# Motor Neuron Disease – Dyspnea Scale (MND-DS)

Please indicate the extent to which you experienced the following symptoms in the last 2 weeks:

1. I feel short of breath when talking or eating.

| Not at all | 0 | 1 | 2 | 3 | 4 | To a great extent |
|------------|---|---|---|---|---|-------------------|
|            | O | O | O | O | O |                   |

2. I feel short of breath when I lie flat on my back.

| Not at all | 0 | 1 | 2 | 3 | 4 | To a great extent |
|------------|---|---|---|---|---|-------------------|
|            | O | O | O | O | O |                   |

3. I feel short of breath during light activities (e.g. walking, washing or getting dressed).

| Not at all | 0 | 1 | 2 | 3 | 4 | To a great extent |
|------------|---|---|---|---|---|-------------------|
|            | O | O | O | O | O |                   |