

REFLUX SYMPTOM INDEX

Name: _____

Date: ___/___/___

Within the last **month**, how did the following problems affect you?
(0-5 rating scale with 0 = No problem and 5 = Severe)

- | | | | | | | |
|---|---|---|---|---|---|---|
| 1. Hoarseness or a problem with your voice | 0 | 1 | 2 | 3 | 4 | 5 |
| 2. Clearing your throat | 0 | 1 | 2 | 3 | 4 | 5 |
| 3. Excess throat mucous or postnasal drip | 0 | 1 | 2 | 3 | 4 | 5 |
| 4. Difficulty swallowing food, liquids or pills | 0 | 1 | 2 | 3 | 4 | 5 |
| 5. Coughing after you ate or after lying down | 0 | 1 | 2 | 3 | 4 | 5 |
| 6. Breathing difficulties or choking episodes | 0 | 1 | 2 | 3 | 4 | 5 |
| 7. Troublesome or annoying cough | 0 | 1 | 2 | 3 | 4 | 5 |
| 8. Sensations or something sticking in your throat | 0 | 1 | 2 | 3 | 4 | 5 |
| 9. Heart burn, chest pain, indigestion, or stomach acid coming up | 0 | 1 | 2 | 3 | 4 | 5 |

TOTAL: _____

Normative data suggests that a RSI of greater than or equal to 13 is clinically significant. Therefore a RSI > 13 may be indicative of significant reflux disease.