

Dyspnoea Index (DI)

How to complete this Questionnaire:

<ul style="list-style-type: none"> 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 	<p>0 - 4 Rating Scale</p> <p>0 = Never 1 = Almost never 2 = Sometimes 3 = Almost always 4 = Always</p>
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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 10 x 4 = 40 max

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 MEG 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.