



Orofacial function of persons having

Report from questionnaires



5 questionnaires

Synonym

ICD-10

Estimated occurrence

General symptoms

Oral symptoms

Oral treatment

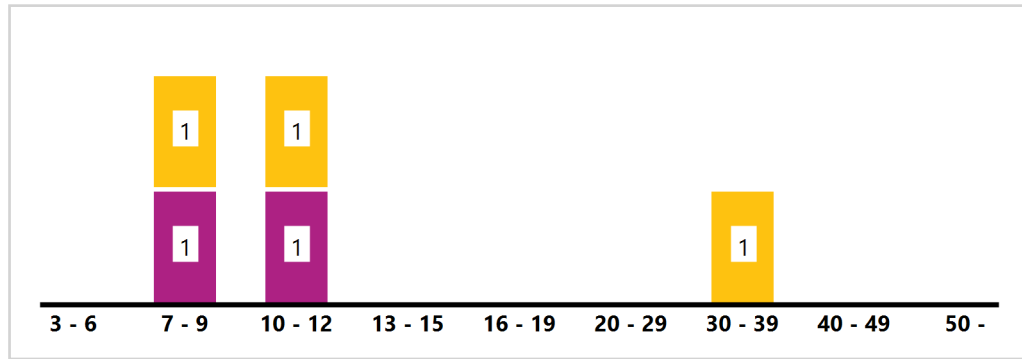
Sources The MHC database Rare diseases Dokumentation-Ågrenska

Age distribution

Number: 5

Ages: 8 - 33

♂ (2)
♀ (3)



Additional diagnoses

Medical impairment	Yes	No	Missing data
Inborn heart defect	0	5	0
Other cardiovascular disease	0	5	0
Epilepsy	4	1	0
Asthma	0	5	0
Need of respiratory support	0	5	0
Allergy	0	5	0

Neuropsychiatric diagnosis	Yes	No	Missing data
ADHD/ADD	2	3	0
Autism (Includes autism, Asperger syndrome and autistic traits)	3	1	1

General disability	Yes	No	Missing data
Intellectual disability	4	1	0
Motoric functional impairment	1	2	2
Visual impairment	0	5	0
Hearing loss	0	3	2
Communication difficulties	1	0	4

About dental care and oral health

Do you feel that you receive the dental care you need?	Number
Yes, very much so	3
Yes, somewhat	1
No, not at all	1
Total:	5

How many times per year do you normally seek dental care?	Number
Less than once per year	1
One time per year	2
Two times per year	1
Three or more times per year	1
Total:	5

When were your teeth last X-rayed?	Number
During the past two years	3
Never had my teeth X-rayed	1
Missing data	1
Total:	5

Do you look after your teeth in a good way?	Number
Yes, very much so	1
Yes, somewhat	4
Total:	5

Who brushes your teeth?	Number
I always brush myself	1
Someone else always helps me	1
Sometimes I brush myself	3
Total:	5

How often are your teeth brushed?	Number
Two times per day	5
Total:	5

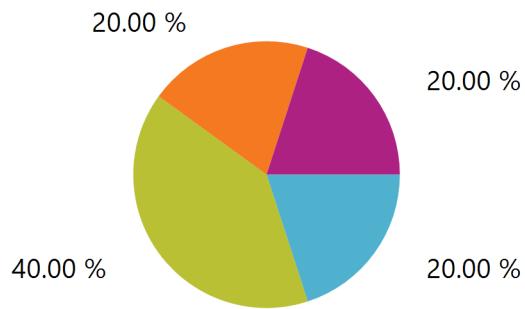
About dental care and oral health

	Yes	No	Missing data
Does your mouth hurt?	1	2	2
Does your mouth feel dry?	1	2	2
Have you ever taken a serious hit to your permanent front teeth?	1	4	0
Do you feel that you have a divergent bite?	1	3	1
Have you had a brace?	0	5	0
Do you feel that you need orthodontics/a brace?	1	2	2

Do you grind or press your teeth at night?	Number
Never	3
Once or twice per week	1
Missing data	1
Total:	5

Do you grind or press your teeth during the day?	Number
Never	4
Once or twice per week	1
Total:	5

About eating



Do you have any problems with eating?

Response	Number
Yes, very much so	1
Yes, somewhat	2
No, not really	1
No, not at all	1
Missing data	0
Total:	5

	Yes	No	Missing data
Do you cough daily in connection with meals?	1	4	0
Do you gag daily in connection with meals?	1	4	0
Do you get acid reflux daily?	0	4	1
Do you throw up often (at least twice per week)?	1	4	0
Do you have a poor appetite?	1	4	0
Does it take a long time before you can swallow a mouthful?	1	2	2
Do you press your tongue forward when you swallow so that food ends up outside the mouth?	0	3	2
Do you find it difficult to chew, i.e. grind food using your molars?	1	3	1
Do you find it difficult to take food from the spoon using your lips?	2	3	0
Have you had problems with food and drink leaking out through the corners of your mouth?	1	2	2
Does food tend to remain in your mouth after meals?	1	4	0
Do you get nutrition in any other way than through your mouth?	0	5	0

About drooling

Do you drool?	Number
Never drool	1
Drool sometimes – not every day	4
Missing data	0
Total:	5

How much do you drool?	Number
Slight drooling, only on the lips	2
Moderate drooling, on lip and chin	1
Profuse drooling	1
Total:	4

Is your drooling a problem for you?	Number
Yes, somewhat	2
No, not really	1
Missing data	1
Total:	4

Is your drooling a problem for your family or people around you?	Number
Yes, somewhat	2
No, not really	2
Total:	4