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	

J. Helleman et al. (2020)