

## 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
Dyspnea06	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 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
Dyspnea10	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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		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
Dyspnea20	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
Dyspnea21	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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		<b>No shortness of breath</b>	<b>Mildly short of breath</b>	<b>Moderately short of breath</b>	<b>Severely short of breath</b>	<b>I did not do this in the past 7 days</b>
Dyspnea23	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).	

		<b>No shortness of breath</b>	<b>Mildly short of breath</b>	<b>Moderately short of breath</b>	<b>Severely short of breath</b>	<b>I did not do this in the past 7 days</b>
Dyspnea26	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
Dyspnea30 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
Dyspnea45 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).		

## FACIT-Dyspnea (Dyspnoea) 10 Item Short Form

**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
FL06	Dressing yourself without help .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FL10	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"/>
FL15	Walking up 20 stairs (2 flights) without stopping .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FL19	Preparing meals .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FL20	Washing dishes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FL21	Sweeping or mopping .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FL23	Making a bed .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FL26	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"/>
FL30	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"/>
FL45	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"/>