



Evaluation by Parent or Patient

Name _____ Date _____

Please check those that apply:

1.) Usual position of the lips and teeth during the daytime

- ☐ A) Open Wide
- ☐ B) Open Slightly
- ☐ C) Closed
- ☐ D) Lips closed, but jaw position low
- ☐ E) Lips closed, but strong contraction of the chin and lip muscle
- ☐ F) Teeth positioned over lower lip
- ☐ G) Daytime pooling

2.) Usual position of the tongue, lips and teeth during sleep:

- ☐ A) Lips slightly parted
- ☐ B) Lips apart, tongue showing
- ☐ C) Mouth breathing
- ☐ D) Lips Closed
- ☐ F) Night time drooling
- ☐ G) Snoring
- ☐ H) Sleep apnea

3.) Chewing Patterns:

- ☐ A) Chews with lips open
- ☐ B) Chews with excessive lip and chin movement
- ☐ C) Chews with lips closed
- ☐ D) Noisy chewing, smacking
- ☐ E) Forward-thrusting of tongue during chewing
- ☐ F) Large bites
- ☐ G) Reaching out with the tongue to meet the food or liquid
- ☐ H) Teeth touch utensil, cup or glass
- ☐ I) Excessive crumbs around mouth and frequent lip licking
- ☐ J) Fast/ moderate/slow chewing

4.) Drinking patterns

- ☐ A) Mustache after drinking
- ☐ B) Drinks often
- ☐ C) Gulps
- ☐ D) Meets glass with tongue
- ☐ E) Pours in liquids
- ☐ F) Balloons cheeks with liquid before swallowing

5.) Usual position of the tongue during the daytime:

- ☐ A) Protruding between both teeth and lips
- ☐ B) Protruding slightly between teeth
- ☐ C) Low positioned, pressing against lower teeth
- ☐ D) Unobservable, lips closed

6.) Daytime body posture

- ☐ A) Poor
- ☐ B) Average
- ☐ C) Good
- ☐ D) Face leaning
- ☐ E) Chin leaning
- ☐ F) Right/left head carriage
- ☐ G) Slumped shoulders
- ☐ H) Slouches
- ☐ I) Sits at angles
- ☐ J) Spinal curvature history

7.) Sleeping posture

- ☐ A) Back
- ☐ B) Left side
- ☐ C) Right side
- ☐ D) Stomach (facing left/right side)
- ☐ E) Restless Sleeper
- ☐ F) Quiet sleeper
- ☐ G) Number of pillows
- ☐ H) Snore/sleep apnea history
- ☐ I) Special lovey; Describe _____

8.) Oral Habits:

- ☐ A) Thumb or finger sucking
- ☐ B) Tongue sucking
- ☐ C) Lip biting
- ☐ D) Lip licking (chapped lips)
- ☐ E) Pencil biting
- ☐ F) Finger nail biting
- ☐ G) Object biting
- ☐ H) Mouth breathing
- ☐ I) Tooth grinding (bruxing)
- ☐ J) Drooling
- ☐ K) Facial, tooth, head or neck pain
- ☐ L) Facial mannerisms? _____

9.) Other Habits:

- ☐ A) Hair Pulling
- ☐ B) Eyelash/eyebrow pulling
- ☐ C) Nose picking
- ☐ D) Leaning habits: _____

Comments