

Name: _____

Date: ___/___/___

Reflux Symptom Index - RSI

These are statements that many people have used to describe their voices and the effects of their voices on their lives. Circle the response that indicates how frequently you had the same experience in the last 4 weeks.

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

	0	1	2	3	4
Hoarseness or a problem with your voice					
Clearing your throat					
Excess throat mucous					
Difficulty swallowing food, liquids, or pills					
Coughing after eating or after lying down					
Breathing difficulties or choking episodes					
Troublesome or annoying cough					
Sensations of something sticking in your throat or a lump in your throat.					
Heartburn, chest pain, indigestion, or stomach acid coming up					

