

Oral Motor Dysfunction Screener - Adult

Swallowing Patterns:

- Do you notice any difficulty swallowing food or liquids?
- Do you experience any choking or coughing while swallowing?
- Are there any foods that are particularly challenging to swallow?
- Do you have a persistent 'tongue thrust' when you swallow potentially causing an 'open bite'?

Tongue Position at Rest:

- Place the tip of your tongue against the roof of your mouth behind your front teeth. Can you comfortably maintain this position without strain?
- When your mouth is closed, does your tongue rest against the roof of your mouth or against your teeth?

Speech Articulation:

- Are there any speech sounds that you find difficult to pronounce?
- Do people ever have trouble understanding you when you speak?

Breathing Patterns:

- Do you often breathe through your mouth rather than your nose?
- Do you experience frequent snoring or sleep apnea?

Sleep Patterns:

- What is your sleep quality like? Are you fully rested?
- Do you toss and turn at night? Often feel tired during the day?
- Do you clench/grind your teeth at night?

Oral Habits:

- Do you frequently engage in habits like finger sucking, nail biting, or lip biting?
- Do you often clench or grind your teeth?

Jaw Function:

- Do you experience any discomfort or pain in your jaw joint (TMJ)?
- Do you notice any clicking or popping sounds when you open or close your mouth?

General Symptoms:

- Do you experience frequent headaches or facial pain?
- Do you have any concerns about the appearance or function of your teeth or jaw?

If you answered yes to multiple red flags let us know! We are here to help you navigate any questions and to see if you may benefit from myofunctional/speech/feeding therapy!