

OUTCOME REPORT

Practitioner Name _____ Referrer Name _____

Client Name _____ Email _____ Tel _____

OVERALL LEARNING SUCCESS ____ (1 - 7, where 1 = no progress and 7 = complete success)

Please rate the following about your client and assign a number between 1 and 7.

Demonstrated ability to detect and regulate CO₂ levels ____ (1 – 7, where 1 = minimal, and 7 = excellent)

Abatement of symptoms/deficits ____ (1 - 7, where 1 = no abatement, and 7 = symptoms/deficits gone)

Demonstrated ability to self-explore breathing ____ (1 – 7, where 1 = very little, and 7 = excellent)

Motivation for learning new breathing habits, ____ (1 – 7, where 1 = very low, and 7 = highly motivated)

Homework assignment completion ____ (1 - 7, where 1 = no completions, and 7 = all assignments)

Acceptance of personal responsibility to learn ____ (1 – 7, where 1 = very poor, and 7 = enthusiastic acceptance)

Why did the client decide to sign-up for breathing learnings services?

What were the specific client- breathing learning objectives? How successful was your client?

What were the specific symptoms and/or deficits addressed? How successful was your client?

Were there learning hurdles? What were they? Were they overcome?

Please answer these questions about learning outcomes. Be specific. Write N/A if not relevant.

Cognitive changes & their effects on breathing? _____

Reduced anxiety about breathing & its effects? _____

New knowledge & beliefs about breathing? _____

Disengaged habit triggers, e.g., exercise? _____

Disengaged habit motivations-reinforcements, e.g., feeling in control? _____

Self-awareness of breathing mechanics and its effects? _____

Self-awareness of breathing triggered symptoms/deficits? _____

Self-awareness of deregulated chemistry (hypocapnia)? _____

Emotional desensitization to breathing mediated symptoms, e.g., dizziness? _____

Emotional desensitization to breathing experience, e.g., fast breathing? _____

Extinction of dysfunctional breathing behaviors, e.g., taking big breaths? _____

New breathing behaviors learned, e.g., allowing the exhale? _____

CO₂ regulation in the presence of old triggers (in the field)? _____

New motivations/reinforcements discovered/implemented? _____

Reduced frequency/severity of breathing triggered symptoms/deficits? _____

Reduced frequency/severity of symptoms triggered by organic conditions, e.g., pain? _____

Reduced frequency/severity of symptoms trigger by mental conditions. e.g., panic? _____

Improved performance, e.g., testing? _____

Extinction of related troublesome behaviors, e.g., self-talk? _____