

## FACIT-Dyspnea Scale 33 Item Bank

**Dyspnea Severity: 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<br>shortness<br>of breath   | Mildly<br>short of<br>breath | Moderately<br>short of<br>breath | Severely<br>short of<br>breath   | I did not do<br>this in the<br>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 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<br>shortness<br>of breath   | Mildly<br>short of<br>breath | Moderately<br>short of<br>breath | Severely<br>short of<br>breath   | I did not do<br>this in the<br>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 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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|   | <b>No<br/>shortness<br/>of breath</b>  | <b>Mildly<br/>short of<br/>breath</b> | <b>Moderately<br/>short of<br/>breath</b>  | <b>Severely<br/>short of<br/>breath</b> | <b>I did not do<br/>this in the<br/>past 7 days</b>                                  |
|---|--|---------------------------------------|--|---|--|
| 3. Walking up 20 stairs (2 flights) without stopping..... | <input type="checkbox"/>   | <input type="checkbox"/>              | <input type="checkbox"/>   | <input type="checkbox"/>                | <input type="checkbox"/>   |
|   |  |                                       |  |   | ↓<br>Please indicate <u>why</u><br><u>you did not do this</u> in<br>the past 7 days: |
|   | (Mark one)   |                                       |  |   |  |
|   | ↓<br><input type="checkbox"/>  |                                       |  |   | ↓<br><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). |   |  |

|                         | <b>No<br/>shortness<br/>of breath</b>  | <b>Mildly<br/>short of<br/>breath</b> | <b>Moderately<br/>short of<br/>breath</b>  | <b>Severely<br/>short of<br/>breath</b> | <b>I did not do<br/>this in the<br/>past 7 days</b>                                  |
|-------------------------|--|---------------------------------------|--|---|--|
| 4. Preparing meals..... | <input type="checkbox"/>   | <input type="checkbox"/>              | <input type="checkbox"/>   | <input type="checkbox"/>                | <input type="checkbox"/>   |
|                         |  |                                       |  |   | ↓<br>Please indicate <u>why you</u><br><u>did not do this</u> in the<br>past 7 days: |
|                         | (Mark one)   |                                       |  |   |  |
|                         | ↓<br><input type="checkbox"/>  |                                       |  |   | ↓<br><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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|------------------------|--|---------------------------------------|---|---|---|
| 5. Washing dishes..... | <input type="checkbox"/>   | <input type="checkbox"/>              | <input type="checkbox"/>                  | <input type="checkbox"/>  | <input type="checkbox"/>  |
|                        |  |                                       |   |   | ↓   |
|                        |  |                                       |   |   | Please indicate <u>why you</u><br><u>did not do this</u> in the<br>past 7 days: |
|                        |  |                                       | (Mark one)                                |   |   |
|                        | ↓  |                                       |   | ↓   |   |
|                        | <input type="checkbox"/>   |                                       |   | <input type="checkbox"/>  |   |
|                        | I have stopped trying, or knew I<br>could not do this activity because<br>of my <u>shortness of breath</u> . |                                       |   | I did not do this activity <u>for some other</u><br><u>reason</u> (including not having a chance to<br>do it, other health issues etc). |   |

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

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

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

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|--|--|---------------------------------------|---|--|--|
| 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). |  |

|  | <b>No<br/>shortness<br/>of breath</b>  | <b>Mildly<br/>short of<br/>breath</b> | <b>Moderately<br/>short of<br/>breath</b> | <b>Severely<br/>short of<br/>breath</b>  | <b>I did not do<br/>this in the<br/>past 7 days</b>                |
|--|--|---------------------------------------|---|--|--|
| 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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|                                   | <b>No<br/>shortness<br/>of breath</b>  | <b>Mildly<br/>short of<br/>breath</b> | <b>Moderately<br/>short of<br/>breath</b> | <b>Severely<br/>short of<br/>breath</b>   | <b>I did not do<br/>this in the<br/>past 7 days</b>                             |
|-----------------------------------|--|---------------------------------------|---|---|---|
| 11. Taking a bath without help... | <input type="checkbox"/>   | <input type="checkbox"/>              | <input type="checkbox"/>                  | <input type="checkbox"/>  | <input type="checkbox"/>  |
|                                   |  |                                       |   |   | ↓   |
|                                   |  |                                       |   |   | Please indicate <u>why you</u><br><u>did not do this</u> in the<br>past 7 days: |
|                                   |  |                                       | (Mark one)                                |   | ↓   |
|                                   | <input type="checkbox"/>   |                                       |   |   | <input type="checkbox"/>  |
|                                   | I have stopped trying, or knew I<br>could not do this activity because<br>of my <u>shortness of breath</u> . |                                       |   | I did not do this activity <u>for some other</u><br><u>reason</u> (including not having a chance to<br>do it, other health issues etc). |   |

