

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.

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|--|---|---|---|---|---|---|
| 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.