Dyspnea Severity – Short Form 10a

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

	Over the past 7 days, how short of breath did you get with each of these activities?…	**No shortness of breath**	**Mildly short of breath**	**Moderately short of breath**	**Severely short of breath**	**I did not do this in the past 7 days**
DYSSV001	Dressing yourself without help	☐ 0	☐ 1	☐ 2	☐ 3	☐ X
DYSSV002	Walking 50 steps/paces on flat ground at a normal speed without stopping.....	☐ 0	☐ 1	☐ 2	☐ 3	☐ X
DYSSV003	Walking up 20 stairs (2 flights) without stopping.....	☐ 0	☐ 1	☐ 2	☐ 3	☐ X
DYSSV004	Preparing meals.....	☐ 0	☐ 1	☐ 2	☐ 3	☐ X
DYSSV005	Washing dishes	☐ 0	☐ 1	☐ 2	☐ 3	☐ X
DYSSV006	Sweeping or mopping	☐ 0	☐ 1	☐ 2	☐ 3	☐ X
DYSSV007	Making a bed.....	☐ 0	☐ 1	☐ 2	☐ 3	☐ X
DYSSV008	Lifting something weighing 10-20 lbs (about 4.5-9kg, like a large bag of groceries).....	☐ 0	☐ 1	☐ 2	☐ 3	☐ X
DYSSV009	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
DYSSV010	Walking (faster than your usual speed) for ½ mile (almost 1 km) without stopping.....	☐ 0	☐ 1	☐ 2	☐ 3	☐ X

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