

Name _____ Pre _____ Post _____ Date _____

University of California, San Diego - Shortness of Breath Scale

Please circle the appropriate number below for breathlessness:

0 (not at all), 1, 2, 3, 4 (severely), 5 (maximally or unable to do)

How short of breath do you get:	Not at all				Severe	Unable to do
1. At rest	0	1	2	3	4	5
2. Walking on a level surface, at your own pace	0	1	2	3	4	5
3. Walking on a level surface 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/vacuuuming	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 or overexerting	0	1	2	3	4	5
24. Fear of shortness of breath	0	1	2	3	4	5

Total of all circled numbers (0-120): _____