

Name:

Date:



BREATHING QUESTIONNAIRE

1. Do you feel tense?

- ☐ (0) never/not true at all
- ☐ (1) occasionally/a bit true
- ☐ (2) frequently-mostly true
- ☐ (3) very frequently/very true

2. Do you feel a cold sensation in your hands or feet?

- ☐ (0) never/not true at all
- ☐ (1) occasionally/a bit true
- ☐ (2) frequently-mostly true
- ☐ (3) very frequently/very true

3. Do you notice yourself yawning?

- ☐ (0) never/not true at all
- ☐ (1) occasionally/a bit true
- ☐ (2) frequently-mostly true
- ☐ (3) very frequently/very true

4. Do you notice breathing through your mouth at night?

- ☐ (0) never/not true at all
- ☐ (1) occasionally/a bit true
- ☐ (2) frequently-mostly true
- ☐ (3) very frequently/very true



Breathing Screen Interpretation

CATEGORIES



Red: Stop. Address breathing dysfunction, prioritize treatment of breathing, and do not load this group with resistance.



Yellow: Some deficits, proceed with caution by monitoring and adding breathing retraining to activity and add some breathing retraining.



Green: Breathing is optimal and individual likely moves very well.

FUNCTIONAL RESIDUAL CAPACITY (FRC)

☐

Red: < 25 Seconds

☐

Yellow: 26 - 35 Seconds

☐

Green: > 35 Seconds

TOTAL LUNG CAPACITY (TLC)

☐

Red: < 35 Seconds

☐

Yellow: 36 - 60 Seconds

☐

Green: > 60 Seconds

BREATHING QUESTIONNAIRE

☐

Red: Score 2 or 3

☐

Yellow: Score of 1

☐

Green: Score of 0