Dyspnea Characteristics

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

Please indicate the number that best reflects the amount of shortness of breath you experienced <u>in the past 7 days</u>…

DYSCA001	Shortness of breath in general	☐ 0 **No Shortness of Breath**	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10 **Worst possible shortness of breath**
DYSC002	Intensity of shortness of breath	☐ 0 **When I had shortness of breath, it felt very mild.**	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10 **When I had shortness of breath, it felt very severe.**
DYSC003	Frequency of shortness of breath.....	☐ 0 **I never had shortness of breath.**	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10 **I always had shortness of breath.**
DYSC004	Duration of shortness of breath	☐ 0 **When I had shortness of breath, it lasted only for a moment.**	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10 **When I had shortness of breath, it lasted for a very long time.**

		Not at all	**A little bit**	**Somewhat**	**Quite a bit**	**Very much**
DYSCB001	I have been short of breath	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

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