

# BREATHING INTERVIEW CHECKLIST

## *for learning about your breathing behavior*

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: never, 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.

<i>How often do you experience the following?</i>	<i>Never</i>	<i>Seldom</i>	<i>Sometimes</i>	<i>Often</i>	<i>Very Often</i>
Chest tightness, pressure, or pain ●					
Intentional breathing, purposeful regulation					
Blurred or hazy vision					
Dizziness, light-headedness, fainting ●					
Disconnected, things seem distant					
Shortness of breath, difficulty breathing ●					
Tingling or numbness, e.g., fingers, lips ●					
Disoriented, confused					
Unable to breathe deeply ●					
Muscle pain, stiffness, e.g., hands, jaw, back					
Not exhaling completely, aborting the exhale ●					
Deep breathing, like during talking ●					
Fast or irregular heartbeat					
Chest breathing, effortful breathing ●					
Breath holding, irregular breathing					
Poor concentration, focus, memory					
Rapid breathing, panicky 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)           | (08) physical challenges, exercising | (15) physical discomfort, pain    |
| (2) resting (between tasks)        | (09) being confronted by others      | (16) meeting authority figures    |
| (3) performing (e.g., test taking) | (10) traveling, unfamiliar places    | (17) going to sleep, while asleep |
| (4) talking, eating, singing       | (11) socializing, meeting people     | (18) being accountable, in-charge |
| (5) feeling anxious or worried     | (12) speaking in public, in groups   | (19) learning new tasks, new info |
| (6) feeling tired or stressed      | (13) feeling angry or upset          | (20) feeling unsure of self       |
| (7) interacting in groups          | (14) intimacy, expressing feelings   | (21) allergens, weather, foods    |

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

\_\_\_\_\_