

Date: \_\_\_\_\_

<b>Gender</b>	
<b>Age</b>	
<b>Diagnosis</b>	

	<b>Spirometry</b>	<b>Plethysmography</b>	<b>Bronchodilation test</b>	<b>DLCO-SB</b>
<b>Exams</b>				

Number of attempts to obtain an acceptable curve: \_\_\_\_\_

Number of acceptable curves: \_\_\_\_\_

	<b>Yes</b>	<b>No</b>
<b>Fulfilled DLCO</b>		

	<b>Before the test</b>	<b>After the test</b>
<b>Heart rate</b>		
<b>Respiratory rate</b>		

Scale Scores:

<b>mMRC</b>	<b>HAS</b>	<b>UCSDSOBQ</b>	<b>GAD-7</b>

Total time spent in the lung function laboratory: \_\_\_\_\_

**Attachments:**

***Modified MRC Dyspnea Questionnaire (mMRC)***

**(APPLY BEFORE THE TEST)**

Mark with a cross (X), the box corresponding to the statement that best describes your feeling of shortness of breath.

<b>GRADE 0</b>  I only get breathless with strenuous exercise.	
<b>GRADE 1</b>  I get short of breath when hurrying on the level or walking up a slight hill.	
<b>GRADE 2</b>  I walk slower than people of the same age on the level because of breathlessness, or I have to stop for breath when walking on my own pace on the level.	
<b>GRADE 3</b>  I stop for breath after walking about 100 meters or after a few minutes on the level.	
<b>GRADE 4</b>  I am too breathless to leave the house or I am breathless when dressing or undressing.	

*Modified MRC Dyspnea Scale. Global Initiative for Chronic Obstructive Lung Disease (GOLD), available from [www.goldcopd.org](http://www.goldcopd.org), published in Fontana, WI, USA.*

## *Hospital Anxiety Scale*

(APPLY BEFORE THE TEST)

This questionnaire is designed to help your doctor to know how you feel. Ignore the numbers printed on the left of the questionnaire. Read each item and underline the reply which comes closest to how you have been feeling in the past week.

<b>I feel tense or 'wound up'</b> Most of the time A lot of the time Occasionally Not at all	3 2 1 0	<b>I feel restless as I have to be on the move:</b> Very much indeed Quite a lot Not very much Not at all	3 2 1 0
<b>I get a sort of frightened feeling like 'butterflies' in the stomach:</b> Very Often Quite often Occasionally Not at all	3 2 1 0	<b>Worrying thoughts go through my mind:</b> A great deal of the time A lot of the time From time to time, but not too often Only occasionally	3 2 1 0
<b>I get a sort of frightened feeling as if something awful is about to happen:</b> Very definitely and quite badly Yes, but not too badly A little, but it doesn't worry me Not at all	3 2 1 0	<b>I get sudden feelings of panic:</b> Very often indeed Quite often Not very often Not at all	3 2 1 0
<b>I can sit at ease and feel relaxed:</b> Definitely Usually Not often Not at all	0 1 2 3		

*Zigmond AS, Snaith RP. Acta Psychiatr Scand. 1983 Jun;67(6):361-70. Pais-Ribeiro J, et al. Psychology, Health & Medicine 2007,12(2),225-237.*

**UCSD Medical Center Pulmonary Rehabilitation Program**  
**Shortness-of-Breath Questionnaire (UCSDSOBQ)**

(APPLY BEFORE THE TEST)

Please rate the shortness of breath you experience when you do, or if you were to do, each of the following tasks. **Do not skip any items.** If you've never done a task or no longer do it, give your best guess of the shortness of breath you would have while doing that activity.

1	At rest	0	1	2	3	4	5
2	Walking on a level at your own pace	0	1	2	3	4	5
3	Walking on a level with others your age	0	1	2	3	4	5
4	Walking up a hill	0	1	2	3	4	5
5	Walking up stairs	0	1	2	3	4	5
6	While eating	0	1	2	3	4	5
7	Standing up from a chair	0	1	2	3	4	5
8	Brushing teeth	0	1	2	3	4	5
9	Shaving and/or brushing hair	0	1	2	3	4	5
10	Showering/bathing	0	1	2	3	4	5
11	Dressing	0	1	2	3	4	5
12	A Picking up and straightening	0	1	2	3	4	5
13	Doing dishes	0	1	2	3	4	5
14	Sweeping/vacuuming	0	1	2	3	4	5
15	Making bed	0	1	2	3	4	5
16	Shopping	0	1	2	3	4	5
17	Doing laundry	0	1	2	3	4	5
18	Washing car	0	1	2	3	4	5
19	Mowing lawn	0	1	2	3	4	5
20	Watering lawn	0	1	2	3	4	5
21	Sexual activities	0	1	2	3	4	5

