

Tagamet HB 200<sup>®</sup>

# PERSONAL HEARTBURN RECORD

<b>What To Record</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>
<b>SYMPTOMS</b> Describe your symptoms (ex. pain, reflux, the severity, etc.)							
<b>DURATION</b> List what time symptoms began & how long they lasted							
<b>FOODS YOU ATE</b> List what foods you ate prior to onset of symptoms							
<b>OTHER FACTORS</b> (ex. medications, smoking, stress, exercise, etc.)							
<b>TREATMENT</b> Medications you took to treat symptoms							
<b>RESULTS</b> List outcome of medication							