

OBSERVATION SHEET

Name:

Date:

Age:

Birthdate:

- ❖ Position of lips and teeth during the day
 - Open wide
 - Open slightly
 - Closed
 - Lips closed but jaw position low
 - Lips closed but strong contraction of the chin and lip muscles
 - Teeth positioned over lower lip
 - Other

- ❖ Position of the tongue during the day
 - Protruding between both teeth and lips
 - Protruding slightly between the teeth
 - Low positioned pressing against the lower teeth
 - Unobservable, lips closed
 - Other

- ❖ Chewing & drinking patterns
 - Chewing with lips open
 - Chewing with excessive lip and chin movements
 - Chewing with lips closed
 - Chewing with lips closed, but excessive lip and chin movement
 - Noisy chewing, smacking, etc
 - Forward thrusting of the tongue during swallowing
 - Reaching out of tongue to meet the glass
 - Touching of teeth to utensil, cup, glass
 - Reaching of tongue toward fork, spoon, cup
 - Excessive crumbs around mouth or left on table
 - Frequent lip licking
 - Large bites
 - Fast chewing and/or gulping
 - Slow eating
 - Other

- ❖ Position of the tongue, lips, and teeth during sleep
 - Lips slightly apart
 - Lips apart, tongue showing
 - Mouth breathing
 - Lips closed
 - Other

- ❖ Oral Patterns
 - Thumb or finger sucking
 - Fingernail biting
 - Tongue sucking
 - Lip biting
 - Chapped lips ____ Lip licking
 - Chin leaning
 - Pencil biting
 - Mouth breathing
 - Teeth resting on lower lip

5 minute breathing test (if needed)

Procedure: Patient sits with lips closed for 5 minutes. A timer must be utilized. Someone should observe the test to make sure the lips remained closed for the full five minutes.