



Name: _____

Date: _____

1. Please read the scale below. Circle a number from 0-4 that most closely resembles the severity of your shortness of breath.

The Modified Medical Research Council (MMRC) Dyspnoea Scale

	Description
0	Not troubled by breathlessness except on strenuous exercise
1	Shortness of breath when hurrying on the level <i>or</i> walking up a slight hill
2	Walks slower than people of the same age on the level because of breathlessness <i>or</i> has to stop for breath when walking at own pace on the level
3	Stops for breath after walking about 100 m <i>or</i> after a few minutes on the level
4	Too breathless to leave the house <i>or</i> breathless when dressing or undressing

2. Please mark a visible "x" point on the center of the line. The point that you choose should indicate the most rigorous activity you feel you can accomplish without becoming short of breath.

