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.