



Name _____

Date of Birth _____ Today's Date _____

Reflux Symptoms Index (RSI)

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

0 = no problem, 5 = severe problem

- | | | | | | | |
|---|---|---|---|---|---|---|
| 1. Speaking took extra effort | 0 | 1 | 2 | 3 | 4 | 5 |
| 2. Throat discomfort or pain after using your voice | 0 | 1 | 2 | 3 | 4 | 5 |
| 3. Voice Fatigue (voice weakened as you talked) | 0 | 1 | 2 | 3 | 4 | 5 |
| 4. Voice cracks or sounds different | 0 | 1 | 2 | 3 | 4 | 5 |
| 5. Hoarseness or a problem with your voice | 0 | 1 | 2 | 3 | 4 | 5 |
| 6. Clearing your throat | 0 | 1 | 2 | 3 | 4 | 5 |
| 7. Excess throat mucus or postnasal drip | 0 | 1 | 2 | 3 | 4 | 5 |
| 8. Difficulty swallowing food, liquids, or pills | 0 | 1 | 2 | 3 | 4 | 5 |
| 9. Coughing after you ate or after lying down | 0 | 1 | 2 | 3 | 4 | 5 |
| 10. Breathing difficulties or choking episodes | 0 | 1 | 2 | 3 | 4 | 5 |
| 11. Troublesome or annoying cough | 0 | 1 | 2 | 3 | 4 | 5 |
| 12. Sensation of something sticking in your throat or a lump in your throat | 0 | 1 | 2 | 3 | 4 | 5 |
| 13. Heartburn, chest pain, indigestion, or stomach acid coming up | 0 | 1 | 2 | 3 | 4 | 5 |
| 14. Did you have to clear your throat before speaking or talking on the telephone? | 0 | 1 | 2 | 3 | 4 | 5 |
| 15. Did throat discomfort or pain interfere with your normal work or daily activities? | 0 | 1 | 2 | 3 | 4 | 5 |
| 16. Did you limit the amount of time you spent talking to other people due to problems with your voice? | 0 | 1 | 2 | 3 | 4 | 5 |
| 17. Did coughing interfere with your work or other activities? | 0 | 1 | 2 | 3 | 4 | 5 |
| 18. Did breathing problems interfere with your work or other activities? | 0 | 1 | 2 | 3 | 4 | 5 |
| 19. Did you have a problem swallowing food, liquid, or pills? | 0 | 1 | 2 | 3 | 4 | 5 |

RSI = _____