

Supplementary



Study title: The Potential for Food and Beverages to Trigger Reflux

Post Consumption (X minutes)

Participant ID : _____

Sample consumed : _____

Perception of Gastric Sensation

Instructions: Please answer each of the following questions by indicating which number most accurately represent your current feeling towards the described sensation. Please answer all questions.

0 represents "Not at all", suggesting that it is contrary from how you feel currently. 5 represents "Very much", suggesting that it is very similar to how you feel currently.

	0 (<i>Not at all</i>)	1	2	3	4	5 (<i>Very much</i>)
Fullness in my stomach						
Feeling of heartburn						
Urge to belch						
Urge to cough						
Churning of stomach/Making noises						
Breathing difficulties or choking episodes						

Symptoms Observed

Frequency of belches observed from X interval after consumption: _____

Any other symptoms observed? (e.g. Regurgitation, chest pain, nausea, dysphagia)
