

Nijmegen Questionnaire

Please indicate **V** the level of severity of any of the symptoms that you experience in list below:

Complaint	Never 0	Rarely 1	Sometimes 2	Often 3	Very often 4
Chest Wall Pains					
Feeling Tense					
Blurred vision					
Dizzy Spells					
Confusion, losing contact with reality					
Fast or deep breathing					
Shortness of breath					
Tightness in the chest					
Bloated Feeling in Stomach					
Tingling of fingers					
Unable to Breathe Deeply					
Stiffness in fingers or arms					
Stiffness around the mouth					
Cold hands or feet					
Thumping of the heart					
Feeling of anxiety					
Total:					

Additional Buteyko Rating System

Please indicate **V** the level of severity of any of the symptoms that you experience in list below:

1 = Mild, 2 = Moderate, 3 = Severe

Complaint	1	2	3	Complaint	1	2	3
Coughing				Excessive sweating			
Wheezing				High Perceived Stress			
Exercise Induced Asthma				Tummy upset / IBS			
Frequent Colds				Achy Muscles			
Breathlessness at rest				Tiredness			
Frequent Sighs				Insomnia /Broken Sleep			
Frequent Yawning				Poor Concentration			
Sleep Apnea				Panic Attacks			
Snoring				Headaches			
Lower back pain							