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 <u>in the past 7 days…</u>

		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

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