

Name: _____

Date: _____

Dyspnoea Index (DI)

DI Instructions: These are statements that many people have used to describe their sense of breathlessness and breathing problems, and the effects of their breathing on their lives. Circle the response that indicates how frequently you have the same symptoms. If you do not have a problem with breathing please circle zero (0) in response these statements. **Please check that you answer all the questions.**

0 = Never

1 = Almost never

2 = Sometimes

3 = Almost always

4 = Always

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

