

## Subglottic Stenosis 6 Question Survey (SSS-6)

How to complete this Questionnaire:

1. Please indicate which of the five responses below best describes your level of breathlessness over the past week.  
(Choose only one response out of the five available below).

Situation	Tick Here
2. I get short of breath only on strenuous exercise	<input type="checkbox"/>
3. I get short of breath when hurrying on the level or climbing up a slight hill	<input type="checkbox"/>
4. I walk slower than people of the same age on the level because of breathlessness, or have to stop for breath when walking at my own pace on the level.	<input type="checkbox"/>
5. I stop for breath after walking 100 yards or after a few minutes on the level.	<input type="checkbox"/>
6. I am too breathless to leave the house.	<input type="checkbox"/>

2. Please tick the box that best matches your breathing **these days**  
(Please select one answer only)

Situation	None	Mild	Moderate	Severe
1. I have difficulty catching my breath				

**3. On average during the **past week**, how much of the time...**

(Please select one answer only)

	None	Hardly ever	A few times	Several times	Many times	A great many times	Almost all the time
..... did you cough?							

**4. Please mark which option best reflect your voice symptoms/difficulties.**

(Please select one answer only)

	None	Almost Never	Sometimes	Almost Always	Always
My Voice difficulties restrict my personal and social life.					

**5. On average, during the past week, how limited were your **moderate physical activities** (such as walking, housework, carrying things) because of your breathing problems:**

(Please select one answer only)

Not limited at all	Very slightly limited	Slightly limited	Moderately limited	Very limited	Extremely limited	Totally limited

**6. In general would you say your health is**

(Please select one answer only)

Excellent	Very Good	Good	Fair	Poor

