

INTERVIEW CHECKLIST

For learning about your breathing habits

This checklist has been designed to serve as a “guideline” for assisting you in exploring whether or not your breathing habits are consistent with optimal respiration, and if not, how they may be affecting you at specific times and places.

Name _____ Date _____ Email _____

Tel _____ Sex _____ Age _____ Sig other? _____ Children? _____ Issue _____

Do you think you might have a dysfunctional breathing habit? If so, what difficulties are you having that might be related to breathing?

Do you ever experience any of the 24 symptoms listed below? Check the **Y column** for “YES,” **OR** the **N column** for “NO,” after each symptom listed. If you checked YES, indicate *how frequently you experience the symptom* by checking a number 1 through 7, where 1 is rarely and 7 is daily. Then enter in the *situations in which you experience a symptom*, in the “situation column,” by entering a number that corresponds to one of the 21 situations listed at the bottom of the page. For example, you might check column #6 for “dizziness” and then enter in situations #14 (expressing feelings) and #19 (learning new tasks). If the situation is not shown on the list, write it into the “comment” column. Focus on when, where, and with whom these symptoms may occur.

How often? 1 = rarely7 = every day

Do you experience the following? If so, how often?	N	Y	1	2	3	4	5	6	7	Situations	Comment
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 symptoms

- | | | |
|------------------------------------|--------------------------------------|-----------------------------------|
| (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 |

General comments: _____