

This checklist has been designed to serve as a "guideline" for assisting you, and your breathing practitioner, in determining whether or not your breathing behavior is consistent with optimal respiration.

Name: _____ **Date** _____ **email** _____

Tel _____ **Sex** _____ **Age** _____ **Sig other?** _____ **Children?** _____ **Chief complaint?** _____

Why do you think you have a breathing problem? What difficulties are you having that might be related to breathing?

Do you ever experience any of the 24 symptoms listed below: rarely, sometimes, often, or very often? If so, review the numbered "situations" listed at the bottom of the page, and then enter the corresponding numbers in the appropriate blanks. For example, you may experience "chest tightness" (first symptom listed below) "sometimes" when "expressing feelings" (enter #14), and "often" "when learning new tasks" (enter #19). If the situation is not shown, write in a new description at the bottom of the page and assign it a number. If you do not experience a symptom, be sure to check off the "never" option. Explore these experiences with your Practitioner about when, where, and with whom these symptoms may occur.

How often do you experience?	Never	Rarely	Sometimes	Often	Very Often
Chest tightness, pressure, or pain ●					
Intentional breathing, manipulation					
Blurred or hazy vision					
Dizziness, light-headedness, fainting ●					
Disconnected, things seem distant					
Short of breath, difficulty breathing ●					
Tingling of fingers, numbness ●					
Disoriented, confused					
Unable to breathe deeply ●					
Muscle stiffness, e.g., hands, jaw, throat					
Not exhaling completely, aborting the exhale ●					
Deep breathing, like during talking ●					
Fast or irregular heartbeat					
Gasping, irregular breathing					
Breath holding					
Poor concentration, focus, memory					
More rapid breathing					
Fatigue easily					
Worried about my breathing ●					
Mouth breathing ●					
Hard to swallow, nauseous					
Can't seem to get enough oxygen ●					
Hyper-aroused, can't calm down, anxious					
Unexpected mood changes (e.g., anger)					

***SITUATIONS:** circumstances under which you experience the above "sometimes," or more frequently.

(1) working (employment)	(6) feeling tired	(11) socializing, one on one	(16) meeting authority figures
(2) resting (between tasks)	(7) interacting in groups	(12) speaking in public	(17) going to sleep
(3) dating, romancing	(08) exercising, being physical	(13) meeting new people	(18) being accountable, in-charge
(4) interacting with children	(09) being confronting by others	(14) expressing feelings	(19) learning new tasks
(5) feeling anxious or worried	(10) traveling, unfamiliar places	(15) physical discomfort, pain	(20) feeling unsure of self
			(21) performing difficult tasks

Please write in other times and places that you might experience any of the above:
