

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

TOTAL	_____
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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.