

Dyspnea Severity – Short Form 5a

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 |
| 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 |
| DYSSV009 | Carrying something weighing 10-20 lbs (about 4.5-9 kg, 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 |
| 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 |