Patient Name: Age : Gender:

Functional Airway Evaluation Screening Tool (Fairest: CT-7)

Complete the following questions, choosing from 1-4 for each row/question

	Question	1	2	3	4
Nasal vs. Mouth Breathing	Do you mouth breathe while awake?	Rarely to never	Sometimes	Often	Almost always
	Do you mouth breathe while asleep?	Rarely to never	Sometimes	Often	Almost always
Conditions	Have you experienced or been diagnosed with any of the following conditions?	Tongue-Tie	Snoring	Upper Airway Resistance Syndrome	Obstructive Sleep Apnea
Posture	Do you ever slouch?	Rarely to never	Sometimes	Often	Almost always
	Do you have any neck or shoulder tension?	Rarely to never	Sometimes	Often	Almost always
Psychosocial (CNS)	Do you ever feel stressed or anxious?	Rarely to never	Sometimes	Often	Almost always
Tongue Resting Position	Where do you feel that your tongue rests in your mouth?	Entire tongue usually rests up along palate.	The tip of the tongue usually rests up on the palate.	The tongue usually rests in the middle against the teeth.	The tongue usually rests on the floor of the mouth

==========

Chief Complaint or Indication for CT:

Additional comments or concerns:

☐ Normal control
☐ Oromyofascial dysfunction / tongue-tie
☐ Nasal obstruction
☐ Sleep-disordered breathing
☐ Other:

RESEARCH ASSISTANT: _____ DATE OF EVALUATION: _____