

Myo Screener Questionnaire



Feeding

Does your child...

1. Eat with about the same amount of mess as other children their age? ☐ Yes ☐ No
2. Eat foods that are different textures (crunchy, purees, chewy, etc)? ☐ Yes ☐ No
3. Overstuff food into their mouth/have food fall out of their mouth while eating? ☐ Yes ☐ No
4. Gag or become distressed at the thought or smell of certain foods? ☐ Yes ☐ No
5. Chew with their mouth open past 3 years old or stick their tongue out to swallow past 1 year old? ☐ Yes ☐ No

Oral Motor / Sensory Development

Does your child...

1. Frequently chew, bite, or lick nonfood objects (ex: clothing, objects, or lips)? ☐ Yes ☐ No
2. Drool past the age of 1 year old? ☐ Yes ☐ No
3. Have a pacifier or finger-sucking habit past 1 year old? ☐ Yes ☐ No
4. Rest with mouth open and tongue visible? ☐ Yes ☐ No
5. Have big cheeks that don't move when they chew? ☐ Yes ☐ No

Speech

Does your child...

1. Have a lisp? ☐ Yes ☐ No
2. Been in speech therapy but are still hard to understand compared to peers of the same age? ☐ Yes ☐ No
3. Have vocal quality issues (hypernasality, raspy or hoarse voice, etc.) ☐ Yes ☐ No

Breathing / Sleeping

Does your child...

1. Breathe through their mouth or keep lips apart? ☐ Yes ☐ No
2. Have restless sleep, frequent nightmares, or wake with "bags" under their eyes? ☐ Yes ☐ No
3. Snore or breathe heavily while sleeping? ☐ Yes ☐ No
4. Breathe audibly during quiet activities (watching TV, coloring, etc)? ☐ Yes ☐ No
5. Move their shoulders to breathe? ☐ Yes ☐ No

Medical / Dental

Does your child...

1. Have enlarged adenoids or tonsils? ☐ Yes ☐ No
2. Have recurrent ear infections or have tubes in their ears? ☐ Yes ☐ No
3. Grind their teeth? ☐ Yes ☐ No
4. Have poor tooth alignment (malocclusion) like an open bite, cross bite, or crowding? ☐ Yes ☐ No
5. Have a tongue or lip tie? ☐ Yes ☐ No

***Concerned about your results? Schedule a free 15-minute consultation
call through our website www.practicalspeechphilly.com!***