

Tongue Restriction Questionnaire



Patient Name:

Gender:

Age:

Baby Issues (Past or Present)

- Painful nursing or shallow latch
- Difficulty bottle-feeding
- Slow or poor weight gain
- Reflux or spitting up often
- Excessive gassiness or fussiness as a baby
- Prolonged feeding time at the breast or on the bottle
- Milk dribbling out of the mouth when eating
- Clicking or smacking noise when eating

Child to Adult Issues

- Frustration with communication
- Trouble with speech sounds, hard to understand or mumbling
- Speech delay
- Slow eater or trouble finishing a meal
- Picky eater, especially with textures (e.g. meat, potatoes)
- Choking or gagging on liquids or foods
- Spitting out food or packing food in cheeks
- Crooked/Crowded teeth or High Arched Palate
- Restless Sleep (kicking or moving while asleep)
- Grinds teeth at night
- Sleeps with mouth open
- Snores (quiet or loud)
- Jaw joint (TMJ) issues (popping, clicking or pain)
- Frequent headaches or neck pain
- Mouth breathing during the day
- Enlarged tonsils and/or adenoids
- Recurrent ear infections
- Frequent sinus issues/upper respiratory infections
- Hyperactivity or inattention