Dyspnea Assistive Devices and Resources

Please respond to each question or statement by marking one box per row.

Indicate if you use any of the following:

		No	Yes
DYSAD001	Bath/shower chair	☐ 0	☐ 1
DYSAD002	Caregiver assistance/Supportive others	☐ 0	☐ 1
DYSAD003	Grab bars	☐ 0	☐ 1
DYSAD004	Hand held shower unit	☐ 0	☐ 1
DYSAD005	Oxygen equipment	☐ 0	☐ 1
DYSAD006	Reacher/grabber	☐ 0	☐ 1
DYSAD007	Walking cane.....	☐ 0	☐ 1

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