GERD AWARENESS WEEK | 7-DAY DIARY

"Track It to Treat It" Challenge

Log your symptoms for 7 consecutive days, then bring this record directly to your healthcare provider.

Patient Name: _____ **Week Of:** _____ **Provider Name:** _____

How to complete your log: Record the severity of heartburn (Mild / Mod / Sev), meals or foods that triggered discomfort, silent GERD symptoms (e.g. chronic cough, hoarseness, throat lump), and any over-the-counter antacids or acid reducers used each day.

7-DAY SYMPTOM & TRIGGER DIARY

Day	Heartburn Frequency & Timing e.g., Morning / After Meals / Night	Diet & Suspected Triggers e.g., Spicy, Coffee, Late Dinner, Citrus	Silent GERD Symptoms e.g., Hoarseness, Cough, Throat Lump	Antacid / OTC Med Use Dosage & Frequency
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
Day 7				

⚠ Red Flag Warning Symptoms

Seek immediate medical evaluation if you experience difficulty or pain when swallowing, unexplained weight loss, black/tarry stools, or vomiting blood.

🩺 When to See Your Doctor

Bring this completed 7-day diary to your healthcare provider if you experience heartburn **2 or more times per week** or rely on OTC medications for **over 2 weeks**.