



Orofacial Myofunctional Learning  
White Bear Lake, MN  
651-429-3348

### Adult Assessment Form

Please answer the questions below to the best of your knowledge. Generally, if any of these questions can be answered "yes", you are likely to have some myofunctional impairment. If you answered "yes" to many of the questions, you should schedule a comprehensive myofunctional exam, so you have a thorough understanding of your symptoms. Myofunctional impairment and suggested therapies are only understood after a full examination to determine your needs and best therapy approach.

1.  Were you bottle fed?
2.  Did you suffer from latching issues, colic, acid reflux, "spitting up" a lot, feeding troubles, ear infections or "failure to thrive" as in infant?
3.  Have you had your tonsils removed, or have you been told your tonsils are enlarged?
4.  Do you notice that your mouth is open at rest (even occasionally)?
5.  Do you breathe through your mouth?
6.  Have you experienced any breathing issues or difficulties? (chronic congestion, asthma, seasonal allergies, etc.)
7.  Do you take medicines that help "manage" the breathing problems but not find the root cause?
8.  Have you ever had (or been told to have) nasal surgery, deviated septum, or another airway surgery?
9.  Does your tongue rest anywhere other than entirely on the roof of your mouth?
10.  Has anyone ever told you that you have a tongue thrust?
11.  Have you experienced any issues with digestion? (stomach aches, burping, gas, acid reflux, etc.)
12.  Do you notice that you have a hyper-active gag reflex? Texture sensitivity?
13.  Do you have difficulty swallowing pills?
14.  Does it ever feel difficult to breathe and chew food at the same time?
15.  Did you suck your thumb/finger or have a pacifier for an extended period of time when you were young?
16.  Have you had braces and experienced a relapse of treatment?
17.  Have you had palatal expansion, premolars extracted or headgear?
18.  Has anyone ever told you that you may be tongue-tied?
19.  Have you ever had troubles with speech or been in a speech therapy program?
20.  Do you suffer from chronic headaches, neck and shoulder tension, TMJ pain/tension?
21.  Do you clench or grind your teeth?
22.  Do you snore? Does your partner tell you, you snore?
23.  Do you wake feeling tired still? Do you suffer from general fatigue and never feel rested?
24.  Have you had a sleep study or been diagnosed with sleep apnea or UARS?
25.  Do you have forward head posture?
26.  Do you experience frequent urination especially if it is waking you at night?