



Orofacial Myofunctional Disorder Adult Self Assessment Form

- 1)_____ Have you ever had a thumb or finger sucking habit?
- 2)_____ Do you have any allergies or food sensitivities?
- 3)_____ Do you notice that you occasionally have your mouth open at rest?
- 4)_____ Have you ever had troubles with speech, or been in a speech therapy program?
- 5)_____ Has anyone ever told you that you may be tongue-tied?
- 6)_____ Do you know if you had any difficulties feeding as an infant?
- 7)_____ Do you regularly experience any issues with digestion? (stomach aches, burping, gas, acid reflux, etc)
- 8)_____ Do you have a hyper-active gag reflex?
- 9)_____ Does you have difficulty swallowing pills?
- 10)_____ Does it ever feel difficult to breath while you are eating (chewing food)?
- 11)_____ Have you experienced any breathing issues or difficulties?
(chronic congestion,, asthma , mouth breathing, snoring or apnea at night etc.)
- 12)_____ Have you had your tonsils removed, or have you been told your tonsils are enlarged?
- 13)_____ Do you notice that you tend to breathe through your mouth more often that your nose?
- 14)_____ When your mouth is closed, does your tongue rest low or against your teeth?
- 15)_____ When your mouth is closed are your teeth touching ?
- 15) _____ When you swallow do your lips move or is there tension in your face?
- 16) _____ Do you have pain in your jaw joint, neck or shoulders ?(circle)

Generally, if any of these questions can be answered "yes" you are likely to have some myofunctional concerns. If you can answer "yes" to multiple questions, myofunctional therapy may be recommended.

Call 650.766.2440 or e-mail this form to karyn@clovervalleywellness.com to schedule a complementary consultation

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