

Myofunctional Disorder Questionnaire

Please click on the number or the answer that best corresponds with the frequency you experience the following symptoms or conditions:

Question	Rarely to Never	Sometimes	Often	Almost Always
Do you mouth breathe while awake?	0	1	2	3
Do you mouth breathe while asleep?	0	1	2	3
Do you have dry or chapped lips?	0	1	2	3
Do you sigh or yawn frequently?	0	1	2	3
Do you ever feel short of breath?	0	1	2	3
Do you find it difficult to breathe while wearing a face mask?	0	1	2	3
Do you experience indigestion, acid reflux, or GERD?	0	1	2	3
Do you experience irregular, fast or racing heartbeat?	0	1	2	3
Do you suffer from or take medication for sinus congestion or sinus drainage?	0	1	2	3
How frequently do you get sick?	0	1	2	3
Do you ever slouch?	0	1	2	3
Do you have neck or shoulder tension?	0	1	2	3
Do you experience headaches?	0	1	2	3
Do you experience pain in your Temporomandibular Joint (TMJ)?	0	1	2	3
Do you clench or grind your teeth?	0	1	2	3
Do you ever feel stressed, anxious or irritable?	0	1	2	3
Do you wake up feeling unrested?	0	1	2	3
Do you get tired during the day?	0	1	2	3
Do you ever have difficulty concentrating?	0	1	2	3

Have you ever experienced or been diagnosed with:

None

Snoring

Upper Airway Resistance Syndrome

Obstructive Sleep Apnea

Where do you feel that your tongue usually rests in your mouth?

Entire tongue on roof of mouth

Tip of tongue rests on roof of mouth

Tongue rests in the middle against teeth

Tongue rests on floor of mouth

FREE CONSULTATION

A **FREE** consultation is available to discuss your answers to this questionnaire. Save this filled out and completed PDF, then email a copy to: SURVEY@revealmyotherapy.com