Dyspnea Activity Requirements

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

In the past month…

		No	Yes
DYSAR001	Have you quit or retired from your job?	☐ 0	☐ 1
DYSAR003	Have you moved into a new home or place that requires fewer trips up or down stairs?	☐ 0	☐ 1
DYSAR004	Have you moved your bedroom to the ground level of the house?.....	☐ 0	☐ 1

		No	Yes
DYSAR002	Is there more than one story or level in your living space?	☐ 0	☐ 1

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