

UCSD Medical Center
Pulmonary Rehabilitation Program
Shortness-Of-Breath Questionnaire
1995 The Regents of the University of California

Please rate the breathlessness you experience when you do, or of you were to do each of the following tasks. **Do not skip any items.** If you've never performed a task or no longer perform it, give your best estimate of the breathlessness you would experience while doing that activity. Please review the two sample questions below before turning the page to begin the questionnaire.

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

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

Harry has felt moderately short of breath during the past week while brushing his teeth and so circles a three for this activity.

2. Mowing the lawn 0 1 2 3 4 5

Anne has never mowed the lawn before but estimates that she would have been too breathless to do this activity during the past weeks. She circles a five for this activity.