

# **Buteyko Breathing Clinic – Client Feed-back form**

Name: .....

Age: .....

Today's date: .....

Course date: .....

Reason for doing course:

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What were your symptoms before the course?

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Were your symptoms impacting on your work, school or fitness?

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What, if any, medication were you taking and how much did you need?

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Snorers - sleep apnoea sufferers: were you using a CPAP machine or dental device?

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How have you benefited from the course?

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Have you been able to reduce or eliminate your need for medication?

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Are you sleeping better?

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Snorers/ sleep apnoea sufferers: have you been able to stop using your CPAP or dental appliance?

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