|                        | <b>No<br/>shortness<br/>of breath</b>  | <b>Mildly<br/>short of<br/>breath</b> | <b>Moderately<br/>short of<br/>breath</b> | <b>Severely<br/>short of<br/>breath</b>   | <b>I did not do<br/>this in the<br/>past 7 days</b>                             |
|------------------------|--|---------------------------------------|---|---|---|
| 12. Taking a shower... | <input type="checkbox"/>   | <input type="checkbox"/>              | <input type="checkbox"/>                  | <input type="checkbox"/>  | <input type="checkbox"/>  |
|                        |  |                                       |   |   | ↓   |
|                        |  |                                       |   |   | Please indicate <u>why you</u><br><u>did not do this</u> in the<br>past 7 days: |
|                        |  |                                       | (Mark one)                                |   | ↓   |
|                        | <input type="checkbox"/>   |                                       |   |   | <input type="checkbox"/>  |
|                        | I have stopped trying, or knew I<br>could not do this activity because<br>of my <u>shortness of breath</u> . |                                       |   | I did not do this activity <u>for some other</u><br><u>reason</u> (including not having a chance to<br>do it, other health issues etc). |   |

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|--|--|---------------------------------------|---|---|---|
| 13. Putting on socks or stockings..... | <input type="checkbox"/>   | <input type="checkbox"/>              | <input type="checkbox"/>                  | <input type="checkbox"/>  | <input type="checkbox"/>  |
|  |  |                                       |   |   | ↓   |
|  |  |                                       |   |   | Please indicate <u>why you</u><br><u>did not do this</u> in the<br>past 7 days: |
|  |  |                                       | (Mark one)                                |   | ↓   |
|  | <input type="checkbox"/>   |                                       |   |   | <input type="checkbox"/>  |
|  | I have stopped trying, or knew I<br>could not do this activity because<br>of my <u>shortness of breath</u> . |                                       |   | I did not do this activity <u>for some other</u><br><u>reason</u> (including not having a chance to<br>do it, other health issues etc). |   |

|  | <b>No<br/>shortness<br/>of breath</b>  | <b>Mildly<br/>short of<br/>breath</b> | <b>Moderately<br/>short of<br/>breath</b> | <b>Severely<br/>short of<br/>breath</b>   | <b>I did not do<br/>this in the<br/>past 7 days</b>                             |
|--|--|---------------------------------------|---|---|---|
| 14. Standing for at least 5 minutes..... | <input type="checkbox"/>   | <input type="checkbox"/>              | <input type="checkbox"/>                  | <input type="checkbox"/>  | <input type="checkbox"/>  |
|  |  |                                       |   |   | ↓   |
|  |  |                                       |   |   | Please indicate <u>why you</u><br><u>did not do this</u> in the<br>past 7 days: |
|  |  |                                       | (Mark one)                                |   | ↓   |
|  | <input type="checkbox"/>   |                                       |   |   | <input type="checkbox"/>  |
|  | I have stopped trying, or knew I<br>could not do this activity because<br>of my <u>shortness of breath</u> . |                                       |   | I did not do this activity <u>for some other</u><br><u>reason</u> (including not having a chance to<br>do it, other health issues etc). |   |

