

As part of your bedside evaluation please ask these 3 critical questions:

1. Has there been weight loss?
2. Is the patient consuming less than 25% of his/her meal?
3. Does the patient complain of food or pills sticking?

If the answer is "yes" to these questions then please do a complete esophageal history.

*Within the last month, how did the following problems affect you? (0 – 5 scale with 0=no problem, 5 = severe problem). Reflux Symptom Index:*

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

RSI greater than 13 is abnormal; 95% likelihood of LPR.

*Koufman, J.A. Validity and reliability of the reflux symptom index. Journal of Voice. 2002. June*

Remaining questions can be answered by patient, family/caregivers or chart review

1. Is there any coughing or choking at non-eating times?
2. Is coughing worse at any time of day/ a.m. vs. p.m.?
3. Do you wake up at night with coughing or choking episodes?
4. Describe your cough (wet/productive, dry/hacking)
5. Do you have any burning or discomfort in your throat?
6. Sinus symptoms or "post-nasal drip"?
7. Allergies/formal testing?
8. Respiratory problems: pneumonia, bronchitis, asthma?
9. Changes in skin?
10. Discoloration/tingling/numbness in fingers?
11. Pain in your joints? (Arthralgia) (very rare dysphagia)
12. Exposure to chemicals/ingestion?
13. Bowel movements/constipation (GI paresis).
14. History of smoking?
15. H/O chemotherapy or radiation?

16. H/O esophageal workups (EGDs, Ba Esophagram, 24 hr. pH testing, manometric studies, endosonography etc.)
17. H/O esophageal dx?
18. History of esophageal medications?
19. H/O esophageal surgical interventions?
20. Has the patient ever been seen by a GI doctor? If so, for what reason and what was the outcome?
21. H/O surgery of the throat?
22. H/O Gastro-Esophageal Reflux Disease (GERD)?
23. Is weight being maintained?
24. How do you feel after you eat?
25. How many bites of food do you take before you begin to feel full?
26. How many bites of food are you able to take before you are completely full?
27. Do food or pills ever get stuck? If so, where? How often?
28. Do you ever stick your finger down your throat to make the pills/food come back up?
29. Do you have more difficulty with food, pills, liquids?
30. What is the most difficult thing to swallow?
31. How do your pills go down?
32. Does food/pill/liquid ever come back up after the swallow? After a meal or snack?
33. Does food/pill/liquid ever come back up when you lay down or bend over?
34. Do you ever have nausea/vomiting during or after meals?
35. Is there a difference in how you swallow in the morning, at lunch or at night? (oatmeal vs. pork chops).
36. What, if anything, seems to help you swallow better?
37. Is there C/O excess burping – uncontrolled consecutive belches?
38. C/O of sharp pain beneath the breast bone that dissipates as quickly as it ? (esophageal spasm)
39. C/O tearing pain in the chest and/or epigastric region? (possible AAA)
40. C/O onset of low back pain when eating or drinking? (possible Malory Weisse Tear)
41. When did you lose your teeth? How did you lose them (all at once?)
42. Is there severe a.m. vs. chronic halitosis?
43. How often do you use antacids?
44. Do you prefer to sleep with your head elevated?
45. Does SLP observe Bobbing Larynx (Spastic, hypertonic CP)
46. Does SLP observe “gooseneck swallow” (CP dysfunction)
47. Does the patient complain of or have s/s of xerostomia?
48. Frequency of BM?
49. Last BM?