ADVANTAGE
Therapy Centers

Please rate the shortness of breath you experience when you do, or if you were to do, each of the following tasks. **Do not skip any items**. If you've never done a task or no longer do it, give your best guess of the shortness of breath you would have while doing that activity.

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

0 None at all
1 Slight
2 Moderate
3 Somewhat severe
4 Severe
5 Maximum or unable to do because of shortness of breath

1.	At rest	**0**	**1**	**2**	**3**	**4**	**5**
2.	Walking on a level at your own pace	**0**	**1**	**2**	**3**	**4**	**5**
3.	Walking on a level 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.	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 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**

How much do these limit you in your daily life?

19.	Shortness of breath	**0**	**1**	**2**	**3**	**4**	**5**
20.	Fear of "hurting myself" by overexerting	**0**	**1**	**2**	**3**	**4**	**5**
21.	Fear of shortness of breath	**0**	**1**	**2**	**3**	**4**	**5**

Patient signature: _____ Date: _____