



GERD & DIGESTIVE SYMPTOM LOG

VETERAN INFORMATION AND BASELINE

Veteran Advocacy Group LLC | VA Accredited Claims Agent

Accreditation #60676 | POA Code KW9 | 272-257-1349 | claims@veteran-advocacy.com | www.veteran-advocacy-group.com

VETERAN INFORMATION

Veteran name	VA file number (last 4 only)	Log start date
Primary phone	Email	Representative / provider

CONDITION BASELINE

Diagnosis, if known	Treating provider	Dietary restrictions
Date symptoms began	Typical frequency	Typical severity (0-10)

CURRENT TREATMENT

Medication / treatment	Dose / frequency	Relief	Side effects

HOW TO USE THIS LOG

Record symptoms as soon as practical. Include frequency, severity, duration, treatment, and what the condition prevented or made difficult. Describe effects on employment, relationships, sleep, mobility, self-care, driving, and household activities. Record only events and limitations actually experienced. Keep related medical and employment records. Seek urgent care for severe chest pain, vomiting blood, black stools, fainting, or significant trouble swallowing.



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SEVEN-DAY SYMPTOM AND FUNCTIONAL-IMPACT SUMMARY

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Veteran name

Week beginning

Week ending

DAILY SUMMARY

Date / time	Reflux / pain 0-10	Symptoms	Food / trigger	Treatment	Sleep affected	Work / daily impact

WEEKLY FUNCTIONAL IMPACT

Total episodes / symptom days

Severe symptom days

Care or treatment contacts

Work hours lost

Appointments / activities missed

Help needed from another person

Weekly notes, patterns, triggers, or changes:



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DETAILED SYMPTOM OR EPISODE RECORD

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Veteran name

Date

Condition / affected area

SYMPTOM OR EPISODE DETAILS

☐ Heartburn ☐ Regurgitation ☐ Trouble swallowing ☐ Chest / upper abdominal pain ☐ Nausea
☐ Vomiting ☐ Sleep disturbance ☐ Weight change

Episode start / end

Food, position, or trigger

Symptoms and severity

Medication / treatment and relief

Vomiting or swallowing difficulty

TREATMENT, RESPONSE & WITNESSES

Sleep / meal impact

Work / daily impact

Medication / treatment used

Relief: none / partial / complete

Time until recovery

FUNCTIONAL IMPACT

☐ Continued normally ☐ Reduced activity ☐ Stopped activity ☐ Needed rest
☐ Needed assistance ☐ Missed work ☐ Left early ☐ Missed appointment

Work or activity time lost

Person who observed / assisted

Provider contacted

Describe exactly what the symptoms prevented, interrupted, or required help completing:
