medicine, my heartburn and other symptoms were:

- ☐ Not better at all
- ☐ Somewhat better
- ☐ Completely gone

Other Symptoms of GERD

Besides persistent heartburn, acid regurgitation (refluxed material into the mouth) is a common symptom. Other less common symptoms of GERD may include:

- Belching
- Difficulty or pain when swallowing
- Sudden excess of saliva
- Sensation of food sticking in the throat
- Chronic sore throat
- Laryngitis
- Inflammation of the gums
- Erosion of the enamel of the teeth
- Chronic irritation in the throat
- Hoarseness in the morning
- A sour taste
- Bad breath

Chest pain may indicate acid reflux. This kind of pain or discomfort should prompt urgent medical evaluation to check for possible heart conditions.

Commonly recognized triggers that can sometimes aggravate symptoms include:

- Spices
- Onion
- Caffeine
- Citrus
- Peppermint
- Carbonated beverages
- Tomato
- Pepper
- Chocolate
- Alcohol

Personally observed triggers

_____

_____

_____

Tip:
Don't lie down within 3 hours of eating. That's when acid production is at its peak, so plan early dinners and avoid bedtime snacks.