

Complete the following questions, choosing from 0-4 for each row/question

	Question	0	1	2	3
Functional Breathing	Do you mouth breathe while awake?	Rarely to never	Sometimes	Often	Almost always
	Do you mouth breathe while asleep?	Rarely to never	Sometimes	Often	Almost always
	Do you have dry or chapped lips?	Rarely to never	Sometimes	Often	Almost always
	Do you sigh or yawn frequently?	Rarely to never	Sometimes	Often	Almost always
	Do you ever feel short of breath?	Rarely to never	Sometimes	Often	Almost always
	Do you find it difficult to breathe while wearing a face mask?	Rarely to never	Sometimes	Often	Almost always
Pulmonary/ Cardiovascular	Do you experience pain, pressure, or tightness in the chest?	Rarely to never	Sometimes	Often	Almost always
	Do you experience an irregular, fast, or racing heartbeat?	Rarely to never	Sometimes	Often	Almost always
Conditions	How frequently do you get sick?	Rarely to never	Sometimes	Often	Almost always
	Have you experienced or been diagnosed with any of the following conditions?	None	Snoring	Upper Airway Resistance Syndrome	Obstructive Sleep Apnea
Posture	Do you ever slouch?	Rarely to never	Sometimes	Often	Almost always
	Do you have any neck or shoulder tension?	Rarely to never	Sometimes	Often	Almost always
Psychosocial (CNS)	Do you ever feel stressed or anxious?	Rarely to never	Sometimes	Often	Almost always
	Do you experience panic attacks?	Rarely to never	Sometimes	Often	Almost always
	Do you ever have difficulty concentrating?	Rarely to never	Sometimes	Often	Almost always
Tongue Resting Position	Where do you feel that your tongue rests in your mouth?	Entire tongue usually rests up along palate.	The tip of the tongue usually rests up on the palate.	The tongue usually rests in the middle against the teeth.	The tongue usually rests on the floor of the mouth
Orofacial Function	Do you experience headaches?	Rarely to never	Sometimes	Often	Almost always
	Do you experience pain in your Temporomandibular Joint (TMJ)?	Rarely to never	Sometimes	Often	Almost always
	Do you clench or grind your teeth?	Rarely to never	Sometimes	Often	Almost always

Nasal Obstruction Visual Assessment Scale (NO-VAS)

Rate from 0-100 how difficult it is to breathe through the nose (usually or most commonly)? _____%



Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? Even if you haven't done some of the activities recently, think about how they would have affected you.

Use this scale to choose the most appropriate number for each situation:

0=Would never doze 1=Slight chance of dozing 2=Moderate chance of dozing 3=High chance of dozing

Question	Score			
Sitting and Reading	0	1	2	3
Watching Television	0	1	2	3
Sitting inactive in a public place (theatre/meeting)	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down to rest in the afternoon	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after lunch (with no alcohol)	0	1	2	3
In a car, while stopped in traffic	0	1	2	3
TOTAL:				

Fatigue Severity Scale Questionnaire (FSS)

Instructions: Circle the number that best represents your response to each question.

Scoring Range: 1=Strongly Disagree with the statement to 7=Strongly Agree with the statement.

During the past week, I have found that:	Score						
1. My motivation is lower when I am fatigued.	1	2	3	4	5	6	7
2. Exercise brings on my fatigue.	1	2	3	4	5	6	7
3. I am easily fatigued.	1	2	3	4	5	6	7
4. Fatigue interferes with my physical functioning.	1	2	3	4	5	6	7
5. Fatigue causes frequent problems for me.	1	2	3	4	5	6	7
6. My fatigue prevents sustained physical functioning.	1	2	3	4	5	6	7
7. Fatigue interferes with carrying out certain duties and responsibilities.	1	2	3	4	5	6	7
8. Fatigue is among my three most disabling symptoms.	1	2	3	4	5	6	7
9. Fatigue interferes with my work family, or social life.	1	2	3	4	5	6	7
FSS Scoring: Add up circled numbers and divide by 9:							

The Self Evaluation of Breathing Questionnaire

Scoring: (0) never/not true at all; (1) occasionally/a bit true; (2) frequently-mostly true; and, (3) very frequently/very true

1. I get easily breathless out of proportion to my fitness	0	1	2	3	_____
2. I notice myself breathing shallowly	0	1	2	3	_____
3. I get short of breath reading and talking	0	1	2	3	_____
4. I notice myself sighing	0	1	2	3	_____
5. I notice myself yawning	0	1	2	3	_____
6. I feel I cannot get a deep or satisfying breath	0	1	2	3	_____
7. I notice that I am breathing irregularly	0	1	2	3	_____
8. My breathing feels stuck or restricted	0	1	2	3	_____
9. My ribcage feels tight and cannot expand	0	1	2	3	_____
10. I notice myself breathing quickly	0	1	2	3	_____
11. I get breathless when I'm anxious	0	1	2	3	_____
12. I find myself holding my breath	0	1	2	3	_____
13. I feel breathless in association with other physical symptoms	0	1	2	3	_____
14. I have trouble coordinating my breathing when I am speaking	0	1	2	3	_____
15. I can't catch my breath	0	1	2	3	_____
16. I feel that the air is stuffy, as if not enough air is in the room	0	1	2	3	_____
17. I get breathless even when I am resting	0	1	2	3	_____
18. My breath feels like it does not go in all the way	0	1	2	3	_____
19. My breath feels like it does not go out all the way	0	1	2	3	_____
20. My breathing is heavy	0	1	2	3	_____
21. I feel that I am breathing more	0	1	2	3	_____
22. My breathing requires work	0	1	2	3	_____
23. My breathing requires effort	0	1	2	3	_____
24. I find myself breathing through my mouth during the day	0	1	2	3	_____
25. I breathe through my mouth at night while I sleep	0	1	2	3	_____
Total					
A score greater than 11 may indicate problems with your breathing.					

Which position do you typically sleep i

Rarely Often Always



Stomach

Rarely Often Always



Back

Rarely Often Always



Side

