1. Do you feel tense?
   - Never/Not true at all
   - Occasionally/a bit true
   - Frequently-mostly true
   - Very frequently/very true

2. Do you feel a cold sensation in your hands or feet?
   - Never/Not true at all
   - Occasionally/a bit true
   - Frequently-mostly true
   - Very frequently/very true

3. Do you notice yourself yawning?
   - Never/Not true at all
   - Occasionally/a bit true
   - Frequently-mostly true
   - Very frequently/very true

4. Do you notice breathing through your mouth at night?
   - Never/Not true at all
   - Occasionally/a bit true
   - Frequently-mostly true
   - 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