

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Date of Service \_\_\_\_\_

When I do, or if I were to do, the following tasks, I would rate my breathlessness as:

- 0 None at all
- 1 Slight
- 2 Moderate
- 3 Somewhat severe
- 4 Severe
- 5 Maximal or unable to do because of breathlessness

1. At rest	0	1	2	3	4	5
2. Walking level at your own pace	0	1	2	3	4	5
3. Walking 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 teeth	0	1	2	3	4	5
9. Shaving and/or brushing 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. Doing dishes	0	1	2	3	4	5
13. Picking up and straightening	0	1	2	3	4	5
14. Sweeping/vacuuming	0	1	2	3	4	5
15. Making 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