



Shortness of Breath Questionnaire

For each activity listed below, please rate your breathlessness on a scale between 0 and 5; where 0 is not at all breathless and 5 is maximally breathless. If the activity is one which you do not perform, please give your best estimate of breathlessness. Your responses should be for an “average” day during the past 7 days. Please respond to all items.

How short of breath do you get :	Not	At All					Maximally
	0	1	2	3	4	5	
	All						
1. At rest.....	0	1	2	3	4	5	
2. Walking on level ground at your own pace.....	0	1	2	3	4	5	
3. Walking on level ground with others your age.....	0	1	2	3	4	5	
4. Walking up a hill.....	0	1	2	3	4	5	
5. Walking up stairs.....	0	1	2	3	4	5	
6. While eating.....	0	1	2	3	4	5	
7. Standing up from a chair.....	0	1	2	3	4	5	
8. Brushing your teeth.....	0	1	2	3	4	5	
9. Shaving and/or brushing your hair.....	0	1	2	3	4	5	
10. Showering/bathing.....	0	1	2	3	4	5	
11. Dressing.....	0	1	2	3	4	5	
12. Picking up and Straightening.....	0	1	2	3	4	5	
13. Doing dishes.....	0	1	2	3	4	5	
14. Sweeping/vacuuming.....	0	1	2	3	4	5	
15. Making a bed.....	0	1	2	3	4	5	
16. Shopping.....	0	1	2	3	4	5	
17. Doing laundry.....	0	1	2	3	4	5	
18. Washing car.....	0	1	2	3	4	5	
19. Mowing lawn.....	0	1	2	3	4	5	
20. Watering lawn.....	0	1	2	3	4	5	
21. Sexual activities.....	0	1	2	3	4	5	
How much do these limit you in your daily life							
22. Shortness of breath.....	0	1	2	3	4	5	
23. Fear of “hurting myself” from overexerting.....	0	1	2	3	4	5	
24. Fear of shortness of breath.....	0	1	2	3	4	5	