

Name:

Date:

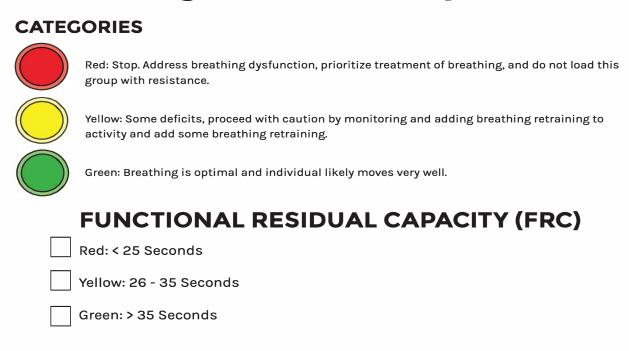


BREATHING QUESTIONNAIRE

	Do you feel tomas?	
	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	
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Breathing Screen Interpretation



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