

## Reflux Symptom Self-Test

Within the last month, how did the following problems affect you?

0 = no problem                      5 = severe problem

- |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 1. Hoarseness or a problem with your voice.                       | 0 | 1 | 2 | 3 | 4 | 5 |
| 2. Clearing your throat   | 0 | 1 | 2 | 3 | 4 | 5 |
| 3. Excess throat mucous or post nasal drip.                       | 0 | 1 | 2 | 3 | 4 | 5 |
| 4. Difficulty swallowing food, liquids, or pills.                 | 0 | 1 | 2 | 3 | 4 | 5 |
| 5. Coughing after you ate or after lying down.                    | 0 | 1 | 2 | 3 | 4 | 5 |
| 6. Breathing difficulties or choking episodes.                    | 0 | 1 | 2 | 3 | 4 | 5 |
| 7. Troublesome or annoying cough.                                 | 0 | 1 | 2 | 3 | 4 | 5 |
| 8. Sensations of something sticking/lump in throat.               | 0 | 1 | 2 | 3 | 4 | 5 |
| 9. Heartburn, chest pain, indigestion, or stomach acid coming up. | 0 | 1 | 2 | 3 | 4 | 5 |

If you score 10 or higher on the self-test, you may have acid reflux. Please print and share your results with your doctor.