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|---|--|---------------------------------------|---|--|--|
| 15. Walking 10 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 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). |  |

|   | <b>No<br/>shortness<br/>of breath</b>  | <b>Mildly<br/>short of<br/>breath</b> | <b>Moderately<br/>short of<br/>breath</b> | <b>Severely<br/>short of<br/>breath</b>  | <b>I did not do<br/>this in the<br/>past 7 days</b>                |
|---|--|---------------------------------------|---|--|--|
| 16. Walking ½ mile (almost 1 km) 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 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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|---|--|---------------------------------------|---|--|--|
| 17. Walking up 5 stairs 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). |  |

|   | <b>No<br/>shortness<br/>of breath</b>  | <b>Mildly<br/>short of<br/>breath</b> | <b>Moderately<br/>short of<br/>breath</b> | <b>Severely<br/>short of<br/>breath</b>  | <b>I did not do<br/>this in the<br/>past 7 days</b>                |
|---|--|---------------------------------------|---|--|--|
| 18. Walking up 10 stairs (1 flight) 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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|--|--|------------------------------|----------------------------------|--|--|
| 19. Walking up 30 stairs (3 flights) 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). |  |

|   | No<br>shortness<br>of breath   | Mildly<br>short of<br>breath | Moderately<br>short of<br>breath | Severely<br>short of<br>breath   | I did not do<br>this in the<br>past 7 days                         |
|---|--|------------------------------|----------------------------------|--|--|
| 20. Lifting something weighing less than 5 lbs (about 2 kg, like a houseplant)... | <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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|---|--|---------------------------------------|--|---|--|
| 21. Lifting something weighing 5-10 lbs (about 2-4.5 kg, like a basket of clothes)... | <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). |   |  |

|  | <b>No<br/>shortness<br/>of breath</b>  | <b>Mildly<br/>short of<br/>breath</b> | <b>Moderately<br/>short of<br/>breath</b>  | <b>Severely<br/>short of<br/>breath</b> | <b>I did not do<br/>this in the<br/>past 7 days</b>                |
|--|--|---------------------------------------|--|---|--|
| 22. Lifting something weighing more than 20 lbs (about 9 kg, like a medium-sized suitcase) ..... | <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). |   |  |

## FACIT-Dyspnea Scale 33 Item Bank

|   | <b>No<br/>shortness<br/>of breath</b> | <b>Mildly<br/>short of<br/>breath</b> | <b>Moderately<br/>short of<br/>breath</b> | <b>Severely<br/>short of<br/>breath</b> | <b>I did not do<br/>this in the<br/>past 7 days</b> |
|---|---------------------------------------|---------------------------------------|---|---|---|
| 23. Carrying something weighing less than 5 lbs (about 2 kg, like a houseplant) from one room to another... | <input type="checkbox"/>              | <input type="checkbox"/>              | <input type="checkbox"/>                  | <input type="checkbox"/>                | <input type="checkbox"/><br>↓                       |

Please indicate why you did not do this in the past 7 days:

(Mark one)

|  |  |
|--|--|
| <input type="checkbox"/><br>I have stopped trying, or knew I could not do this activity because of my <u>shortness of breath</u> . | <input type="checkbox"/><br>I did not do this activity <u>for some other reason</u> (including not having a chance to do it, other health issues etc). |
|--|--|

|   | <b>No<br/>shortness<br/>of breath</b> | <b>Mildly<br/>short of<br/>breath</b> | <b>Moderately<br/>short of<br/>breath</b> | <b>Severely<br/>short of<br/>breath</b> | <b>I did not do<br/>this in the<br/>past 7 days</b> |
|---|---------------------------------------|---------------------------------------|---|---|---|
| 24. Carrying something weighing 5-10 lbs (about 2-4.5 kg, like a basket of clothes) from one room to another... | <input type="checkbox"/>              | <input type="checkbox"/>              | <input type="checkbox"/>                  | <input type="checkbox"/>                | <input type="checkbox"/><br>↓                       |

Please indicate why you did not do this in the past 7 days:

(Mark one)

|  |  |
|--|--|
| <input type="checkbox"/><br>I have stopped trying, or knew I could not do this activity because of my <u>shortness of breath</u> . | <input type="checkbox"/><br>I did not do this activity <u>for some other reason</u> (including not having a chance to do it, other health issues etc). |
|--|--|

