Reflux Symptom Index (RSI)

Name:________________________________________ Date:________________

Instructions: Within the last MONTH, how did the following problems affect you? Circle the response that best describes your symptoms with 0 = No Problem and 5 = Severe Problem.

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, liquid, and/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 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

Belafsky PC, Postma Gn, Koufman JA.