

Dyspnea Severity

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

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

		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
DYSSV001	Dressing yourself without help	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSSV002	Walking 50 steps/paces on flat ground at a normal speed without stopping	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSSV003	Walking up 20 stairs (2 flights) without stopping	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSSV004	Preparing meals	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSSV005	Washing dishes.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSSV006	Sweeping or mopping.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSSV007	Making a bed.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSSV008	Lifting something weighing 10-20 lbs (about 4.5-9kg, like a large bag of groceries).....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSSV009	Carrying something weighing 10-20 lbs (about 4.5-9kg, like a large bag of groceries) from one room to another.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X

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DYSSV010	Walking (faster than your usual speed) for ½ mile (almost 1 km) without stopping	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSSV011	Taking a bath without help.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSSV012	Taking a shower	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSSV013	Putting on socks or stockings	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSSV014	Standing for at least 5 minutes	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSSV015	Walking 10 steps/paces on flat ground at a normal speed without stopping	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSSV016	Walking ½ mile (almost 1 km) on flat ground at a normal speed without stopping	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSSV017	Walking up 5 stairs without stopping.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSSV018	Walking up 10 stairs (1 flight) without stopping	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSSV019	Walking up 30 stairs (3 flights) without stopping	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X

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activities...	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
DYSSV020 Lifting something weighing less than 5 lbs (about 2 kg, like a houseplant)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSSV021 Lifting something weighing 5-10 lbs (about 2-4.5 kg, like a basket of clothes)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSSV022 Lifting something weighing more than 20 lbs (about 9 kg, like a medium-sized suitcase)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSSV023 Carrying something weighing less than 5 lbs (about 2 kg, like a houseplant) from one room to another.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSSV024 Carrying something weighing 5-10 lbs (about 2-4.5 kg, like a basket of clothes) from one room to another.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSSV025 Getting in or out of a car	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSSV026 Dining out.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSSV027 Low-intensity leisure activity (gardening, etc.)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSSV028 Moderate-intensity leisure activity (bicycling on level terrain, etc.)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSSV029 Walking (faster than your usual speed) for 50 steps without stopping	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X

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DYSSV030	Walking (faster than your usual speed) for at least 1 mile (a little more than 1.5 km) without stopping.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSSV031	Singing or humming.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSSV032	Talking while walking.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSSV033	Scrubbing the floor or counter	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X