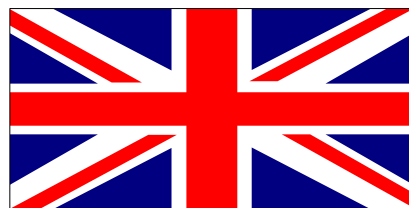




Nordic Orofacial Test - Screening

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.

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 y m m d d

Date of birth | | | | | | | | | ♀ ♂
y 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

<p><u>Code for screening</u></p> <p>The NOT-S total score can vary from 0 to 12</p>	<p>X = yes 0 = no – = not assessed</p>	<p>If there are one or more X answers in a section, place a score of 1 in the box furthest to the right.</p>
---	---	--

NOT-S Total score

NOT-S interview

S
C
O
R
E

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.</p> <p>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