

Dyspnea Task Avoidance

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

For the following statements, please select the response that best describes your current situation in the past 7 days...

		Not at all	A little bit	Somewhat	Quite a bit	Very much
DYSTE001	I avoid doing certain activities because of my shortness of breath	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
DYSTE002	There are things I avoid doing now because they take me longer to do.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
DYSTE003	If I were physically able to be more active, I would be.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4