

## MODIFIED MEDICAL RESEARCH COUNCIL DYSPNEA SCALE

ID NUMBER:									
------------	--	--	--	--	--	--	--	--	--

FORM CODE: MRC  
VERSION: 1.0 02/24/2021

Event: \_\_\_\_\_

0a) Date of Collection:   /   /

0b) Staff Code:

***Instructions:*** This form should be completed during the participant's clinic visit.

**Please choose the one best response to best describe your grade of shortness of breath.**

1) Shortness of Breath Grade

- "I only get breathless with strenuous exercise"<sub>0</sub>
- "I get short of breath when hurrying on the level or walking up a slight hill"<sub>1</sub>
- "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"<sub>2</sub>
- "I stop for breath after walking about 100 yards or after a few minutes on the level"<sub>3</sub>
- "I am too breathless to leave the house" or "I am breathless when dressing"<sub>4</sub>

**END OF FORM**