

Name _____

Date _____

Borg Scale

Please circle the number that best describes your shortness of breath, on average, over the last 24 hours.

- 0-** Nothing at all
- 0.5-** Very, very slight (just noticeable)
- 1-** Very slight
- 2-** Slight
- 3-** Moderate
- 4-** Somewhat severe
- 5-** Severe
- 6**
- 7-** Very severe
- 8**
- 9-** Very, very severe (almost maximal)
- 10-** Maximal