Dyspnea Functional Limitations - Short Form 10a

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

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**	**I did not do this in the past 7 days**
DYSFL001 Dressing yourself without help	☐ 0	☐ 1	☐ 2	☐ 3	☐ X
DYSFL002 Walking 50 steps/paces on flat ground at a normal speed without stopping	☐ 0	☐ 1	☐ 2	☐ 3	☐ X
DYSFL003 Walking up 20 stairs (2 flights) without stopping	☐ 0	☐ 1	☐ 2	☐ 3	☐ X
DYSFL004 Preparing meals	☐ 0	☐ 1	☐ 2	☐ 3	☐ X
DYSFL005 Washing dishes...	☐ 0	☐ 1	☐ 2	☐ 3	☐ X
DYSFL006 Sweeping or mopping..............................	☐ 0	☐ 1	☐ 2	☐ 3	☐ X
DYSFL007 Making a bed...	☐ 0	☐ 1	☐ 2	☐ 3	☐ X
DYSFL008 Lifting something weighing 10-20 lbs (about 4.5-9kg, like a large bag of groceries)...	☐ 0	☐ 1	☐ 2	☐ 3	☐ X
DYSFL009 Carrying something weighing 10-20 lbs (about 4.5-9kg, like a large bag of groceries) from one room to another........	☐ 0	☐ 1	☐ 2	☐ 3	☐ X
DYSFL010 Walking (faster than your usual speed) for ½ mile (almost 1 km) without stopping	☐ 0	☐ 1	☐ 2	☐ 3	☐ X