

**UCSD MEDICAL CENTER  
PULMONARY REHABILITATION PROGRAM  
SHORTNESS-OF-BREATH QUESTIONNAIRE**

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Please rate the breathlessness you experience when you do, or if 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:**

0	None at all
1	
2	
3	
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.

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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 week. She circles a five for this activity.

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

0	None at all
1	
2	
3	
4	Severe
5	Maximal or unable to do because of breathlessness

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

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

0	None at all
1	
2	
3	
4	Severe
5	Maximal or unable to do because of breathlessness

13. Doing dishes .....	0	1	2	3	4	5
14. Sweeping /vacuuming .....	0	1	2	3	4	5
15. Making 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