

## Name:

1

Dato:	
Date.	

The following statements are about how you think your face is moving.

You may have answered these or similar questions before.

Please answer all questions as best you can.

If you have problems on both sides, respond regarding your more affected side.

Question	Score	
When I try to move my face, I have difficulty on:		1= one side
		2 = 2 sides
		0= I have no difficulty

	For questions 2 - 4, use the following rating scale to complete the	1 = not at all 2 = only if I concentrate			
	Question	Score	3 = a little		
2	When I smile, the corner of my mouth goes up		4 = almost normally		
3	I can raise my eyebrow		5 = normally		
4	When I pucker my lips, the affected side of my mouth moves				

## For questions 5-13, use the following rating scale to complete the sentence:

Question	Score
Parts of my face feel tight, worn out, or uncomfortable	
My affected eye feels dry, irritated, or scratchy	
When I move my face, I feel tension, pain, or spasm	
I use eye drops or ointment in my affected eye	
My affected eye is wet or has tears in it	
I act differently around other people because of my face	
People treat me differently because of my face	
I have problems moving food around in my mouth	
I have problems with drooling, or keeping food/drink in my mouth	

- 1 = all of the time
- 2 = most of the time
- 3 = some of the time
- 4 = a little of the time
- 5 = none of the time

- The following are statements about how you might have felt or been doing in the past week because of your face or facial problem. Please rate how much you agree with each statement, using the numeric scale 1-5

   Statement
   Response

   14
   My face feels tired or when I try to move my face I feel tension, pain, or spasm

   15
   My appearance has affected my willingness to participate in social activities or to see family and friends

   16
   Because of difficulty with the way Leat L have avoided eating
- 16 Because of difficulty with the way I eat, I have avoided eating in restaurants or in other people's homes

- 1 = strongly agree
- 2 = agree
- 3 = don't know
- 4 = disagree
- 5 = strongly disagree

%

Sunnybrook Facial Grading System													
Resting Symmetry		Symmetry of Voluntary Movement						Synkinesis					
Compared to normal side		Degree of muscle EXCURSION compared to normal side								Rate the degree of INVOLUNTARY MUSCLE CONTRACTION assocaited with each expression			
Eye (choose one only) normal 0 narrow 1 wide 1 eyelid surgery 1 Cheek (naso-labial fold) normal 0 absent 2 less pronounced 1	Standard Expressions	Unable to initiate movement	Initiates slight movement	Initiates movement with mild excursion	Movement almos <sub>t</sub> complete	Movement comple <sub>te</sub>			NONE: <sub>No synkinesis or</sub> mass movement	MILD: slight synkinesis of one or more muscles	MODERATE: obvious synkinesis of one or more muscles	SEVERE: disfiguring synkinesis/ of several muscusment	Salar
more pronounced	Brow lift (FRO)	<b>1</b>	2	<b>3</b>	□ 4	5		23	0 🗆	□ 1	2	<b>3</b>	
Mouth normal 0	Geltle eye closure (OCS)	□ 1	2	3	4	5			□ 0	□ 1	2	□ 3	
corner drooped	Open mouth Smile (SYG/RIS)	□ 1	□ 2	<b>3</b>	□ 4	5			□ 0	□ 1	2	<b>3</b>	
corner pulled up/out	Snarl (LLA/LLS)	□ 1	2	3	□ 4	5			□ 0	□ 1	2	3	
Resting Symmetry score	Lip Pucker (OOS/OOI)	□ 1	□ 2	□ 3	<b>4</b>	5			□ 0	□ 1	□ 2	□ 3	
Total X 5	-	Asymmetry	Severe Asymmetry	Moderate Asymmetry	Asymmetry	Normal Asymmetry	Total						
Patient's Name			Volunta	ry moveme	nt score:	Total )	(4			Synkinesi	s score:	Total	
Diagnosis Date	Vol mov't score		-	Resting symm score		-	Synk score		=		Composite	Score:	

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