

Dyspnea Functional Limitations

Please respond to each question or statement by marking one box per row.

Considering your shortness of breath over the past 7 days, rate the amount of difficulty you had when doing the following activities:

	No difficulty	A little difficulty	Some difficulty	Much difficulty	I did not do this in the past 7 days
DYSFL001 Dressing yourself without help	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSFL002 Walking 50 steps/paces on flat ground at a normal speed without stopping	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSFL003 Walking up 20 stairs (2 flights) without stopping	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSFL004 Preparing meals	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSFL005 Washing dishes.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSFL006 Sweeping or mopping.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSFL007 Making a bed.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSFL008 Lifting something weighing 10-20 lbs (about 4.5-9kg, like a large bag of groceries).....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSFL009 Carrying something weighing 10-20 lbs (about 4.5-9kg, like a large bag of groceries) from one room to another.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X

Considering your shortness of breath over the past 7 days, rate the amount of difficulty you had when doing the following activities:

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DYSFL010	Walking (faster than your usual speed) for ½ mile (almost 1 km) without stopping	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSFL011	Taking a bath without help.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSFL012	Taking a shower	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSFL013	Putting on socks or stockings	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSFL014	Standing for at least 5 minutes	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSFL015	Walking 10 steps/paces on flat ground at a normal speed without stopping	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSFL016	Walking ½ mile (almost 1 km) on flat ground at a normal speed without stopping .	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSFL017	Walking up 5 stairs without stopping.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSFL018	Walking up 10 stairs (1 flight) without stopping	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSFL019	Walking up 30 stairs (3 flights) without stopping	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X

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DYSFL020	Scrubbing the floor or counter	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSFL021	Lifting something weighing less than 5 lbs (about 2 kg, like a houseplant)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSFL022	Lifting something weighing 5-10 lbs (about 2-4.5 kg, like a basket of clothes) .	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSFL023	Lifting something weighing more than 20 lbs (about 9 kg, like a medium-sized suitcase)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSFL024	Carrying something weighing less than 5 lbs (about 2 kg, like a houseplant) from one room to another.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSFL025	Carrying something weighing 5-10 lbs (about 2-4.5 kg, like a basket of clothes) from one room to another	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSFL026	Getting in or out of a car	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSFL027	Dining out.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSFL028	Low-intensity leisure activity (gardening, etc.)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X
DYSFL029	Moderate-intensity leisure activity (bicycling on level terrain, etc.)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> X

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DYSFL030	Walking (faster than your usual speed) for 50 steps without stopping.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> X
DYSFL031	Walking (faster than your usual speed) for at least 1 mile (a little more than 1.5 km) without stopping.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> X
DYSFL032	Singing or humming.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> X
DYSFL033	Talking while walking.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> X