**Part I. Over the past 7 days, how short of breath did you get with each of these activities?** Please mark one box per line to indicate your response.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **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** |
| Dyspnea06 | Dressing yourself without help  |  |  |  |  |  |

Please indicate why you did not do this in the past 7 days:

(Mark one)

|  |  |
| --- | --- |
|  |  |
| I have stopped trying, or knew I could not do this activity because of my shortness of breath. |  | I did not do this activity for some other reason (including not having a chance to do it, other health issues etc). |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **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** |
| Dyspnea10 | Walking 50 steps/paces on flat ground at a normal speed without stopping  |  |  |  |  |  |

Please indicate why you did not do this in the past 7 days:

(Mark one)

|  |  |
| --- | --- |
|  |  |
| I have stopped trying, or knew I could not do this activity because of my shortness of breath. |  | I did not do this activity for some other reason (including not having a chance to do it, other health issues etc). |

Please indicate why you did not do this in the past 7 days:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **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** |
| Dyspnea15 | Walking up 20 stairs (2 flights) without stopping  |  |  |  |  |  |

(Mark one)

|  |  |
| --- | --- |
|  |  |
| I have stopped trying, or knew I could not do this activity because of my shortness of breath. |  | I did not do this activity for some other reason (including not having a chance to do it, other health issues etc). |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **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** |
| Dyspnea19 | Preparing meals  |  |  |  |  |  |

Please indicate why you did not do this in the past 7 days:

(Mark one)

|  |  |
| --- | --- |
|  |  |
| I have stopped trying, or knew I could not do this activity because of my shortness of breath. |  | I did not do this activity for some other reason (including not having a chance to do it, other health issues etc). |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **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** |
| Dyspnea20 | Washing dishes  |  |  |  |  |  |

Please indicate why you did not do this in the past 7 days:

(Mark one)

|  |  |
| --- | --- |
|  |  |
| I have stopped trying, or knew I could not do this activity because of my shortness of breath. |  | I did not do this activity for some other reason (including not having a chance to do it, other health issues etc). |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **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** |
| Dyspnea21 | Sweeping or mopping  |  |  |  |  |  |

Please indicate why you did not do this in the past 7 days:

(Mark one)

|  |  |
| --- | --- |
|  |  |
| I have stopped trying, or knew I could not do this activity because of my shortness of breath. |  | I did not do this activity for some other reason (including not having a chance to do it, other health issues etc). |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **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** |
| Dyspnea23 | Making a bed  |  |  |  |  |  |

Please indicate why you did not do this in the past 7 days:

(Mark one)

|  |  |
| --- | --- |
|  |  |
| I have stopped trying, or knew I could not do this activity because of my shortness of breath. |  | I did not do this activity for some other reason (including not having a chance to do it, other health issues etc). |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **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** |
| Dyspnea26 | Lifting something weighing 10-20 lbs (about 4.5-9kg, like a large bag of groceries)  |  |  |  |  |  |

Please indicate why you did not do this in the past 7 days:

(Mark one)

|  |  |
| --- | --- |
|  |  |
| I have stopped trying, or knew I could not do this activity because of my shortness of breath. |  | I did not do this activity for some other reason (including not having a chance to do it, other health issues etc). |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **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** |
| Dyspnea30 | Carrying something weighing 10-20 lbs (about 4.5-9kg, like a large bag of groceries) from one room to another  |  |  |  |  |  |

Please indicate why you did not do this in the past 7 days:

(Mark one)

|  |  |
| --- | --- |
|  |  |
| I have stopped trying, or knew I could not do this activity because of my shortness of breath. |  | I did not do this activity for some other reason (including not having a chance to do it, other health issues etc). |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **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** |
| Dyspnea45 | Walking (faster than your usual speed) for ½ mile (almost 1 km) without stopping  |  |  |  |  |  |

Please indicate why you did not do this in the past 7 days:

(Mark one)

|  |  |
| --- | --- |
|  |  |
| I have stopped trying, or knew I could not do this activity because of my shortness of breath. |  | I did not do this activity for some other reason (including not having a chance to do it, other health issues etc). |

**Part II: Functional Limitation. Considering your shortness of breath over the past 7 days, rate the amount of difficulty you had when doing the following activities:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **No difficulty** | **A little difficulty** | **Some difficulty** | **Much difficulty** |
| FL06 | Dressing yourself without help  |  |  |  |  |
| FL10 | Walking 50 steps/paces on flat ground at a normal speed without stopping  |  |  |  |  |
| FL15 | Walking up 20 stairs (2 flights) without stopping  |  |  |  |  |
| FL19 | Preparing meals  |  |  |  |  |
| FL20 | Washing dishes  |  |  |  |  |
| FL21 | Sweeping or mopping  |  |  |  |  |
| FL23 | Making a bed  |  |  |  |  |
| FL26 | Lifting something weighing 10-20 lbs (about 4.5-9kg, like a large bag of groceries)  |  |  |  |  |
| FL30 | Carrying something weighing 10-20 lbs (about 4.5-9kg, like a large bag of groceries) from one room to another  |  |  |  |  |
| FL45 | Walking (faster than your usual speed) for ½ mile (almost 1 km) without stopping  |  |  |  |  |