

Complete ONLY if you have breathing difficulties

DSI: These are some symptoms that you may be feeling. (Circle the response that indicates how frequently you experience these symptoms.)

0 = Never
 1 = Almost Never 3 = Almost Always
 2 = Sometimes 4 = Always

I have trouble getting air in.	0	1	2	3	4
My breathing problem causes me to restrict my personal and social life.	0	1	2	3	4
My shortness of breath gets worse with stress.	0	1	2	3	4
The change in weather affects my breathing problem.	0	1	2	3	4
My breathing gets worse with stress.	0	1	2	3	4
I have to strain to breathe.	0	1	2	3	4
It takes more effort to breathe than it used to.	0	1	2	3	4
My breathing problem upsets me.	0	1	2	3	4
My shortness of breath scares me.	0	1	2	3	4
My breathing problem makes me feel stressed.	0	1	2	3	4

For clinician use: Total: _____ / 40

Complete ONLY if you have cough symptoms.

CSI: These are some symptoms that you may be feeling. (Circle the response that indicates how frequently you experience these symptoms.)

0 = Never
 1 = Almost Never 3 = Almost Always
 2 = Sometimes 4 = Always

My cough is worst when I lay down.	0	1	2	3	4
I tend to avoid places because of my cough.	0	1	2	3	4
I feel embarrassed because of my coughing problem.	0	1	2	3	4
People ask, "What's wrong?" because I cough a lot.	0	1	2	3	4
I run out of air when I cough.	0	1	2	3	4
My coughing problem limits my physical activity.	0	1	2	3	4
My coughing problem upsets me.	0	1	2	3	4
People ask me if I'm sick because I cough a lot.	0	1	2	3	4

For clinician use: Total: _____ / 32

For clinician use:

Speech

G	0	1	2	3
R	0	1	2	3
B	0	1	2	3
A	0	1	2	3
S	0	1	2	3

Singing

G	0	1	2	3
R	0	1	2	3
B	0	1	2	3
A	0	1	2	3
S	0	1	2	3

Total: _____ Severity: _____

Total: _____ Severity: _____

Reviewed by:

 Speech-Language Pathologist

 Date