

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 | | | GCI * |
|---|----------------|---|---|--------------------|---|---|----------|
| 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 | |
| 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 | | | RSI* |
|---|----------------|---|---|--------------------|---|---|------|
| 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 | |
| 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 Time | | | 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: _____
