

FACIT-Dyspnea (Dyspnoea) 10 Item Short Form

Part I. Over the past 7 days, how short of breath did you get with each of these activities?

Please mark one box per line to indicate your response.

	No shortness of breath	Mildly short of breath	Moderately short of breath	Severely short of breath	I did not do this in the past 7 days
1. Dressing yourself without help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					↓ Please indicate <u>why you</u> <u>did not do this</u> in the past 7 days:
	↓ <input type="checkbox"/>	(Mark one)		↓ <input type="checkbox"/>	
	I have stopped trying, or knew I could not do this activity because of my <u>shortness of breath</u> .			I did not do this activity <u>for some other</u> <u>reason</u> (including not having a chance to do it, other health issues etc).	

	No shortness of breath	Mildly short of breath	Moderately short of breath	Severely short of breath	I did not do this in the past 7 days
2. Walking 50 steps/paces on flat ground at a normal speed without stopping.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					↓ Please indicate <u>why you</u> <u>did not do this</u> in the past 7 days:
	↓ <input type="checkbox"/>	(Mark one)		↓ <input type="checkbox"/>	
	I have stopped trying, or knew I could not do this activity because of my <u>shortness of breath</u> .			I did not do this activity <u>for some other</u> <u>reason</u> (including not having a chance to do it, other health issues etc).	

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	No shortness of breath	Mildly short of breath	Moderately short of breath	Severely short of breath	I did not do this in the past 7 days
3. Walking up 20 stairs (2 flights) without stopping.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					↓ Please indicate <u>why</u> <u>you did not do this</u> in the past 7 days:
	↓ <input type="checkbox"/>	(Mark one)		↓ <input type="checkbox"/>	
	I have stopped trying, or knew I could not do this activity because of my <u>shortness of breath</u> .		I did not do this activity <u>for some other reason</u> (including not having a chance to do it, other health issues etc).		

	No shortness of breath	Mildly short of breath	Moderately short of breath	Severely short of breath	I did not do this in the past 7 days
4. Preparing meals.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					↓ Please indicate <u>why you</u> <u>did not do this</u> in the past 7 days:
	↓ <input type="checkbox"/>	(Mark one)		↓ <input type="checkbox"/>	
	I have stopped trying, or knew I could not do this activity because of my <u>shortness of breath</u> .		I did not do this activity <u>for some other reason</u> (including not having a chance to do it, other health issues etc).		

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	No shortness of breath	Mildly short of breath	Moderately short of breath	Severely short of breath	I did not do this in the past 7 days
5. Washing dishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					↓
					Please indicate <u>why you</u> <u>did not do this</u> in the past 7 days:
			(Mark one)		↓
	<input type="checkbox"/>				<input type="checkbox"/>
	I have stopped trying, or knew I could not do this activity because of my <u>shortness of breath</u> .			I did not do this activity <u>for some other</u> <u>reason</u> (including not having a chance to do it, other health issues etc).	

	No shortness of breath	Mildly short of breath	Moderately short of breath	Severely short of breath	I did not do this in the past 7 days
6. Sweeping or mopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					↓
					Please indicate <u>why you</u> <u>did not do this</u> in the past 7 days:
			(Mark one)		↓
	<input type="checkbox"/>				<input type="checkbox"/>
	I have stopped trying, or knew I could not do this activity because of my <u>shortness of breath</u> .			I did not do this activity <u>for some other</u> <u>reason</u> (including not having a chance to do it, other health issues etc).	

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	No shortness of breath	Mildly short of breath	Moderately short of breath	Severely short of breath	I did not do this in the past 7 days
7. Making a bed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					↓
					Please indicate <u>why you</u> <u>did not do this</u> in the past 7 days:
			(Mark one)		
	↓			↓	
	<input type="checkbox"/>			<input type="checkbox"/>	
	I have stopped trying, or knew I could not do this activity because of my <u>shortness of breath</u> .			I did not do this activity <u>for some other</u> <u>reason</u> (including not having a chance to do it, other health issues etc).	

	No shortness of breath	Mildly short of breath	Moderately short of breath	Severely short of breath	I did not do this in the past 7 days
8. Lifting something weighing 10- 20 lbs (about 4.5-9kg, like a large bag of groceries).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					↓
					Please indicate <u>why you</u> <u>did not do this</u> in the past 7 days:
			(Mark one)		
	↓			↓	
	<input type="checkbox"/>			<input type="checkbox"/>	
	I have stopped trying, or knew I could not do this activity because of my <u>shortness of breath</u> .			I did not do this activity <u>for some other</u> <u>reason</u> (including not having a chance to do it, other health issues etc).	

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	No shortness of breath	Mildly short of breath	Moderately short of breath	Severely short of breath	I did not do this in the past 7 days
9. Carrying something weighing 10-20 lbs (about 4.5-9kg, like a large bag of groceries) from one room to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					↓
					Please indicate <u>why you did not do this</u> in the past 7 days:
			(Mark one)		
	↓			↓	
	<input type="checkbox"/>			<input type="checkbox"/>	
	I have stopped trying, or knew I could not do this activity because of my <u>shortness of breath</u> .			I did not do this activity <u>for some other reason</u> (including not having a chance to do it, other health issues etc).	

	No shortness of breath	Mildly short of breath	Moderately short of breath	Severely short of breath	I did not do this in the past 7 days
10. Walking (faster than your usual speed) for ½ mile (almost 1 km) without stopping.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					↓
					Please indicate <u>why you did not do this</u> in the past 7 days:
			(Mark one)		
	↓			↓	
	<input type="checkbox"/>			<input type="checkbox"/>	
	I have stopped trying, or knew I could not do this activity because of my <u>shortness of breath</u> .			I did not do this activity <u>for some other reason</u> (including not having a chance to do it, other health issues etc).	

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Part II: Functional Limitation. Considering your shortness of breath over the past 7 days, rate the amount of difficulty you had when doing the following activities:

		No difficulty	A little difficulty	Some difficulty	Much difficulty
1.	Dressing yourself without help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Walking 50 steps/paces on flat ground at a normal speed without stopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Walking up 20 stairs (2 flights) without stopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Preparing meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Washing dishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Sweeping or mopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Making a bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Lifting something weighing 10-20 lbs (about 4.5-9kg, like a large bag of groceries).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Carrying something weighing 10-20 lbs (about 4.5-9kg, like a large bag of groceries) from one room to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Walking (faster than your usual speed) for ½ mile (almost 1 km) without stopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>