## FACIT-Dyspnea Scale 33 Item Bank

|                                   | <b>No<br/>shortness<br/>of breath</b>  | <b>Mildly<br/>short of<br/>breath</b> | <b>Moderately<br/>short of<br/>breath</b> | <b>Severely<br/>short of<br/>breath</b>   | <b>I did not do<br/>this in the<br/>past 7 days</b>                             |
|-----------------------------------|--|---------------------------------------|---|---|---|
| 25. Getting in or out of a car... | <input type="checkbox"/>   | <input type="checkbox"/>              | <input type="checkbox"/>                  | <input type="checkbox"/>  | <input type="checkbox"/>  |
|                                   |  |                                       |   |   | ↓   |
|                                   |  |                                       |   |   | Please indicate <u>why you</u><br><u>did not do this</u> in the<br>past 7 days: |
|                                   |  |                                       | (Mark one)                                |   | ↓   |
|                                   | <input type="checkbox"/>   |                                       |   |   | <input type="checkbox"/>  |
|                                   | I have stopped trying, or knew I<br>could not do this activity because<br>of my <u>shortness of breath</u> . |                                       |   | I did not do this activity <u>for some other</u><br><u>reason</u> (including not having a chance to<br>do it, other health issues etc). |   |

|                   | <b>No<br/>shortness<br/>of breath</b>  | <b>Mildly<br/>short of<br/>breath</b> | <b>Moderately<br/>short of<br/>breath</b> | <b>Severely<br/>short of<br/>breath</b>   | <b>I did not do<br/>this in the<br/>past 7 days</b>                             |
|-------------------|--|---------------------------------------|---|---|---|
| 26. Dining out... | <input type="checkbox"/>   | <input type="checkbox"/>              | <input type="checkbox"/>                  | <input type="checkbox"/>  | <input type="checkbox"/>  |
|                   |  |                                       |   |   | ↓   |
|                   |  |                                       |   |   | Please indicate <u>why you</u><br><u>did not do this</u> in the<br>past 7 days: |
|                   |  |                                       | (Mark one)                                |   | ↓   |
|                   | <input type="checkbox"/>   |                                       |   |   | <input type="checkbox"/>  |
|                   | I have stopped trying, or knew I<br>could not do this activity because<br>of my <u>shortness of breath</u> . |                                       |   | I did not do this activity <u>for some other</u><br><u>reason</u> (including not having a chance to<br>do it, other health issues etc). |   |

## FACIT-Dyspnea Scale 33 Item Bank

|   | <b>No<br/>shortness<br/>of breath</b>  | <b>Mildly<br/>short of<br/>breath</b> | <b>Moderately<br/>short of<br/>breath</b> | <b>Severely<br/>short of<br/>breath</b>  | <b>I did not do<br/>this in the<br/>past 7 days</b>                |
|---|--|---------------------------------------|---|--|--|
| 27. Low-intensity leisure activity (gardening, etc.)... | <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). |  |

|   | <b>No<br/>shortness<br/>of breath</b>  | <b>Mildly<br/>short of<br/>breath</b> | <b>Moderately<br/>short of<br/>breath</b> | <b>Severely<br/>short of<br/>breath</b>  | <b>I did not do<br/>this in the<br/>past 7 days</b>                |
|---|--|---------------------------------------|---|--|--|
| 28. Moderate-intensity leisure activity (bicycling on level terrain, etc.)... | <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). |  |

## FACIT-Dyspnea Scale 33 Item Bank

|   | <b>No<br/>shortness<br/>of breath</b>  | <b>Mildly<br/>short of<br/>breath</b> | <b>Moderately<br/>short of<br/>breath</b> | <b>Severely<br/>short of<br/>breath</b>  | <b>I did not do<br/>this in the<br/>past 7 days</b>                |
|---|--|---------------------------------------|---|--|--|
| 29. Walking (faster than your usual speed) for 50 steps 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). |  |

|  | <b>No<br/>shortness<br/>of breath</b>  | <b>Mildly<br/>short of<br/>breath</b> | <b>Moderately<br/>short of<br/>breath</b> | <b>Severely<br/>short of<br/>breath</b>  | <b>I did not do<br/>this in the<br/>past 7 days</b>                |
|--|--|---------------------------------------|---|--|--|
| 30. Walking (faster than your usual speed) for at least 1 mile (a little more than 1.5 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). |  |

