Dyspnea Characteristics

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

Please indicate the number that best reflects the amount of shortness of breath you experienced <u>in the past 7 days</u>…

		0	1	2	3	4	5	6	7	8	9	10
DYSCA001	Shortness of breath in general	**No Shortness of Breath**										**Worst possible shortness of breath**
DYSC002	Intensity of shortness of breath	**When I had shortness of breath, it felt very mild.**										**When I had shortness of breath, it felt very severe.**
DYSC003	Frequency of shortness of breath.....	**I never had shortness of breath.**										**I always had shortness of breath.**
DYSC004	Duration of shortness of breath	**When I had shortness of breath, it lasted only for a moment.**										**When I had shortness of breath, it lasted for a very long time.**

In the past 7 days…

		Not at all	A little bit	Somewhat	Quite a bit	Very much
DYSCB001	I have been short of breath	0	1	2	3	4