Test		Link, Basic	Provider	Sensitivity,	Minimal Important
		Information	Considerations,	Validity,	Difference (MID)
			Price	Reliability	
Modified Medical Research Council (MRC) Scale See example below.		http://copd.about.c om/od/copdbasics/ a/MMRCdyspneas cale.htm (Fletcher C 1952) The patient selects a grade on 5-point scale (rating of 0- 4) that describes everyday situations or activity levels provoking breathlessness and impairment. The scale requires recall.	The scale uses a simple and standardized method of categorizing disability in COPD (Cazzola M 2008). It quantifies disability related to dyspnea and has been widely used to describe cohorts and stratify interventions including PR in COPD. It has been in use for over 50 years. Public domain.	There is possible underestimation bias due to avoidance of exertion (Rennard S, 2002). The tool lacks precise limits and may have low sensitivity to change from intervention (Haughney J et al, 2004). There is relatively scarce clinical data on validation, responsiveness, and sensitivity (de Torres J 2002). r = -0.53 with other dyspnea measures, -0.42 with FEV ₁ .	N/A
Grade	Description of Breathlessness				
0	I only get breathless with strenuous exercise.				
1	I get short of breath when hurrying on level ground or walking up a slight hill.				
2	On level ground, I walk slower than people of the same age because of breathlessness, or have to stop for breath when walking at my own pace.				
3	I stop for breath after walking about 100 yards or after a few minutes on level ground.				
4	I am too breathless to leave the house or I am breathless when dressing.				

Modified Medical Research Council (MRC) Scale

Cazzola M, MacNee W, Martinez F, et al. American Thoracic Society/European Respiratory Society Task Force on outcomes of COPD: Outcomes for COPD pharmacological trials: from lung function to biomarkers. *Eur Respir J* 2008, 31:416–469.

de Torres JP, Pinto-Plata V, Ingenito E, Bagley P, Gray A, Berger R, Celli B: Power of outcome measurements to detect clinically significant changes in pulmonary rehabilitation of patients with COPD. *Chest* 2002, 121:1092–1098.

Fletcher C. The clinical diagnosis of pulmonary emphysema-an experimental study. *Proceedings* of the Royal Society of Medicine. 1952; 45:577-584.

Haughney J, Gruffydd-Jones K: Patient-centered outcomes in primary care management of COPD - what do recent clinical trial data tell us? *Prim Care Resp J* 2004, 13:185–197.

Rennard S, Decramer M, Calverley P, Pride N, Soriano B, Vermeire P, Vestbo J: Impact of COPD in North America and Europe in 2000: subjects' perspective of Confronting COPD International Survey. *Eur Respir J* 2002, 20:799–805.