## FACIT-Dyspnea Scale 33 Item Bank

|                           | <b>No<br/>shortness<br/>of breath</b>  | <b>Mildly<br/>short of<br/>breath</b> | <b>Moderately<br/>short of<br/>breath</b> | <b>Severely<br/>short of<br/>breath</b>   | <b>I did not do<br/>this in the<br/>past 7 days</b>                             |
|---------------------------|--|---------------------------------------|---|---|---|
| 31. Singing or humming... | <input type="checkbox"/>   | <input type="checkbox"/>              | <input type="checkbox"/>                  | <input type="checkbox"/>  | <input type="checkbox"/>  |
|                           |  |                                       |   |   | ↓   |
|                           |  |                                       |   |   | Please indicate <u>why you</u><br><u>did not do this</u> in the<br>past 7 days: |
|                           |  |                                       | (Mark one)                                |   | ↓   |
|                           | <input type="checkbox"/>   |                                       |   |   | <input type="checkbox"/>  |
|                           | I have stopped trying, or knew I<br>could not do this activity because<br>of my <u>shortness of breath</u> . |                                       |   | I did not do this activity <u>for some other</u><br><u>reason</u> (including not having a chance to<br>do it, other health issues etc). |   |

|                              | <b>No<br/>shortness<br/>of breath</b>  | <b>Mildly<br/>short of<br/>breath</b> | <b>Moderately<br/>short of<br/>breath</b> | <b>Severely<br/>short of<br/>breath</b>   | <b>I did not do<br/>this in the<br/>past 7 days</b>                             |
|------------------------------|--|---------------------------------------|---|---|---|
| 32. Talking while walking... | <input type="checkbox"/>   | <input type="checkbox"/>              | <input type="checkbox"/>                  | <input type="checkbox"/>  | <input type="checkbox"/>  |
|                              |  |                                       |   |   | ↓   |
|                              |  |                                       |   |   | Please indicate <u>why you</u><br><u>did not do this</u> in the<br>past 7 days: |
|                              |  |                                       | (Mark one)                                |   | ↓   |
|                              | <input type="checkbox"/>   |                                       |   |   | <input type="checkbox"/>  |
|                              | I have stopped trying, or knew I<br>could not do this activity because<br>of my <u>shortness of breath</u> . |                                       |   | I did not do this activity <u>for some other</u><br><u>reason</u> (including not having a chance to<br>do it, other health issues etc). |   |



FACIT-Dyspnea Scale 33 Item Bank

|                                       | 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                                    |
|---------------------------------------|--|--------------------------|----------------------------|--|---|
| 33. Scrubbing the floor or counter... | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  |
|                                       |  |                          |                            |  | ↓<br>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). |   |

## FACIT-Dyspnea Scale 33 Item Bank

**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<br>difficulty         | A little<br>difficulty   | Some<br>difficulty       | Much<br>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<br>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<br>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,<br>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<br>1 km) without stopping .....                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. ....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Taking a bath without help.....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Taking a shower.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Putting on socks or stockings.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## FACIT-Dyspnea Scale 33 Item Bank

- |     |   |                          |                          |                          |                          |
|-----|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 14. |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | Standing for at least 5 minutes.....  |                          |                          |                          |                          |
| 15. | Walking 10 steps/paces on flat ground at a normal speed without stopping.....                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. | Walking ½ mile (almost 1 km) on flat ground at a normal speed without stopping.....                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. | Walking up 5 stairs without stopping.....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. | Walking up 10 stairs (1 flight) without stopping.....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. | Walking up 30 stairs (3 flights) without stopping.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. | Scrubbing the floor or counter.....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. | Lifting something weighing less than 5 lbs (about 2 kg, like a houseplant).....                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. | Lifting something weighing 5-10 lbs (about 2-4.5 kg, like a basket of clothes).....                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. | Lifting something weighing more than 20 lbs (about 9 kg, like a medium-sized suitcase).....                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. | Carrying something weighing less than 5 lbs (about 2 kg, like a houseplant) from one room to another.....     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. | Carrying something weighing 5-10 lbs (about 2-4.5 kg, like a basket of clothes) from one room to another..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. | Getting in or out of a car.....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. | Dining out.....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. | Low-intensity leisure activity (gardening, etc.).....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## FACIT-Dyspnea Scale 33 Item Bank

- |     |  |                          |                          |                          |                          |
|-----|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 29. | Moderate-intensity leisure activity (bicycling on level terrain, etc.).....                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. | Walking (faster than your usual speed) for 50 steps without stopping.....                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. | Walking (faster than your usual speed) for at least 1 mile (a little more than 1.5 km) without stopping..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. | Singing or humming.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. | Talking while walking.....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |