**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 |