

For Clinic Use Only:

Total Score: /40

Dyspnea Index

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