

ACID REFLUX SELF-ASSESSMENT

Do not ignore your pain or discomfort. Complete our brief self-assessment to determine if you might benefit from therapeutic intervention.

CRITERIA

Severity	Score
Never	1
Mild symptoms; not easy to recognize	2
Significant symptoms; can be endured	3
Serious symptoms; affect daily life	4
Very serious symptoms; significantly affects daily functions	5

Frequency	Score
No symptoms in the past one year	1
Less than once a month	2
At least once a month	3
At least once a week	4
At least once a day	5

SELF-ASSESSMENT	Severity (1-5)	Frequency (1-5)
Within the past 12 month, have you experienced any of the following symptoms: heartburn, chest burn, chest pain, coughing, voice transformation, hoarseness, uncomfortable feelings radiating from chest to the throat, constant earache or sinusitis?		
Within the past 12 months, have you ever had gastric acid reflux?		
Within the past 12 months, have you ever had gastric acid reflux coming up to your throat?		
In the past 12 months, how many times did you take antacids or other medicines for stomach ailments?		
SUBTOTAL SCORE		
TOTAL SCORE		

If your total score is 12 or above, contact our Acid Reflux Center at 775-352-5384 to schedule a consultation. Bring your completed assessment to your appointment.



**Northern Nevada
MEDICAL GROUP**