

Name: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

### Cough Severity Index - CSI

These are statements that many people have used to describe their cough and the effects of coughing on their lives. Please circle the response that indicates how frequently you had the same experience in the last 4 weeks. If you do not have a problem with coughing, please circle zero (0) in response to these statements.

- 0 = Never**
- 1 = Almost never**
- 2 = Sometimes**
- 3 = Almost always**
- 4 = Always**

	0	1	2	3	4
My cough is worse when I lay down.					
My coughing problem causes me to restrict my personal and social life.					
I tend to avoid places because of my cough problem.					
I feel embarrassed because of my coughing problem.					
People ask, "What's wrong?" because I cough a lot.					
I run out of air when I cough.					
My coughing problem affects my voice.					
My coughing problem limits my physical activity.					
My coughing problem upsets me.					
People ask me if I am sick because I cough a lot.					
Total					

