



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? _____