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Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_

**Reflux Symptom Index \***

*Instructions*: Circle the appropriate response. Within the last month, how did the following problems affect you?

*0 = no problem, 5 = severe problem*

**Write a number**

1. Hoarseness or a problem with your voice

2. Clearing your throat

3. Excess throat mucus or postnasal drip

4. Difficulty swallowing food, liquids, or pills

5. Coughing after you ate or after lying down

6. Breathing difficulties or choking episodes

7. Troublesome or annoying cough

8. Sensation of something sticking in your throat or a lump in your throat

9. Heartburn, chest pain, indigestion, or stomach acid coming up

|  |  |
| --- | --- |
| **PLEASE ADD UP YOUR TOTAL** |       |

\* Belafsky, P., Postma, G., & Koufman, J. (2002). Validity and reliability of the reflux symptom index (RSI), *Journal of Voice, 16*, 274-277.

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