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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.

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