

Patient Observation Questionnaire

Name: _____

Date: _____

Please check all that apply:

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

- ___ A) Lips and teeth open wide
- ___ B) Lips open, teeth closed
- ___ C) Lips open slightly
- ___ D) Lips closed, teeth slightly opened
- ___ E) Lips closed, jaw position low and forward
- ___ F) Lips closed, but strong contraction of the chin and lip muscle
- ___ G) Teeth positioned over lower lip

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
- ___ E) Lips closed, but tongue between or on teeth

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) Reaching out with tongue to meet food or liquid
- ___ G) Touching of teeth to utensils, cups or glass
- ___ H) Excessive crumbs around mouth and frequent lip licking
- ___ I) Mustache after drinking
- ___ J) Large bites
- ___ K) Fast chewing
- ___ L) Slow chewing
- ___ M) Swallows with lips open
- ___ N) Facial grimace, uses chin muscle and lips during swallows

4) 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

5) Daytime body posture

- ___ A) Poor
- ___ B) Average
- ___ C) Good
- ___ D) Face Leaning
- ___ E) Chin Leaning
- ___ F) Forward head posture

6) Sleeping posture

- ___ A) Back
- ___ B) Left side
- ___ C) Right side
- ___ D) Stomach (face left / right side)

7) 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) Mouth breathing
- ___ H) Tooth grinding (bruxing)
- ___ I) Drooling
- ___ J) Facial, tooth, head or neck pain
- ___ K) Other _____

Comments:
