Breathing for Real Life

Breath & Self-Observation Assessment

Name (optional): _____ Date: _____

A note about this resource

This worksheet is intended for personal education, reflection, and body awareness. It is not intended to diagnose breathing, sleep, or medical conditions. Pain, significant difficulty breathing, persistent sleep concerns, or other concerning symptoms deserve appropriate evaluation from a qualified healthcare professional.

This assessment is an invitation to notice.

There is no perfect breath you are trying to achieve and no "right" set of answers. Your breathing responds to your body, emotions, environment, experiences, habits, movement, and the demands of your life.

For now, your job is simply to become curious about what is already happening.

Before intentionally changing your breathing, take a few moments to notice yourself as you are today.

With the practices below, along with the "Breathing for Real Life" video found on Youtube, you'll have the opportunity to understand how you breathe, how that may be affecting other aspects of your life, and how you can get better acquainted with *your* nervous system to breathe in a way that your body welcomes to empower the way you move through life.

Arriving: Your Baseline

Overall well-being

How would you describe your general sense of well-being today?

1 ——— 2 ——— 3 ——— 4 ——— 5 ——— 6 ——— 7 ——— 8 ——— 9 ——— 10

What feels most present for you right now?

Emotional state

What emotions are present right now?

How emotionally settled or regulated do you feel?

1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10

Energy

Current energy level:

1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10

My energy currently feels:

☐ Low ☐ Heavy ☐ Steady ☐ Restless ☐ Energized ☐ Other: _____

Stress & tension

Current stress/tension level:

1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10

Where do you notice tension, holding, or effort in your body?

Embodiment & presence

How connected to your physical body do you feel right now?

1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10

How grounded or present do you feel?

1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10

Your Natural Breath

Without intentionally changing your breathing, spend a few moments simply observing it.

Where do you notice your breath?

Check anything you notice.

□ Upper chest
□ Lower chest
□ Upper ribs
□ Lower ribs
□ Belly/abdomen
□ Sides of the ribs
□ Back of the ribs
□ Low back
□ Pelvis/hips
□ Somewhere else: _____
□ I'm not sure where I feel it yet

How would you describe your breathing right now?

□ Easy
□ Effortful
□ Spacious
□ Restricted
□ Deep
□ Shallow
□ Slow
□ Quick
□ Smooth
□ Uneven
□ Quiet
□ Forceful
□ I notice myself holding my breath
□ I'm not sure yet
□ Other: _____

I am primarily breathing through my:

□ Nose □ Mouth □ Both □ Unsure

What moves when you breathe?

Notice without trying to correct anything.

	Moves easily	Some movement	Little/no movement	Unsure
Upper ribs/ Chest				
Belly/ Lower abdomen				
Side Body				
Lower Ribs				
Back ribs				
Shoulders				

What else do you notice about your natural breathing?

_____

_____

_____

Noticing Your Body

Now that you've noticed the breath specifically, we will take a moment to notice your body as a whole, where you may be feeling discomfort or pain, and how your body moves including the ranges of motion.

The body as a whole:

Sitting or standing as you are, do you notice pain or discomfort? Are you aware of any pain you may have with movement or experience regularly with movement?

_____

_____

Your ranges of motion:

We'll take a look at how your body moves. These will be indicators of both where your body and nervous system are now, and later when we focus on specific areas of breath, we will use these as indicators of whether or not your nervous system *liked* the breath/ area of focus.

Begin by "warming up" the area with a few repetitions of the motion before officially "testing" the range.

For each area, indicate your experience:

+ Positive: The movement felt available, comfortable, easy, spacious, or produced a response that felt supportive.

◯ Neutral: You didn't notice much, the experience felt neither positive nor negative, or you're unsure.

- Negative: The area felt restricted, uncomfortable, difficult, painful, or produced a response that did not feel supportive.

Feel free to use the space below each range to add details specifically that you felt such as: did the sensation happen in other areas of the body, was there a particular quality to the sensation (sharp, dull, stiff, etc).

These markings are observations, not grades. A "negative" response does not mean that something is wrong with you. It is simply information worth noticing.

Head/Neck

Bringing your ear to your shoulder

Left ___ Right ___

Turning Your Head

Left ___ Right ___

_____ _____
_____ _____
_____ _____

Looking Up and Down

Up___ Down___

_____ _____
_____ _____
_____ _____

Shoulders

Thumb up, bring your arm up to the ear from the side

Left ___ Right ___

_____ _____
_____ _____
_____ _____

Thumb up, bring your arm up to your ear from the front

Left ___ Right ___

_____ _____
_____ _____
_____ _____

Arm bent like a scarecrow, turn your arm down

Left ___ Right ___

_____ _____

_____ _____

_____ _____

Bonus

If there's a particular movement/ range of motion that you know is "problematic"/difficult/uncomfortable, feel free to note it below and use that as your test as well.

_____

_____

_____

Breath Movement Assessment

Now, choose one or two of the ranges of motion above that felt *least* available/comfortable as your test.

Use the assessments demonstrated in the video to explore how your breath moves into different areas of your body, and then test the selected movement/ range of motion.

For each area, indicate your experience:

+ Positive: The breath or movement felt available, comfortable, easier, more spacious, or produced a response that felt supportive.

◯ Neutral: You noticed little difference, the experience felt neither positive nor negative, or you're unsure.

- Negative: The area felt restricted, uncomfortable, difficult, painful, or produced a response that did not feel supportive.

Inhale

	Skin stimulation	Front of hip / low abdomen	Low ribs	Upper ribs	Back of hip / low back	Back of lower ribs	Back of upper ribs
Left							
Right							

Exhale

	Skin stimulation	**Front of hip / low abdomen**	**Low ribs**	**Upper ribs**	**Back of hip / low back**	**Back of lower ribs**	**Back of upper ribs**
Left							
Right							

Looking at the whole picture

Where did your breath feel most available?

_____

_____

_____

Where did you notice less movement, more effort, or restriction?

Did you notice an area it was difficult to inhale or exhale?

Did you notice differences between your left and right sides?

Did you notice differences between the front and back of your body?

Did anything surprise you?

During the assessments...

What I noticed:

Where I noticed it:

What changed when I experimented with breathing or moving differently?

_____

_____

_____

_____

Breath & Your Emotional Experience

Our breathing does not exist separately from the rest of our experience. You may notice that your breath changes alongside different emotions, environments, relationships, or levels of stress. Sometimes changing the breath will elicit an emotion as well.

You don't need to know *why* yet. Just notice what feels familiar.

- When I feel stressed or overwhelmed, my breathing tends to...
- When I feel angry or frustrated, my breathing tends to...
- When I feel anxious or uncertain, my breathing tends to...
- When I feel sad or grieving, my breathing tends to...
- When I feel excited or energized, my breathing tends to...
- When I feel safe, comfortable, or connected, my breathing tends to...

Patterns I recognize

When emotions become intense, I sometimes:

□ Hold my breath
□ Breathe faster
□ Breathe more shallowly
□ Sigh frequently
□ Feel tightness in my chest
□ Feel tightness in my abdomen
□ Tighten my jaw
□ Lift or tense my shoulders
□ Feel disconnected from my body
□ Find it difficult to notice my breath at all
□ Notice another pattern: _____
□ I'm not sure yet

Breath in Everyday Life

Think about your experience over the past week or two, rather than only today.

Sleep

How would you describe your sleep recently?

□ Restful □ Mostly restful □ Variable □ Restless □ Difficult

I sometimes notice:

□ Waking with a dry mouth
□ Mouth breathing during sleep or upon waking
□ Waking frequently during the night
□ Difficulty settling to sleep
□ Waking feeling unrested
□ None of these
□ Unsure

Daily experience

My typical energy has felt:

□ Low □ Variable □ Steady □ High □ Unsure

My ability to focus has felt:

□ Difficult □ Variable □ Generally steady □ Unsure

Throughout an average day, I feel connected to my body:

□ Rarely □ Sometimes □ Often □ Most of the time □ Unsure

I notice myself holding my breath during everyday activities:

□ Rarely □ Sometimes □ Often □ I'm just beginning to notice

I regularly notice tension in my:

□ Jaw
□ Neck
□ Shoulders
□ Chest
□ Upper back
□ Lower ribs
□ Abdomen
□ Low back
□ Hips/pelvis
□ Other: _____
□ I'm not sure

Anything else you've noticed about your breathing, sleep, energy, emotions, or body?

_____

_____

What Did You Learn About Yourself?

You don't need to decide whether anything you noticed today is "good" or "bad."

For now, you're gathering information about yourself.

What did you notice that you hadn't been aware of before?

Where did your breath feel spacious or easy?

Where did you notice effort, holding, tension, or disconnection?

Did your emotional state shift as you paid attention to your breathing?

Did anything change when you adjusted your position, movement, or breath?

What seems to help you feel more present or connected to your body?

What would you like to stay curious about?

One Thing I Want to Remember

What is one observation from today that you want to carry with you?

Moving Forward

Using the results from the breathing assessment, choose one breath practice that felt ***most*** supportive or gave you a "positive" result when you re-assesed a movement.

For the next two to three weeks, practice this breath once or twice a day for 3-5 minutes and notice at the end of that period if there are changes to your life experience, discomfort, and ranges of motion as a whole.

Remember to take your emotional experience into account as well such as your sleep and emotional experience.

Feel free to note it below, and/or take this to your practitioner (massage therapist, bodyworker, or physical therapist) for additional support.

A Gentle Reminder

This isn't a test, and there isn't a "right" experience you were supposed to have.

Your breath has been responding to your body, your environment, your emotions, your experiences, and the demands placed upon you for a very long time.

We're not beginning from the assumption that your body is doing something wrong.

We're beginning with curiosity.

The more you learn to notice what is happening within you, the more opportunity you have to respond with intention rather than simply moving through familiar patterns automatically.

That awareness is part of embodiment.

Having choices in how you respond is part of personal agency.

And you don't have to understand everything you noticed today.

For now, noticing is enough.

If you return to this practice another day, the results may change based on other events happening in your life. This is the power in getting to know yourself.

This kind of curiosity is at the heart of my work. Through coaching, bodywork, and embodied practices, I help people explore their individual patterns and develop a deeper relationship with themselves.

If you'd like further guidance or individual support, we can explore together. Feel free to reach me via email at:

Phoenixintheoak@gmail.com

And/or check other resources/workshops, and additional support at:

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With care,

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