

**BREATHING INTERVIEW QUESTIONNAIRE:**

1. Medical conditions: current diagnosis

2. History of accidents (e.g., motor vehicles, etc)

3. History of competitive sports (tennis, golf, cycling, running, swimming, baseball, etc)

4. Allergies (seasonal, food, environmental, chemical sensitivity)

5. History of pneumonia, bronchitis, ear infections, sinus infections

6. Do you play a wind instrument? (e.g., saxophone, clarinet, French horn, etc) If so, for how many years?

7. Do you have a history of singing? If so, for how long, and what type of singing (e.g, classical)

8. Do you feel “better” during exercise or physical activity?

9. Do you experience exercise intolerance? E.g, extreme exhaustion, muscle cramping, nausea, pain.

11. Do you find it difficult to relax after work hours, and during weekends or holidays?

12. Are you drawn to sugar, alcohol, and other substance to help you relax during the day or night?

13. Do you wake up with your mouth dry? Difficulty getting up in the morning?

14. History of difficult pregnancies?

15. Have you had or currently have suicidal ideation?

16. Are you currently receiving psychological or psychiatric care?

17. Have you been diagnosed with a mental disorder? (e.g., Schizophrenia, severe clinical depression)

How often do you experience?	Never	Rarely	Sometimes	Often	Very Often
Shortness of breath					
Unable to breathe deeply					
Breath holding					
Gasping (like during talking)					
Dry mouth					
Disorientation, confusion					
Attention/ memory deficits					
Fatigue, exhaustion, weakness					
Pain syndromes (e.g., shoulders, neck, orofacial)					
Muscle tension; shoulders, neck, jaw					
Dizziness, faintness, unsteadiness					
Blurred or hazy vision					
Headaches					
Coldness of hands, feet, and face					
Numbness of hands, feet					
Spasms/cramps of hands, legs, feet					
Difficulty relaxing					
Mind racing					
Heart palpitations					
Chest pressure/pain (unknown origin)					
Heart rhythm irregularities					
Asthma symptoms, wheezing (stress/sports)					
Difficult to swallow, "lump" in the throat					
Unexpected mood swings					
Anxiety, nervous tension					
Compulsive eating					
Irritability, quick to anger					
Daytime sleepiness					
Sleep disturbances (e.g., frequent awakenings)					
Clenching, grinding of teeth					

**SITUATIONS:** circumstances under which you experience the above signs or symptoms (1-18).

- (1) Work, business, school
- (2) Resting, relaxing
- (3) Dating (if applicable)
- (4) Operating a vehicle
- (5) Uncertain situations
- (6) Group interaction, social events
- (7) Exercise
- (8) Travel
- (9) Public speaking
- (10) Meeting new people
- (11) Exams, tests
- (12) Going to sleep
- (13) Meeting demands, deadlines
- (14) (18) Being in small spaces
- (15) Competitive events
- (16) Weekends, holidays
- (17) Learning new tasks
- (18) Other \_\_\_\_\_

