

Trial ID.....

HOSPITAL LABEL

Date.....

MRC DYSPNOEA (BREATHLESSNESS) SCALE

Please put a cross (X) by the statement that best describes your breathlessness

1

I only get breathless with strenuous exercise

2

I get short of breath when hurrying on the level or up a slight hill

3

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

4

I stop for breath after walking 100 yards or after a few minutes on the level

5

I am too breathless to leave the house