

## Dyspnea Functional Limitations – Short Form 5b

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
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