

# BEHAVIOR REPORT

Client Name: \_\_\_\_\_ Type: ☐ A ☐ T Session # \_\_\_\_\_ Date: \_\_\_\_\_  
Practitioner Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Possible origin of habit \_\_\_\_\_

## Dysfunctional breathing behaviors:

- |   |  |
|---|--|
| <input type="checkbox"/> Aborted exhale _____                 | <input type="checkbox"/> Gasping, sighing _____          |
| <input type="checkbox"/> Assisting the inhale _____           | <input type="checkbox"/> Intentional manipulations _____ |
| <input type="checkbox"/> Avoidance of transition time _____   | <input type="checkbox"/> Mouth breathing _____           |
| <input type="checkbox"/> Breath holding _____                 | <input type="checkbox"/> Overbreathing _____             |
| <input type="checkbox"/> Chest breathing _____                | <input type="checkbox"/> Rapid breathing _____           |
| <input type="checkbox"/> Doing breathing (not allowing) _____ | <input type="checkbox"/> Reverse breathing _____         |
| <input type="checkbox"/> Dyspnea _____                        | <input type="checkbox"/> Taking deep breaths _____       |
| <input type="checkbox"/> Effortful breathing _____            | <input type="checkbox"/> Underbreathing _____            |
| <input type="checkbox"/> Forced exhalation _____              | <input type="checkbox"/> Other _____                     |

## Breathing habit triggers observed DURING INTERVIEW:

- |   |  |
|---|--|
| <input type="checkbox"/> Behaviors _____                    | <input type="checkbox"/> Memories _____            |
| <input type="checkbox"/> Breathing mechanics _____          | <input type="checkbox"/> Physical discomfort _____ |
| <input type="checkbox"/> Breathing self-interventions _____ | <input type="checkbox"/> Postural changes _____    |
| <input type="checkbox"/> Conversational content _____       | <input type="checkbox"/> Tasks _____               |
| <input type="checkbox"/> Emotions _____                     | <input type="checkbox"/> Thoughts _____            |
| <input type="checkbox"/> Kinesthetic cues _____             | <input type="checkbox"/> Other _____               |

## Motivations & reinforcements of dysfunctional breathing habits:

- |   |  |
|---|--|
| <input type="checkbox"/> Access to an alternative sense of self _____   | <input type="checkbox"/> Feeling in control _____                              |
| <input type="checkbox"/> Access to behaviors _____                      | <input type="checkbox"/> Feeling of "getting more oxygen" _____                |
| <input type="checkbox"/> Access to emotions _____                       | <input type="checkbox"/> Feeling of better self-esteem _____                   |
| <input type="checkbox"/> Access to symptoms _____                       | <input type="checkbox"/> Feeling of being "freer," safer _____                 |
| <input type="checkbox"/> Access to physical change _____                | <input type="checkbox"/> Feeling of "deepness in the breath," relaxation _____ |
| <input type="checkbox"/> Avoidance of memories _____                    | <input type="checkbox"/> Reduced sense of vulnerability _____                  |
| <input type="checkbox"/> Avoidance of emotions _____                    | <input type="checkbox"/> Reduction of air hunger _____                         |
| <input type="checkbox"/> Avoidance of discomfort (pain) _____           | <input type="checkbox"/> Reduction of fear/anxiety _____                       |
| <input type="checkbox"/> Avoidance of thoughts _____                    | <input type="checkbox"/> Secondary gain _____                                  |
| <input type="checkbox"/> Confirmation of personal interpretations _____ | <input type="checkbox"/> State change _____                                    |
| <input type="checkbox"/> Dissociation, disconnectedness _____           | <input type="checkbox"/> Familiarity, using favorite muscles _____             |
|   | <input type="checkbox"/> Other _____   |

## Breathing behaviors and symptoms that trigger learned emotions (e.g., anxiety):

- |  |   |
|--|---|
| <input type="checkbox"/> Allowing the breathing _____            | <input type="checkbox"/> Slowness of the exhale _____             |
| <input type="checkbox"/> Approaching the end of the exhale _____ | <input type="checkbox"/> Small breaths _____                      |
| <input type="checkbox"/> Breathing in the chest _____            | <input type="checkbox"/> State changes _____                      |
| <input type="checkbox"/> Breathing in the diaphragm _____        | <input type="checkbox"/> Transition time (exhale to inhale) _____ |
| <input type="checkbox"/> Can't take a deep breath _____          | <input type="checkbox"/> Changes in body sensations _____         |
| <input type="checkbox"/> Fast breathing _____                    | <input type="checkbox"/> Hypocapnic symptoms _____                |
| <input type="checkbox"/> Nose breathing _____                    |   |
| <input type="checkbox"/> Slow breathing _____                    | <input type="checkbox"/> Others _____                             |

## Cognition associated with breathing:

- |  |  |
|--|--|
| <input type="checkbox"/> Breathing is "done" (not allowed) _____ | <input type="checkbox"/> Memories _____                  |
| <input type="checkbox"/> Disruptive thoughts _____               | <input type="checkbox"/> Self-talk _____                 |
| <input type="checkbox"/> Faulty beliefs _____                    | <input type="checkbox"/> Symptom misinterpretation _____ |

## Breathing challenges used and outcomes (See Guided Overbreathing Record):

- |  |
|--|
| <input type="checkbox"/> En vivo test _____            |
| <input type="checkbox"/> Guided breathing _____        |
| <input type="checkbox"/> Imagination, simulation _____ |
| <input type="checkbox"/> Mechanics challenge _____     |
| <input type="checkbox"/> Task challenge _____          |