

Otolaryngology  
 Head & Neck Surgery  
 Nasal Allergy

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## Reflux Symptom Index

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

Circle the number that correlates with the severity of your symptom.

0 = no problem  
 5 = 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 eating or after lying down	0	1	2	3	4	5
Breathing difficulties or choking episodes	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, indigestion, or stomach acid coming up	0	1	2	3	4	5

Total Score \_\_\_\_\_