

# Oral Function Questionnaire

Patient's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Today's Date \_\_\_\_\_

Medical Issues \_\_\_\_\_ Medications \_\_\_\_\_

Allergies \_\_\_\_\_ History of previous clip or release of tongue? \_\_\_\_\_ (date)

**Have you or your child experienced any of the following issues? Please check or elaborate as needed.**

## Speech

- Frustration with communication
- Difficult to understand by parents
- Difficult to understand by outsiders
- % of time you understand your child \_\_\_\_\_
- Difficulty speaking fast
- Difficulty getting words out (groping for words)
- Trouble with sounds (which?) \_\_\_\_\_
- Speech delay (when?) \_\_\_\_\_
- Stuttering
- Speech harder to understand in long sentences
- Speech therapy (how long?) \_\_\_\_\_
- Mumbling or speaking softly
- "Baby Talk"

## Feeding

- Successfully breastfed? How long? \_\_\_\_\_
- Bottle fed exclusively
- Used a pacifier for more than 6 months
- Frustration when eating
- Difficulty transitioning to solid foods
- Slow eater (doesn't finish meals)
- Grazes on food throughout the day
- Packing food in cheeks like a chipmunk
- Picky with textures (which?) \_\_\_\_\_
- Choking or gagging on food
- Spits out food
- Other: \_\_\_\_\_

## Nursing or Bottle-Feeding Issues as a Baby

- Painful nursing or shallow latch
- Poor weight gain
- Reflux or spitting up
- Unable to hold pacifier
- Milk dribbling out of mouth
- Poor supply
- Nipple shield required for nursing
- Clicking or smacking noise when eating
- Other: \_\_\_\_\_

## Sleep Issues

- Sleeps in strange positions
- Kicks and flails around at night
- Wakes easily or often
- Wets the bed
- Wakes up tired and not refreshed
- Grinds teeth while sleeping
- Sleeps with mouth open
- Snores while sleeping (how often?) \_\_\_\_\_
- Gasps for air or stops breathing (sleep apnea)

## Other related issues

- Neck or shoulder pain or tension
- TMJ pain, clicking, or popping
- Headaches or migraines
- Strong gag reflex
- Mouth open/mouth breathing during day
- Tonsils or adenoids previously removed
- Ear tubes previously
- History of reflux (medicated or not)
- Constipation
- Signs or diagnosis of hyperactivity (ADD/ADHD)
- Falls asleep watching TV
- Wakes up in the morning with a headache
- Aggressive behavior
- Irritability and/or anger
- Taking any medicine for behavior modification
- Dark circles under his or her eyes
- Anything else we should know: \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_

Speech Therapist (if applicable) \_\_\_\_\_

