

Bi-Weekly Symptom Monitoring

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Monitoring symptoms over time can help build a clearer picture of how your infant is functioning as they grow and develop. You could use this form to observe and track signs that may be associated with tongue-tie across areas such as feeding, airway, digestion, comfort, dentition, and growth. Recording these observations over time helps identify patterns, changes, or improvements, and supports informed decision-making alongside your healthcare provider(s). This form does not diagnose tongue-tie restriction but is a tool to support shared discussion and ongoing assessment.

How to complete this survey:

Section ONE: Overall tongue symptom monitoring

Section TWO: Breastfeeding – complete only if your baby is breastfeeding.

Section THREE: Bottle feeding – complete only if your baby is bottle feeding.

Depending on your feeding methods, if you are combination feeding (milk) completing all 3 sections will be useful tool for you.

Key:

O = Often

D = Daily

S = Sometimes

N = Never



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WELLBEING CUES:

		Date:				Date:				Date:				Date:			
	Section 1	Week 0				Week 2				Week 4				Week 6			
	Wellbeing cues:	O	D	S	N	O	D	S	N	O	D	S	N	O	D	S	N
1	Frustrated / Angry to feed																
2	Feeding aversion																
3	Vommiting / Possetting / Spit-up																
4	Suck lip blisters, Lip discolouration, Poor lip tone, Facial creases																
5	Noisy 'wet' lip smacking or clicking sounds during active feeding																
6	Sneezing																
7	Grunting / Congestion / Snuffling sounds (during feeding)																



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8	Audible breathing / Snoring / Snuffling sounds (at rest)																			
9	Unsatisfied post feed, short 'snack' feeds / Cluster feedings outside of 'normal' expectancy																			
10	Tires to feed (working hard, exhausting)																			
11	Unsettled sleep, 'cat-napping'																			
12	Sensitive 'gagg' reflex / Wretching during a feed or with pacifier use																			
13	Weight concerns by a healthcare professional (gain, slow, static or loss)																			
14	Open mouth breathing, with low tongue posture when at rest																			
15	Trapped wind / Colic																			
16	Reflux / Silent reflux																			
17	Hiccoughs / Hiiccups																			
18	White coating to tongue surface																			



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19	Unable to maintain pacifier use																
X	TOTALS:																

BREASTFEEDING CUES:

		Date:				Date:				Date:				Date:			
	Section 2	Week 0				Week 2				Week 4				Week 6			
	Breastfeeding cues: (without nipple shield)	O	D	S	N	O	D	S	N	O	D	S	N	O	D	S	N
1	Shallow latch																
2	Unable to maintain latch at the breast, or unable to latch at all																
3	Unable to control the flow of milk (coughing, choking, gasping)																
4	Nipple distortion – colour or shape after a feed																
5	Engorgement / poor breast drainage																
6	Pain on initial latch to the breast																



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7	Pain during a feed (nipple or breast)																			
8	Pain after a feed (nipple or breast)																			
9	Nipple skin damage, broken skin, cracks, trauma, bleeding, scabs																			
10	Confirmed nipple, breast or infant oral thrush																			
11	Quick, forceful let-down of milk																			
12	Oversupply of maternal milk																			
13	Lowered maternal milk supply																			
14	Blocked ducts and/ or breast lumps																			
15	Nipple blebs / blisters																			
16	Mastitis, galactocele or breast abscess																			
17	Dribbling or spillage of milk during active feeding																			
18	Struggling to move milk smoothly from breast to stimulate swallow																			



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19	Nasal regurgitation																
X	TOTALS:																

BOTTLEFEEDING CUES:

		Date:				Date:				Date:				Date:			
	Section 3	Week 0				Week 2				Week 4				Week 6			
	Bottle-feeding cues:	O	D	S	N	O	D	S	N	O	D	S	N	O	D	S	N
1	Crushing teat with gums to maintain the latch																
2	Unable to control the flow of the milk (either excessively long or too quick)																
3	Irregular sucking and swallowing pattern																
4	Poor lip seal																
5	Dribbling / Spillage of milk during active feeding																



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6	Initial teat rejection																			
7	Pushing teat out with tongue (tongue thrusting)																			
8	Shallow latch onto the teat																			
9	Infant oral thrush																			
10	Piston action onto the teat to extract milk																			
11	Taking large volume feeds																			
12	Nasal regurgitation of milk																			
13	Top lip curls in onto a teat during feeding																			
X	TOTALS:																			



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