

Name: _____

Date: _____

Please check all that apply within the next 48 hours ☺

<p>1) Usual Position of the lips and teeth during daytime.</p> <ul style="list-style-type: none"> <input type="radio"/> Open Wide <input type="radio"/> Open Slightly <input type="radio"/> Closed <input type="radio"/> Lips Closed, but jaw position is low <input type="radio"/> Lips closed, but strong contraction of the chin and lip muscle <input type="radio"/> Teeth positioned over the lower lip. 	<p>4) Usual Position of the tongue during daytime</p> <ul style="list-style-type: none"> <input type="radio"/> Protruding between both teeth and lips <input type="radio"/> Protruding slightly between teeth <input type="radio"/> Low positioned, pressing against lower teeth <input type="radio"/> Unobservable, lips closed
<p>2) Usual position of the tongue, lips and teeth during sleep</p> <ul style="list-style-type: none"> <input type="radio"/> Lips slightly parted <input type="radio"/> Lips apart, tongue showing <input type="radio"/> Mouth breathing <input type="radio"/> Lips Closed 	<p>5) Sleeping Posture</p> <ul style="list-style-type: none"> <input type="radio"/> Back <input type="radio"/> Left Side <input type="radio"/> Right Side <input type="radio"/> Stomach (face left/right side)
<p>3) Chewing Patterns</p> <ul style="list-style-type: none"> <input type="radio"/> Chews with lips open <input type="radio"/> Chews with excessive lip and chin movement <input type="radio"/> Chews with lips closed <input type="radio"/> Noisy chewing, smacking <input type="radio"/> Forward thrusting of tongue during chewing <input type="radio"/> Reaching out with tongue to meet food or liquid <input type="radio"/> Touching of teeth to utensil, cup or glass <input type="radio"/> Excessive crumbs around mouth and frequent lip licking <input type="radio"/> Mustache after drinking <input type="radio"/> Large bites <input type="radio"/> Fast chewing <input type="radio"/> Slow Chewing 	<p>6) Oral Habits</p> <ul style="list-style-type: none"> <input type="radio"/> Thumb or finger sucking <input type="radio"/> Tongue sucking <input type="radio"/> Lip Biting <input type="radio"/> Lip licking (chapped lips) <input type="radio"/> Pencil biting <input type="radio"/> Finger nail biting <input type="radio"/> Mouth breathing <input type="radio"/> Tooth grinding (bruxing) <input type="radio"/> Drooling <input type="radio"/> Facial, tooth, head or neck pain <p>7) Day time body Posture</p> <ul style="list-style-type: none"> <input type="radio"/> Poor <input type="radio"/> Average <input type="radio"/> Good <input type="radio"/> Face Leaning <input type="radio"/> Chin Leaning <input type="radio"/> Phone resting on shoulder



Additional comments?