Name: _____

REFLUX QUESTIONNARE

Please respond yes/no to the following questions:

1.	Do you suffer from chronic throat clearing?	Yes	No
2.	Do you have a troublesome or annoying cough?	Yes	No
3.	Do you notice hoarseness or changes in your voice?	Yes	No
4.	Do you have excessive phlegm in your throat?	Yes	No
5.	Do you have a constant sensation of a lump in your throat?	Yes	No
6.	Do you have post nasal drip?	Yes	No
7.	Do you have difficulty swallowing food, pills or liquids?	Yes	No
8.	Do you cough after you lie down?	Yes	No
9	Do you have heartburn or indigestion even if only occasionally?	Yes	No