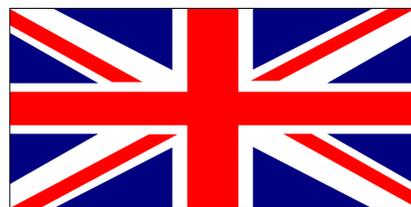




Nordic Orofacial Test - Screening

NOT-S



NOT-S was developed by Merete Bakke, Copenhagen; Birgitta Bergendal, Jönköping; Anita McAllister, Linköping; Lotta Sjögren, 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.

NOT-S interview

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I	Sensory function	<p>A. Does brushing your teeth elicit a gag reflex? Does this happen almost every time? <input type="checkbox"/></p> <p><i>Description:</i> Obvious discomfort such as queasiness, vomiting, or refusal (increased sensitivity).</p> <p>B. Do you put so much food in your mouth that it becomes difficult to chew? Does this happen every day? <input type="checkbox"/></p> <p><i>Description:</i> Doesn't know when the mouth is full (decreased sensitivity). <input type="checkbox"/></p>	
II	Breathing	<p>A. Do you use any breathing support? <input type="checkbox"/></p> <p><i>Description:</i> CPAP, respirator, oxygen, other.</p> <p>B. Do you snore much when you sleep? Does this happen almost every night? <input type="checkbox"/></p> <p><i>Description:</i> Snoring or apnoea. Does not apply to symptoms from asthma or allergies. <input type="checkbox"/></p>	
III	Habits	<p>A. Do you bite your nails, or suck your fingers, or other objects every day? <input type="checkbox"/></p> <p><i>Description:</i> Use of a pacifier and sucking on the fingers is not assessed under 5 years of age.</p> <p>B. Do you suck or bite your lips, your tongue, or your cheeks every day? <input type="checkbox"/></p> <p>C. Do you bite your teeth together hard or grind your teeth during the day? <input type="checkbox"/></p>	<input type="checkbox"/>
IV	Chewing and swallowing	<p>A. Does not eat with the mouth (nasogastric tube, gastrostomy or other). <input type="checkbox"/></p> <p><i>Description:</i> Skip question B-E.</p> <p>B. Do you find it difficult to eat foods with certain consistencies? <input type="checkbox"/></p> <p><i>Description:</i> Exclude allergies and special diets such as vegetarian, vegan, and gluten-free.</p> <p>C. Does it take you 30 minutes or more to eat a main meal? <input type="checkbox"/></p> <p>D. Do you swallow large bites without chewing? <input type="checkbox"/></p> <p>E. Do you often cough during meals? <input type="checkbox"/></p> <p><i>Description:</i> It happens at almost every meal. <input type="checkbox"/></p>	
V	Drooling	<p>A. Do you get saliva in the corner of your mouth or on your chin almost every day? <input type="checkbox"/></p> <p><i>Description:</i> Needs to wipe their mouth. Does not apply during sleep. <input type="checkbox"/></p>	
VI	Dryness of the mouth	<p>A. Do you have to drink to be able to eat a cracker? <input type="checkbox"/></p> <p>B. Do you have sore mouth or a sore tongue? <input type="checkbox"/></p> <p><i>Description:</i> Recurrent pain or burning sensation at least once a week. Does not apply to toothache or vesicles (blister-like lesions) in the mouth. <input type="checkbox"/></p>	
Name/ID:		NOT-S interview	Sum <input type="checkbox"/>

NOT-S examination

1	Face at rest	<p>Watch the picture for one minute. Starting now. Picture 1 <i>Observation for a total of 1 minute. Assess A-D.</i></p> <p>A. Asymmetry <input type="checkbox"/></p> <p><i>Description: Concerns both the skeleton and soft tissues.</i></p> <p>B. Deviant lip position <input type="checkbox"/></p> <p><i>Description: Open mouth or other deviations more than 2/3 of the time.</i></p> <p>C. Deviant tongue position <input type="checkbox"/></p> <p><i>Description: Tip of the tongue visible between the teeth more than 2/3 of the time.</i></p> <p>D. Involuntary movements <input type="checkbox"/></p> <p><i>Description: Repeated involuntary movements in the face.</i></p>	<input type="checkbox"/>
2	Nose breathing	<p>Picture 2 A. Close your mouth and take 5 deep breaths through your nose (smell) <input type="checkbox"/></p> <p><i>Criterion: Is unable to take 5 breaths in succession through the nose.</i></p> <p><i>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.</i></p>	<input type="checkbox"/>
3	Facial expression	<p>Picture 3 A. Close your eyes tightly <input type="checkbox"/></p> <p><i>Criterion: The facial muscles are not activated in a strongly symmetrical fashion.</i></p> <p>Picture 4 B. Show your teeth <input type="checkbox"/></p> <p><i>Criterion: The lip and facial muscles are not symmetrically activated so that the teeth are easily visible.</i></p> <p>Picture 5 C. Try to whistle (blow) <input type="checkbox"/></p> <p><i>Criterion: Cannot pout and round the lips symmetrically.</i></p>	<input type="checkbox"/>
4	Masticatory muscle and jaw function	<p>Picture 6 A. Bite hard on your back teeth <input type="checkbox"/></p> <p><i>Criterion: No marked symmetrical activity can be registered when two fingers are held on the jaw muscles (the musculus masseter on both sides).</i></p> <p>Picture 7 B. Open your mouth as wide as you can <input type="checkbox"/></p> <p><i>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.</i></p>	<input type="checkbox"/>
5	Oral motor function	<p>Picture 8 A. Stick out your tongue as far as you can <input type="checkbox"/></p> <p><i>Criterion: Cannot reach outside of the Vermillion border of the lips with the tip of the tongue.</i></p> <p>Picture 9 B. Lick your lips <input type="checkbox"/></p> <p><i>Criterion: Cannot use the tip of the tongue to wet the lips and cannot reach the corners of the mouth.</i></p> <p>Picture 10 C. "Blow up" your cheeks and hold for at least 3 seconds <input type="checkbox"/></p> <p><i>Criterion: Cannot "blow up" the cheeks without air leaking out or without making sounds.</i></p> <p>Picture 11 D. Open your mouth wide and say ah, ah, ah [a]! <input type="checkbox"/></p> <p><i>Criterion: No marked elevation of the uvula and the soft palate can be observed.</i></p>	<input type="checkbox"/>
6	Speech	<p>A. Does not speak. <i>Skip task B-C.</i> <input type="checkbox"/></p> <p>Picture 12 B. Count out loud to ten <input type="checkbox"/></p> <p><i>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.</i></p> <p>Picture 13 C. Say pataka-pataka-pataka <input type="checkbox"/></p> <p><i>Criterion: Do not assess this in children under 5 years of age.</i></p>	<input type="checkbox"/>

Name/ID:

NOT-S examination

Sum