

Patient Name

DOB:

MR #

**UW Health**  
**(University of Wisconsin Hospitals and Clinics Authority)**  
**SYNKINESIS ASSESSMENT QUESTIONNAIRE**  
**WORKSHEET**

Date: \_\_\_\_\_

Please answer the following questions regarding facial function with regard to the affected side of the face with facial paralysis, on a scale from 1 to 5, according to the following rankings:

- 1 = seldom or not at all
- 2 = occasionally, or very mildly
- 3 = sometimes, or mildly
- 4 = most of the time, or moderately
- 5 = all the time, or severely

	<b>Question</b>	<b>Score (1-5)</b>
1	When I smile, my eye closes	_____
2	When I speak, my eye closes	_____
3	When I whistle or pucker my lips, my eye closes	_____
4	When I smile, my neck tightens	_____
5	When I close my eyes, my face gets tight	_____
6	When I close my eyes, the corner of my mouth moves	_____
7	When I close my eyes, my neck tightens	_____
8	When I eat, my eye waters	_____
9	When I move my face, my chin develops a dimpled area	_____