Breathing Assessment / Questionnaire - Retake every Month

Scoring Key= 1- Very Often 2 - Often 3 - Sometimes 4 - Rarely 5 - Never

Score yourself from 1-5 with which option best describes your situation in the past 30 days

1. **I have health challenges** _____
2. **I have a dry mouth and lips** _____
3. **I breathe through my mouth** _____
4. **I suffer from stuffy, runny or itchy nose** _____
5. **I have constant colds** _____
6. **I have difficulty swallowing (lump sensation in throat)** _____
7. **I breath in my chest, trouble breathing into my belly** _____
8. **I experience chest tightness and trouble breathing** _____
9. **I sneeze, sigh, yawn** _____
10. **I take a lot of big breaths when speaking** _____
11. **I hold my breath for no reason (stop breathing)** _____
12. **I am a noisy breather, cough, clear throat, congested, sniffle etc.** _____
13. **I have a forward leaning or slumped posture** _____
14. **I have poor restless sleep, snoring, sleep apnea** _____
15. **I grind my teeth at night** _____
16. **I have low energy, very tired in the morning / day, poor concentration** _____
17. **I experience heart palpitations or irregular heart beats** _____
18. **I experience sugar cravings, addictive tendencies** _____
19. **I am always thinking, or overthinking brain in overdrive** _____
20. **I feel anxious, depressed, scared/worried** _____
21. **I am afraid of conflict, have low confidence, people pleaser** _____
22. **I am irritated, impatient, conflict oriented, over ambitious** _____
23. **Indigestion, overeating, poor digestion, constipation** _____
24. **I experience headaches** _____
25. **I have muscle stiffness in back shoulders, neck, jaw, tension in head/face** _____
26. **I have low endurance and shortness of breath when exercising** _____
27. **Poor vocal clarity, hoarseness, squeaky, strained** _____
28. **I have trouble relaxing or doing nothing** _____
29. **I have low sex drive, poor sex performance** _____
30. **I suffer from panic attacks/lose control in high stress situations at home/work** _____

Score out of 150: _____ **Date: _____**