



NAME \_\_\_\_\_ **UCSD MEDICAL CENTER**  
MR# \_\_\_\_\_ **PULMONARY REHABILITATION PROGRAM**  
DATE \_\_\_\_\_ **SHORTNESS-OF-BREATH QUESTIONNAIRE**

Instructions: For each activity listed below, please rate your breathlessness on a scale between zero and five where 0 is not at all breathless and 5 is maximally breathless or too breathless to do the activity. If the activity is one which you do not perform, please give your best estimate of breathlessness. Your responses should be for an "average" day during the past week. Please respond to all items. Read the two examples below then turn the page to begin the questionnaire.

**0 Not at all**

**1**

**2**

**3**

**4 Severely**

**5 Maximally or unable to do because of breathlessness**

**Example 1:**

**How short of breath do you get while:**

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.

**Example 2:**

**How short of breath do you get while:**

1. 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 week. She circles a five for this activity.



SHORTNESS OF BREATH  
QUESTIONNAIRE

**How short of breath do you get:**

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 a 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
19.	Mowing lawn.....	0	1	2	3	4	5
20.	Watering lawn.....	0	1	2	3	4	5
21.	Sexual activities .....	0	1	2	3	4	5

**How much do these limit you in your daily life?**

22.	Shortness of breath.....	0	1	2	3	4	5
23.	Fear of "hurting myself" by overexerting .....	0	1	2	3	4	5
24.	Fear of shortness of breath .....	0	1	2	3	4	5