



Myofunctional Therapy Adult Questionnaire

Patient Name: _____

Age: _____

Date: _____

Please check the box to all that apply to you, has applied to you in the past, or has been told to you.

- Were you bottle fed?
- Did you suffer from latching issues, colic, acid reflux, “spitting up” a lot, feeding troubles, ear infections, or “failure to thrive” as an infant?
- Have you had your tonsils removed, or have you been told your tonsils are enlarged?
- Do you notice that your mouth is open at rest (even occasionally)?
- Do you breathe through your mouth?
- Have you experienced any breathing issues or difficulties? (Chronic congestion, asthma, season allergies, etc.)
- Do you take medications to help “manage” the breathing/allergy problems but not find the root cause?
- Have you ever had (or been told to have) nasal surgery, deviated septum, or another airway surgery?
- Does your tongue rest anywhere other than entirely on the roof of your mouth?
- Has anyone ever told you that you have a tongue thrust?
- Have you experienced any issues with digestion? (Stomach aches, burping, gas, acid reflux, inadequate chewing or food, loud chewing, etc.)
- Do you notice that you have a hyperactive gag reflex? Texture sensitivity?
- Do you (or have you ever had) difficulty swallowing pills?
- Does it ever feel difficult to breathe and chew food at the same time?
- Did you suck your thumb/finger or have a pacifier for an extended period of time when you were young?
- Have you had braces and experienced relapse of treatment?
- Have you palatal expansion, premolars extracted or headgear?
- Has anyone ever told you that you may be tongue-tied?
- Have you ever had trouble with speech or been to speech therapy?
- Do you suffer from chronic headaches, neck and shoulder tension, TMJ pain/tension?
- Do you (or have you been told) clench or grind your teeth?
- Do you (or have you been told) snore?
- Do you wake feeling tired still? Do you suffer from general fatigue?
- Have you had a sleep study or been diagnosed with sleep apnea or UARS?
 - IF SO, AHI score _____.
- Do you wake with drool on your pillow?
- Do you have forward head posture?