

Name:

DOB:

Date:

Dyspnea-12 Questionnaire

Instructions: This questionnaire is designed to help us learn more about how your breathing is troubling you. Please read each item and then place an **X** in the box that best matches your breathing **these days**. If you do not experience an item, mark **X** in the “none” box. Please respond to all items.

Item	None	Mild	Moderate	Severe
1. My breath does not go in all the way				
2. My breathing requires more work				
3. I feel short of breath				
4. I have difficulty catching my breath				
5. I cannot get enough air				
6. My breathing is uncomfortable				
7. My breathing is exhausting				
8. My breathing makes me feel depressed				
9. My breathing makes me feel miserable				
10. My breathing is distressing				
11. My breathing makes me agitated				
12. My breathing is irritating				