Below are some symptoms that you may be feeling. Please circle the number that indicates how often you feel these symptoms.

(0 = never, 1 = almost never, 2 = sometimes, 3 = almost always, 4 = always)

1. I have trouble getting air in. 0 1 2 3 4
2. I feel tightness in my throat when I am having my breathing problem. 0 1 2 3 4
3. It takes more effort to breathe than it used to. 0 1 2 3 4
4. Changes in weather affect my breathing problem. 0 1 2 3 4
5. My breathing gets worse with stress. 0 1 2 3 4
6. I make sound/noise breathing in. 0 1 2 3 4
7. I have to strain to breathe. 0 1 2 3 4
8. My shortness of breath gets worse with exercise or physical activity. 0 1 2 3 4
9. My breathing problem makes me feel stressed. 0 1 2 3 4
10. My breathing problem causes me to restrict my personal and social life. 0 1 2 3 4
11. Circle the severity of your breathing difficulty
   No problem       Mild problem       Moderate problem       Severe problem

For Clinic Use Only:
Total Score: /40

Dyspnea Index