Oregon Ear, Nose and Throat Center

Cough Severity Index (CSI)

Name:_____ Date of Birth:_____ Today's Date:_____

Completing the questionnaire:

- This questionnaire is to help in assessing the severity and impact your cough has on your life.
- The following statements have been used by some people to describe how their cough effects their life.
- Over the course of **1 Month** how have the following situations affected you?
- **Circle** the number that corresponds with how frequently you experience the same issue.
- If you do not have a problem with coughing, please circle zero (0) in response to these statements.

Rating Index: 0 = Never 1 = Almost Never 2 = Sometimes 3 = Almost Always 4 = Always

Situation	Frequency of issues
My cough is worse when I am lying down	0 1 2 3 4
My coughing causes me to restrict my social and personal life	0 1 2 3 4
I tend to avoid going places because of my coughing	0 1 2 3 4
I feel embarrassed because of my coughing	0 1 2 3 4
People ask me "what's wrong?" because I cough so much	0 1 2 3 4
When coughing I run out of air	0 1 2 3 4
My voice is affected by my cough	0 1 2 3 4
I have to limit my physical activity because of my cough	0 1 2 3 4
My coughing issue upsets me	0 1 2 3 4
I get asked if I am sick a lot because of my cough	0 1 2 3 4
Total:	_____

A score of **3 or below** is considered normal.
If you score **higher than 3**, your cough may be impacting on your quality of life.
Maximum score is 40.

Shembel, A. C., Rosen C.A, Zullo T.G. (2013). "Development and validation of the cough severity index: a severity index for chronic cough related to the upper airway." Laryngoscope 123(8): 1931-1936.