



# MODIFIED MEDICAL RESEARCH COUNCIL DYSPNEA SCALE

ID NUMBER:

FORM CODE: MRC  
VERSION: 1.0 10/26/10

Visit  
Number

SEQ #

0a) Form Date ..... /

0b) Initials .....

**Instructions:** This form should be completed during the participant's visit. Choose the one best response.

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

### Grade

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

1. Grade .....