NOT-S was developed by Merete Bakke, Copenhagen; Birgitta Bergendal, Jönköping; Anita McAllister, Linköping; Lotta Sjögreen, Göteborg; and Pamela Åsten, Oslo; with the support of the Nordic Association for Disability and Oral Health, NFH.

This assessment form can be downloaded from www.mun-h-center.se. To be used with the illustrated manual that can be ordered via Mun-H-Center’s web shop or phone +46 31 750 92 00.
**Nordic Orofacial Test NOT-S – screening (from 3 years)**

**NOT-S is used when a patient has difficulties to speak, chew, or swallow.**

The anamnestic section is conducted as a structured interview. The examiner asks a question, explains, and asks additional questions when necessary, interprets the reply, and fills in the form.

The NOT-S interview contains six sections: sensory function, breathing, habits, chewing and swallowing, drooling, and dryness of the mouth (I–VI).

**NOT-S examination** contains six sections: face at rest, nose breathing, facial expression, masticatory muscle and jaw function, oral motor function, and speech (1–6).

The illustrated manual is to be used during the examination.

**Country**  
DK [ ] IS [ ] NO [ ] SE [ ] SF [ ] Other [ ]

**Examiners**  
Speech therapist [ ] Dentist [ ] Physician [ ] Physio therapist [ ] Other [ ]

**Date of examination**  
| y | y | y | m | m | d | d |

**Date of birth**  
| y | y | y | m | m | d | d |

♀ [ ] ☐ ☐

♂ [ ] ☐ ☐

**Name/ID**

**Primary medical diagnosis (specify only one)**

**Diagnostic code (ICD-10):**

**Examination position**  
☑ seated  
☐ lying down

**Position of the head when seated**  
☐ normal (upright and straight)  
☐ other

**Answers with the help of another person**  
☐

**Code for screening**

The NOT-S total score can vary from 0 to 12

| X = yes | 0 = no | – = not assessed |

If there are one or more X answers in a section, place a score of 1 in the box furthest to the right.

**NOT-S**

| Total score |

[ ] [ ]
### I Sensory function

<table>
<thead>
<tr>
<th>A.</th>
<th>Does brushing your teeth elicit a gag reflex?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Does this happen almost every time?</td>
</tr>
</tbody>
</table>

**Description:** Obvious discomfort such as queasiness, vomiting, or refusal (increased sensitivity).

<table>
<thead>
<tr>
<th>B.</th>
<th>Do you put so much food in your mouth that it becomes difficult to chew?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Does this happen every day?</td>
</tr>
</tbody>
</table>

**Description:** Doesn’t know when the mouth is full (decreased sensitivity).

### II Breathing

<table>
<thead>
<tr>
<th>A.</th>
<th>Do you use any breathing support?</th>
</tr>
</thead>
</table>

**Description:** CPAP, respirator, oxygen, other.

<table>
<thead>
<tr>
<th>B.</th>
<th>Do you snore much when you sleep?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Does this happen almost every night?</td>
</tr>
</tbody>
</table>

**Description:** Snoring or apnoea. Does not apply to symptoms from asthma or allergies.

### III Habits

<table>
<thead>
<tr>
<th>A.</th>
<th>Do you bite your nails, or suck your fingers, or other objects every day?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Use of a pacifier and sucking on the fingers is not assessed under 5 years of age.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B.</th>
<th>Do you suck or bite your lips, your tongue, or your cheeks every day?</th>
</tr>
</thead>
<tbody>
<tr>
<td>C.</td>
<td>Do you bite your teeth together hard or grind your teeth during the day?</td>
</tr>
</tbody>
</table>

### IV Chewing and swallowing

<table>
<thead>
<tr>
<th>A.</th>
<th>Does not eat with the mouth (nasogastric tube, gastrostomy or other).</th>
</tr>
</thead>
</table>

