

## Dyspnoea Index (DI)

### How to complete this Questionnaire:

- These are statements many people have used to describe their sense of breathlessness and breathing problem, and the effects of their breathing on their lives.
- Please circle the response that indicates how frequently you experience the same symptoms
- If you do not have a problem with breathing, please circle zero (0) in response to these statements

#### 0 - 4 Rating Scale

- 0 = Never
- 1 = Almost never
- 2 = Sometimes
- 3 = Almost always
- 4 = Always

Situation	Frequency of Problem
I have trouble getting air in	0 1 2 3 4
I feel tightness in my throat when I am having my breathing problem	0 1 2 3 4
It takes more effort to breathe than it used to.	0 1 2 3 4
Changes in the weather affect my breathing problem.	0 1 2 3 4
My breathing gets worse with stress.	0 1 2 3 4
I make sound/noise breathing in.	0 1 2 3 4
I have to strain to breathe	0 1 2 3 4
My shortness of breath gets worse with exercise or physical activity	0 1 2 3 4
My breathing problem makes me feel stressed.	0 1 2 3 4
My breathing problem causes me to restrict my personal and social life.	0 1 2 3 4

<b>TOTAL 10 x 4 = 40 max</b>	_____

A Score of **3 or above** may be indicative of a significant breathing problem

You may want to have this assessed by your GP, Lung Specialist, or the MVAC Team

Feel Free to contact us via the form below.

Gartner-Schmidt, J. L., et al. (2014). "Development and validation of the Dyspnea Index (DI): a severity index for upper airway-related dyspnea." J Voice **28**(6): 775-782.