



MODIFIED MEDICAL RESEARCH COUNCIL DYSPNEA SCALE

ID NUMBER:

FORM CODE: MRC
VERSION: 2.0 10/09/2017

Event _____

0a) Date of Collection / / 0b) Staff Code

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

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