

Additional file 2

Items of the Hull Airway Reflux Questionnaire (HARQ)

Within the last month, how did the following problems affect you?

- A. Hoarseness or a problem with your voice¹
 - B. Clearing your throat¹
 - C. Excess mucus in the throat, or drip down the back of your nose¹
 - D. Retching or vomiting when you cough¹
 - E. Cough on first lying down or bending over¹
 - F. Chest tightness or wheeze when coughing¹
 - G. Heartburn, indigestion, stomach acid coming up (or do you take medications for this, if yes score 5)¹
 - H. A tickle in your throat, or a lump in your throat¹
 - I. Cough with eating (during or soon after meals)¹
 - J. Cough with certain foods¹
 - K. Cough when you get out of bed in the morning¹
 - L. Cough brought on by singing or speaking (for example, on the telephone)¹
 - M. Coughing during the day rather than the night¹
 - N. A strange taste in your mouth¹
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¹ Scale: 0 to 5, 0 = no problem and 5 = severe/frequent problem