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

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