



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
