

Affix Patient Label here or record:

Name:

NHS No:

Hosp No:

D.O.B: / / Male Female



THE REFLUX SYMPTOM INDEX

Date:

Within the past month, how did the following problems affect you?

Please circle a score for each symptom. A score of 0 would indicate no problem with that symptom, while a score of 5 would indicate a severe problem.

Hoarseness or a problem with your voice	0	1	2	3	4	5
Clearing your throat	0	1	2	3	4	5
Excess throat mucus or postnasal drip	0	1	2	3	4	5
Difficulty swallowing food, liquids, or pills	0	1	2	3	4	5
Coughing after you ate or after lying down	0	1	2	3	4	5
Breathing difficulties or choking	0	1	2	3	4	5
Troublesome or annoying cough	0	1	2	3	4	5
Sensations of something sticking in your throat or a lump in your throat	0	1	2	3	4	5
Heartburn, chest pain, indigestion, or stomach acid coming up	0	1	2	3	4	5
Total						/ 45

“Symptoms and findings of laryngopharyngeal reflux”

Ear, Nose & Throat Journal, Sept 2002

P.C. Belafsky, G.N. Postma, M.R. Amin, J.A. Koufman

