

REFLUX SYMPTOM INDEX

More than Heartburn and Acid

Dental Sleep Medicine Offices
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Patient name: _____

Date: _____

Please answer each question below even if the answer is No.

Check the appropriate response.

1. How long have you experienced heartburn or throat and sinus problems?

- Never
 Past Month
 Past six months
 Past year
 Last 1 – 5 years
 More than 5 years

2. During the time that you have experienced this medical problem, how severely has it affected the quality of life?

- No problem
 Mild annoyance
 Occasional significant problems
 Limits professional and or social activities
 Disabling

Circle the appropriate response.

Within the last MONTH, how did the following problems affect you?	0 = No Problem			5 = Severe Problem			
Speaking took extra effort	0	1	2	3	4	5	
Throat discomfort or pain after using your voice	0	1	2	3	4	5	
Vocal fatigue (voice weakened as you talked)	0	1	2	3	4	5	GCI*
Voice cracks or sounds different	0	1	2	3	4	5	

**GCI (Glottal Closure Index) 8 or greater, you are likely to have vocal cords that are not closing properly from aging, atrophy, scarring, paresis, paralysis, or because of a vocal cord growth of some kind.*

Circle the appropriate response.

Within the last MONTH, how did the following problems affect you?	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 mucous 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 episodes	0	1	2	3	4	5	
Troublesome or annoying cough	0	1	2	3	4	5	
Sensations of something in your throat or a lump in your throat	0	1	2	3	4	5	RSI*
Heartburn, chest pain, indigestion, or stomach acid coming up	0	1	2	3	4	5	

**RSI (Reflux Symptom Index) score of 15 or more means that you have a 90% chance of having reflux, especially airway reflux*

Circle the appropriate response.

Within the last MONTH, how often	0 = Never			5 = All the Time			
Did you have to clear your throat before speaking or talking on the telephone?	0	1	2	3	4	5	
Did throat discomfort or pain interfere with your normal work or daily activities?	0	1	2	3	4	5	
Did you limit the time you spent talking to other people due to voice problems?	0	1	2	3	4	5	
Did coughing interfere with your work or other activities?	0	1	2	3	4	5	
Did breathing problems interfere with your work or other activities?	0	1	2	3	4	5	
Did you have a problem swallowing food, liquids, or pills?	0	1	2	3	4	5	

PLEASE STOP HERE.

The following portion is for clinical use only. Thank you!

DOCTOR EXAMINATION NOTES: _____
