

Infant Acid Reflux Questionnaire

Date: _____

Name of child: _____ Age of Child: _____

When did you first notice signs of reflux?: _____

If your child has seen a medical doctor, what did they prescribe for your child? Be specific. (name of product, dose, capsule, tabs, etc)

If currently on medication, what? Be specific. Name of product, dose, capsule, tabs, etc.

During eating or feedings, place a check for each symptom below that applies to your baby.

- Irritable during feeding
- Refusal to eat
- Only eats small amounts per feeding
- Gags when eating
- Arches back during feedings
- Difficulty swallowing
- None of the above

After eating or feedings, place a check for each symptom below that applies to your baby.

- Suffers from colic
- Unusually frequent hiccups
- Wet burps or liquid comes up during burping
- Spitting up during feeding
- Spitting up after feeding
- Frequent vomiting
- Acid order to vomit
- None of the above

Regarding sleeping habits, place a check for each symptom below that applies to your baby.

- Poor sleeping habits
- Suffers from apnea or snoring
- Has spells of not breathing
- None of the above

General symptoms. Place a check for each symptom below that applies to your baby.

- Coughing without signs of a cold
- Crying suddenly
- Crying constantly
- Not growing
- Losing weight
- Wheezing sound during breathing
- Repetitive ear infections
- Repetitive lung infections
- Repetitive sinusitis
- None of the above

Vomiting/Regurgitation: Within the last 24 hours, how many times did your baby spit up or vomit?
(Anything coming into or out of the mouth)

- None
- 1-3 times
- 4-6 times
- More than 6 times

Vomiting/Regurgitation: Within the last 24 hours, how much did your baby spit up or vomit?
(Anything coming into or out of the mouth)

- None
- Less than 1 tablespoon
- 1 tablespoon to 2 fluid ounces
- 2 fluid ounces to half of what you fed your child
- Half of what you fed your child or more

Vomiting/Regurgitation: Within the last 24 hours, did spitting up seem uncomfortable to your child?
(crying, fussing, irritability, arching)

- Yes
- No

Irritability or Fussiness: Within the last 24 hours, how long did your child cry during feeding or within 1 hour after feeding?

- Not at all
- Less than 10 minutes
- 10 minutes to 1 hour
- More than 1 hour but less than 3 hours
- 3 hours or more
- Constant and uncontrollable crying

Within the last 24 hour, how many episodes of back arching occurred?

- None
- 1 to 3 times
- 4 to 6 times
- More than 6 times

Feeding Refusal: Within the last 24 hours, how many times did our child refuse feeding even when hungry?

- None
- 1 to 3 times
- 4 to 6 times
- More than 6 times

Feeding Refusal: Within the last 24 hours, how many times did our child stop feeding even when hungry?

- None
- 1 to 3 times
- 4 to 6 times
- More than 6 times

Respiratory Symptoms: Within the last 24 hours, did your child have a cold or fever?

- Yes
- No

Respiratory Symptoms: Within the last 24 hours, did your child have a cough without a cold?

- Yes
- No

Respiratory Symptoms: Within the last 24 hours, how much of the time did your child have noisy breathing without a cold?

- None of the time
- About a quarter of the time
- About half of the time
- All or almost all of the time

Respiratory Symptoms: Within the last 24 hours, did your child have noisy breathing while breathing outwards?

- Yes
- No

Respiratory Symptoms: Within the last 24 hours, did our child's breathing have a wheezy or whisling sound?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Respiratory Symptoms: Within the last 24 hours, did your child have noisy breathing while breathing in?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Respiratory Symptoms: Within the last 24 hours, did your child stop breathing or turn blue or purple?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Any additional notes or comments you'd like to add
