

# ACID REFLUX FREQUENCY TRACKER

Patient Name: \_\_\_\_\_ Month/Year: \_\_\_\_\_

\_\_\_\_\_

DATE	TIME	FOOD/DRINK TRIGGER	SEVERITY (1-5)	NOTES / SYMPTOMS
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<b>DATE</b>	<b>TIME</b>	<b>FOOD/DRINK TRIGGER</b>	<b>SEVERITY (1-5)</b>	<b>NOTES / SYMPTOMS</b>
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1: Mild (Barely noticeable) 2: Annoying (Discomfort) 3: Moderate (Affecting focus) 4: Severe (Painful) 5: Extreme (Cannot function)

**WEEKLY OBSERVATIONS:**