**How much do these limit you in your daily life?**

22	Shortness of breath	0	1	2	3	4	5
23	Fear of "hurting myself" by overexerting	0	1	2	3	4	5
24	Fear of shortness of breath	0	1	2	3	4	5

## ***General Anxiety Disorder (GAD-7)***

**(APPLY BEFORE THE TEST)**

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Worrying too much about different things	0	1	2	3
Trouble relaxing	0	1	2	3
Being so restless that it is hard to sit still	0	1	2	3
Becoming easily annoyed or irritable	0	1	2	3
Feeling afraid, as if something awful might happen	0	1	2	3

*Spitzer RL, Kroenke K, Williams JB, Löwe B. A brief measure for assessing generalized anxiety disorder: the GAD-7. Arch Intern Med. 2006 May 22;166(10):1092-7. doi: 10.1001/archinte.166.10.1092. PMID: 16717171.*

### ***Modified Borg scale***

“This is a scale that asks you to rate the difficulty of your breathing. It starts at number 0 where your breathing is causing you no difficulty at all and progresses through to number 10 where your breathing difficulty is maximal. How much difficulty is your breathing causing you right now?”

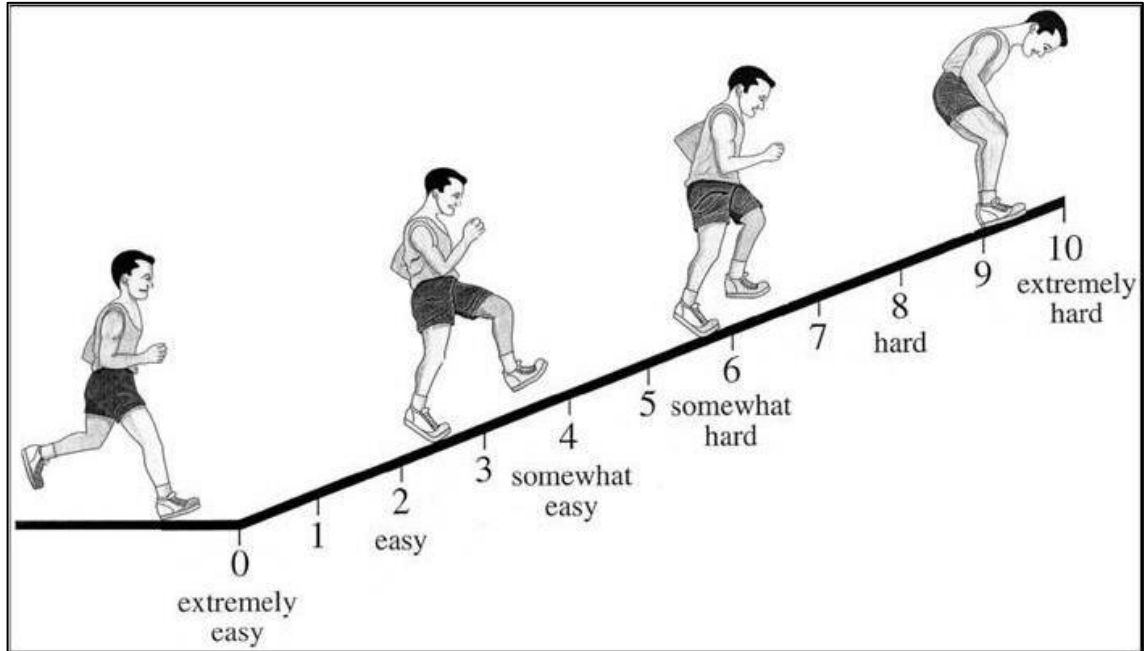
0	No breathlessness at all
0.5	Very, very slight (just noticeable)
1	Very slight
2	Slight breathlessness
3	Moderate
4	Somewhat severe
5	Severe breathlessness
6	
7	Very severe breathlessness
8	
9	Very, very severe (almost maximal)
10	Maximal

*Mahler DA, Rosiello RA, Harver A, Lentine T, McGovern JF, Daubenspeck JA. Comparison of clinical dyspnea ratings and psychophysical measurements of respiratory sensation in obstructive airway disease. Am Rev Respir Dis. 1987 Jun;135(6):1229-33. doi: 10.1164/arrd.1987.135.6.1229. PMID: 3592398*

<b>Before the test</b>	<b>After the test</b>

## Visual analogue dyspnoea scale

The first scale used was the Subjective Perceived Effort Scale (OMNI) consisting of 10 points (0-10), with verbal descriptors ranging from “extremely easy” to “extremely hard”.



*Robertson, R.J. The OMNI Picture System of Perceived Exertion. In: Bahrke, MS., editor. Perceived Exertion for Practitioners: Rating Effort with the OMNI Picture System. Champaign, IL: Human Kinetics; 2004*

Before the test	After the test