

# Self-Assessment Checklist that may identify compromised growth, development, and function: Ages 13+ years



## Key Signs and Symptoms that You can Assess

If you have answered **Yes to multiple items** below, we would encourage you to schedule a comprehensive airway, tongue, and lip assessment for your loved one at Little Bird Pediatric Dentistry by calling **905-876-2473 (BIRD)** or visit [www.littlebirddental.ca](http://www.littlebirddental.ca) for further information.

### While Awake

- Mouth open/lips apart at rest (when not talking, playing, etc.) most of the day or routinely throughout day
- Difficulty breathing through nose and/or avoidance of breathing through nose
- Dry, cracked lips, and/or regularly licking lips
- Current or history of frequent ear infections, strep throat, and/or tonsillitis
- Surgical removal of tonsils and/or adenoids
- Current or history of speech difficulties (mumbling, lisp, and/or hard to understand)
- Difficulty waking up in the morning and/or always tired, not rested
- Falls asleep inappropriately during the day
- Relies on caffeine during the day to stay awake and/or be productive
- Regularly has bags (dark circles) under eyes and/or complains of sore eyes
- Crowding of teeth (no spaces) and/or anterior open bite (space between front teeth when back teeth touching)
- Forward head posture (center of ear lobe in front of middle of shoulder)
- Regular neck pain, stiffness, tension, and/or spasms
- Suffers from frequent headaches and/or migraines
- Hyperactivity throughout the day and/or limited attention span (difficulty concentrating/focusing, etc.)
- Highly spirited (poor emotional regulation)

### While Sleeping

- Mouth open/lips apart and/or drool on pillow (regularly)
- Snoring with mouth open (more than 3x/week)
- Gasp/stop breathing
- Regular teeth grinding and/or wears night guard
- Frequent awakenings and/or needs to go to the bathroom > 1/night and/or regular nightmares (more than 1x/week)
- Restless sleep (always moving around and/or restless legs/arms)
- Sweating heavily (pajamas and/or sheets regularly damp)
- Glass of water (or drink) at bedside, as frequently awakens thirsty (throughout night or in morning)
- Current or history of regular bedwetting

### While Feeding

#### a) History of Breastfeeding and/or Bottle Feeding Challenges

- E.g. poor/shallow latch, gumming, reflux symptoms, poor weight gain, etc.

#### b) History of Mom's Breastfeeding Challenges (as applicable)

- E.g. cracked/creased nipples, pain with latch or with nursing, poor/incomplete breast drainage, etc.

#### c) Eating & Drinking Signs/Symptoms (Current or History of Challenges)

- Picky eater (e.g. avoidance of crunchy/fibrous foods and/or specific food textures)
- Smacking sounds when chewing/swallowing (mouth open when chewing)
- Difficulty swallowing (e.g. tongue thrust, pushing food out of mouth, sensitive gag, etc.)
- Gags easily and/or difficulty swallowing pills
- Regularly feels the need to eat before going to bed