

GERD/LPR Questionnaire

Name: _____ Date: _____

1. I would rate my degree of talkativeness as the following: (Check off the number response)

1	2	3	4	5	6	7
Quiet			Average			Extremely
Listener			Talker			Talkative

2. **Reflux Severity Index (RSI):** These are statements that many people have used to describe their voice and the effects of their voices on their lives. Check the response that indicates how frequently you have the same experience:

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	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, chest pain, indigestion, or stomach acid coming up	0	1	2	3	4	5

Total Score: _____ (Score 12 or higher = LPR)

3. **DI** Please check the response that indicates how frequently you experience these symptoms

(0=never, 1=almost never, 2=sometimes, 3=almost always, 4=always)

1. I have trouble getting air in	0	1	2	3	4	5
2. My breathing problem causes me to restrict my personal/social life	0	1	2	3	4	5
3. My shortness of breath gets worse with stress	0	1	2	3	4	5
4. The change in weather affects my breathing problem	0	1	2	3	4	5
5. My breathing gets worse with stress	0	1	2	3	4	5
6. I have to strain to breathe	0	1	2	3	4	5
7. It takes more effort to breathe than it used to	0	1	2	3	4	5
8. My breathing problem upsets me	0	1	2	3	4	5
9. My shortness of breath scares me	0	1	2	3	4	5
10. My breathing problem makes me feel stressed	0	1	2	3	4	5

4. **CSI** Please check the response that indicates how frequently you experience these symptoms

(0=never, 1=almost never, 2=sometimes, 3=almost always, 4=always)

1. My cough is worse when I lay down	0	1	2	3	4	5
2. My coughing problem causes me to restrict my personal/social life	0	1	2	3	4	5
3. I tend to avoid places because of my cough problem	0	1	2	3	4	5
4. I feel embarrassed because of my coughing problem	0	1	2	3	4	5
5. People ask, "What's wrong?" because I cough a lot	0	1	2	3	4	5
6. I run out of air when I cough	0	1	2	3	4	5
7. My coughing problem affects my voice	0	1	2	3	4	5
8. My coughing problem limits my physical activity	0	1	2	3	4	5
9. My coughing problem upsets me	0	1	2	3	4	5
10. People ask me if I am sick because I cough a lot	0	1	2	3	4	5