



Orofacial function of persons having

Report from questionnaires



44 questionnaires

Synonym

ICD-10

Estimated occurrence

General symptoms

Oral symptoms

Oral treatment

Sources The MHC database Dokumentation-Ågrenska Rare diseases

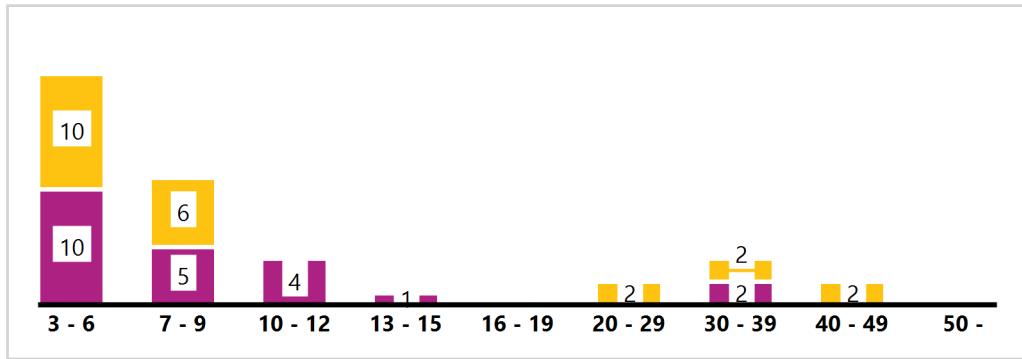
Age distribution

Number: 44

Ages: 3 - 48

♂ (22)

♀ (22)



Additional diagnoses

Medical impairment	Yes	No	Missing data
Inborn heart defect	0	44	0
Other cardiovascular disease	0	44	0
Epilepsy	1	43	0
Asthma	5	39	0
Need of respiratory support	3	41	0
Allergy	8	36	0

Neuropsychiatric diagnosis	Yes	No	Missing data
ADHD/ADD	0	43	1
Autism (Includes autism, Asperger syndrome and autistic traits)	0	26	18

General disability	Yes	No	Missing data
Intellectual disability	3	41	0
Motoric functional impairment	15	25	4
Visual impairment	7	33	4
Hearing loss	17	21	6
Communication difficulties	5	36	3

About dental care and oral health

Do you feel that you receive the dental care you need?	Number
Yes, very much so	28
Yes, somewhat	12
No, not really	2
No, not at all	1
Missing data	1
Total:	44

How many times per year do you normally seek dental care?	Number
Less than once per year	10
One time per year	18
Two times per year	8
Three or more times per year	7
Missing data	1
Total:	44

When were your teeth last X-rayed?	Number
During the past two years	23
More than two years ago	1
Never had my teeth X-rayed	19
Missing data	1
Total:	44

Do you look after your teeth in a good way?	Number
Yes, very much so	20
Yes, somewhat	23
Missing data	1
Total:	44

Who brushes your teeth?	Number
I always brush myself	13
Someone else always helps me	18
Sometimes I brush myself	12
Missing data	1
Total:	44

How often are your teeth brushed?	Number
Once per day	2
Two times per day	42
Total:	44

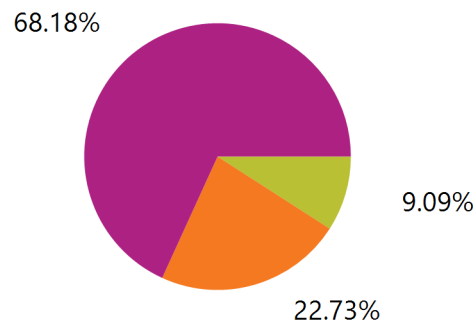
About dental care and oral health

	Yes	No	Missing data
Does your mouth hurt?	1	40	3
Does your mouth feel dry?	5	36	3
Have you ever taken a serious hit to your permanent front teeth?	1	41	2
Do you feel that you have a divergent bite?	10	30	4
Have you had a brace?	6	38	0
Do you feel that you need orthodontics/a brace?	12	28	4

Do you grind or press your teeth at night?	Number
Never	32
Once or twice per week	8
Every night	2
Missing data	2
Total:	44

Do you grind or press your teeth during the day?	Number
Never	36
Once or twice per week	6
Every night	1
Missing data	1
Total:	44

About eating



Do you have any problems with eating?

Response	Number
Yes, somewhat	4
No, not really	10
No, not at all	30
Missing data	0
Total:	44

	Yes	No	Missing data
Do you cough daily in connection with meals?	1	43	0
Do you gag daily in connection with meals?	0	44	0
Do you get acid reflux daily?	0	44	0
Do you throw up often (at least twice per week)?	0	44	0
Do you have a poor appetite?	7	36	1
Does it take a long time before you can swallow a mouthful?	3	22	19
Do you press your tongue forward when you swallow so that food ends up outside the mouth?	0	24	20
Do you find it difficult to chew, i.e. grind food using your molars?	3	32	9
Do you find it difficult to take food from the spoon using your lips?	1	36	7
Have you had problems with food and drink leaking out through the corners of your mouth?	0	18	26
Does food tend to remain in your mouth after meals?	0	37	7
Do you get nutrition in any other way than through your mouth?	0	43	1

About drooling

Do you drool?	Number
Never drool	34
Drool sometimes – not every day	7
Drool often – every day	1
Constant drooling	1
Missing data	0
Total:	44

How much do you drool?	Number
Slight drooling, only on the lips	4
Moderate drooling, on lip and chin	4
Profuse drooling	1
Total:	9

Is your drooling a problem for you?	Number
Yes, very much so	1
Yes, somewhat	1
No, not really	2
No, not at all	5
Total:	9

Is your drooling a problem for your family or people around you?	Number
Yes, somewhat	2
No, not really	1
No, not at all	6
Total:	9