

The Reflux Symptom Index

Name:

Date:

Within the last month how did the following problems affect you? <i>Circle the appropriate response</i>	0 = no problem 5 = severe problem					
1. Hoarseness or 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 post nasal drip	0	1	2	3	4	5
4. Difficulty swallowing food, liquid or pills	0	1	2	3	4	5
5. Coughing after you ate or 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 of something sticking in your throat or a lump in your throat	0	1	2	3	4	5
9. Heartburn, chest pain, indigestion or stomach acid coming up	0	1	2	3	4	5
TOTAL						