



## Myofunctional Therapy Child Questionnaire

**Patient Name:**

**Age:**

**Date:**

Please check the box to all that apply to your child, has applied to your child in the past, or has been told to you regarding your child:

- Was your child bottle fed?
- Did your child suffer from latching issues, colic, acid reflux, “spitting up” a lot, feeding troubles, ear infections or “failure to thrive” as an infant?
- Has your child has the tonsils removed, or have you been told your child’s tonsils are enlarged?
- Do you notice that your child’s mouth is open at rest (even occasionally)?
- Does your child breathe with an open mouth?
- Does your child have any breathing issues or difficulties? (Chronic congestion, asthma, seasonal allergies, ect.)
- Does your child take medicines that help “manage” the breathing/allergy problems but not find the root cause?
- Has your child had (or been told) to have nasal surgery, deviated septum, or another airway issue?
- Does your child’s tongue rest anywhere other than entirely on the roof of the mouth?
- Has anyone ever told you that your child has a tongue thrust?
- Has your child experienced issues with digestion? (Stomach aches, burping gas, acid reflux, inadequate chewing of food, loud chewing, etc.)
- Do you notice that your child gags easily?
- Is your child a picky eater? Or does your child hate some textures?
- Is your child a slow eater? Have difficulty finishing meals.
- Has your child been diagnosed with ADD or ADHD?
- Does your child chew with an open mouth?
- Did your child suck a thumb/finger or have a pacifier for an extended period of time when young?
- Has your child had braces and experienced a relapse of treatment?
- Has your child had palatal expansion, premolars extracted or headgear?
- Has anyone ever told you that your child might be tongue tied?
- Has your child ever had trouble with speech or been to speech therapy?
- Does your child clench or grind their teeth?
- Does your child snore?
  - IF SO, does your child snore more than half the time, always snores, or snores loudly?
- While sleeping, does your child have trouble breathing or struggle to breathe? Have you seen your child stop breathing during the night?
- Does your child wake feeling tired or unrefreshed?
- Has your child had a sleep study or been diagnosed with sleep apnea or UARS?
  - IF SO, what is AHI score \_\_\_\_\_?
- Does your child have poor posture?
- Does your child occasionally wet the bed, sleepwalk, or have night terrors?
- Does your child have a dry mouth when waking in the morning?
- Does your child wake up with headaches in the morning?
- Does your child have a problem with sleepiness during the day? Has a teacher or supervisor commented your child appears sleepy during the day?
- Is your child overweight?
- Does your child seem not to listen when spoken to directly?
- Does your child often have difficulty organizing tasks and activities?
- Is your child easily distracted by extraneous stimuli?
- Does your child often fidget with hands or feet, or squirms in seat?
- Does your child act as if “driven by a motor” or “on the go?”
- Does your child often interrupt or intrude on others (butts in conversations or games)?