

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
Dyspnea15	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 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
Dyspnea19	Preparing meals.....	<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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		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
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).	

		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
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).		

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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
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"/>