



SET I

1. Do you have:

- trouble starting to swallow       the feeling of a lump in your throat  
 pain when you swallow       the feeling that food gets stuck

2. Do you get a burning in your chest or stomach:

- after meals       when bending or lifting  
 when lying down       when you awaken from sleep

Does this cause an acid or sour taste in your throat or mouth?    No     Yes

3. Do you have frequent:

- belching or the urge to burp       gassiness or bloating

4. Does your discomfort feel:

- sharp, as a knife       continuous  
 dull, as a toothache       comes and goes

5. Is this caused by foods?     No     Yes

- greasy       dairy products  
 spicy       roughage or bulk

List specific foods: \_\_\_\_\_

6. Does this cause:

- nausea       vomiting       bloating

7. Does your pain shoot or penetrate to your:

- back       sides       shoulder

8. Does your pain:

- keep you from sleep       awaken you from sleep

9. Is the pain relieved by:

- eating       medication  
 lying down       walking  
 it goes away by itself  
 other \_\_\_\_\_

How long after? \_\_\_\_\_