**Description:** Exclude allergies and special diets such as vegetarian, vegan, and gluten-free.

<table>
<thead>
<tr>
<th>B.</th>
<th>Do you find it difficult to eat foods with certain consistencies?</th>
</tr>
</thead>
<tbody>
<tr>
<td>C.</td>
<td>Does it take you 30 minutes or more to eat a main meal?</td>
</tr>
<tr>
<td>D.</td>
<td>Do you swallow large bites without chewing?</td>
</tr>
<tr>
<td>E.</td>
<td>Do you often cough during meals?</td>
</tr>
</tbody>
</table>

**Description:** It happens at almost every meal.

### V Drooling

| A. | Do you get saliva in the corner of your mouth or on your chin almost every day? |

**Description:** Needs to wipe their mouth. Does not apply during sleep.

### VI Dryness of the mouth

<table>
<thead>
<tr>
<th>A.</th>
<th>Do you have to drink to be able to eat a cracker?</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.</td>
<td>Do you have sore mouth or a sore tongue?</td>
</tr>
</tbody>
</table>

**Description:** Recurrent pain or burning sensation at least once a week.

**Does not apply to toothache or vesicles (blister-like lesions) in the mouth.**

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**Name/ID:** NOT-S interview  
**Sum:**
NOT-S examination

1 Face at rest
   Picture 1
   Watch the picture for one minute. Starting now.
   Observation for a total of 1 minute. Assess A-D.
   A. Asymmetry
      Description: Concerns both the skeleton and soft tissues.
   B. Deviant lip position
      Description: Open mouth or other deviations more than 2/3 of the time.
   C. Deviant tongue position
      Description: Tip of the tongue visible between the teeth more than 2/3 of the time.
   D. Involuntary movements
      Description: Repeated involuntary movements in the face.

2 Nose breathing
   Picture 2
   A. Close your mouth and take 5 deep breaths through your nose (smell)
   Criterion: Is unable to take 5 breaths in succession through the nose.
   If the patient cannot close their lips, the patient or the examiner can manually help the lips to close. Do not assess if the patient has a cold.

3 Facial expression
   Picture 3
   A. Close your eyes tightly
   Criterion: The facial muscles are not activated in a strongly symmetrical fashion.
   Picture 4
   B. Show your teeth
   Criterion: The lip and facial muscles are not symmetrically activated so that the teeth are easily visible.
   Picture 5
   C. Try to whistle (blow)
   Criterion: Cannot pout and round the lips symmetrically.

4 Masticatory muscle and jaw function
   Picture 6
   A. Bite hard on your back teeth
   Criterion: No marked symmetrical activity can be registered when two fingers are held on the jaw muscles (the musculus masseter on both sides).
   Picture 7
   B. Open your mouth as wide as you can
   Criterion: Cannot open their mouth a distance corresponding to the width of the forefinger and the middle finger on the patient's left hand. If the front teeth are missing, use a three-finger width (the forefinger, and the middle and ring fingers) as a measure.

5 Oral motor function
   Picture 8
   A. Stick out your tongue as far as you can
   Criterion: Cannot reach outside of the Vermillion border of the lips with the tip of the tongue.
   Picture 9
   B. Lick your lips
   Criterion: Cannot use the tip of the tongue to wet the lips and cannot reach the corners of the mouth.
   Picture 10
   C. "Blow up" your cheeks and hold for at least 3 seconds
   Criterion: Cannot "blow up" the cheeks without air leaking out or without making sounds.
   Picture 11
   D. Open your mouth wide and say ah, ah, ah [a]!
   Criterion: No marked elevation of the uvula and the soft palate can be observed.

6 Speech
   Picture 12
   A. Does not speak. Skip task B-C.
   Criterion: Speech is unclear with one or more indistinct sounds or abnormal nasality.
   Under 5 years of age, exclude R, S, and TH sounds from the assessment.
   Picture 13
   B. Count out loud to ten
   Criterion: Say pataka-pataka-pataka
   Criterion: Do not assess this in children under 5 years of age.

Name/ID: NOT-S examination Sum