**Does your child have a tongue-tie?**

After submitting the quiz, you will receive the results via e-mail.

*A member of our team will follow-up 1-2 days after the initial e-mail with your results, to discuss your child’s symptoms further.*

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* First Last
* 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
  +  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, mashed potatoes)
  +  Choking or gagging on liquids or foods
  +  Spitting out food or packing food in cheeks
  +  Crooked, crowded teeth, or highly-arched palate
  +  Thumb or finger sucking or prolonged pacifier use
  +  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
* Email\*



* Phone\*



* Consent

 Can we contact you to discuss your results?

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