

## Pulmonary Symptom Index

Below is a list of statements that other people with your illness have said are important. **Please circle or mark one number per line to indicate your response as it applies to the past 7 days.**

		Not at all	A little bit	Some- what	Quite a bit	Very much
B1	I have been short of breath .....	0	1	2	3	4
L2	I have been coughing.....	0	1	2	3	4
L3	I feel tightness in my chest .....	0	1	2	3	4
L4	Breathing is easy for me .....	0	1	2	3	4