

Head Position Preference

Your Name: _____ Location: _____ Day: 1 _____

Date: _____ Candy type used for practice: _____

	Circle the face to indicate how easy or hard it was!
<u>LEFT</u> Unable to swallow candy <input type="checkbox"/>	
<u>CENTRE</u> Unable to swallow candy <input type="checkbox"/>	
<u>UP</u> Unable to swallow candy <input type="checkbox"/>	
<u>DOWN</u> Unable to swallow candy <input type="checkbox"/>	
<u>RIGHT</u> Unable to swallow candy <input type="checkbox"/>	

Overall Preferred head position today: _____






Did you use something other than, or in addition to, water while practicing? (e.g. apple sauce, yogurt, dried fruit) _____

Comments (Optional): _____

Head Position Preference

Your Name: _____ Location: _____ Day: 2

Date: _____ Candy type used for practice: _____

	Circle the face to indicate how easy or hard it was!
<u>RIGHT</u> Unable to swallow candy <input type="checkbox"/>	
<u>DOWN</u> Unable to swallow candy <input type="checkbox"/>	
<u>Left</u> Unable to swallow candy <input type="checkbox"/>	
<u>CENTRE</u> Unable to swallow candy <input type="checkbox"/>	
<u>UP</u> Unable to swallow candy <input type="checkbox"/>	

Overall Preferred head position today: _____

Did you use something other than, or in addition to, water while practicing? (e.g. apple sauce, yogurt, dried fruit) _____

Comments (Optional): _____

Head Position Preference

Your Name: _____ Location: _____ Day: 3

Date: _____ Candy type used for practice: _____

	Circle the face to indicate how easy or hard it was!
<u>LEFT</u> Unable to swallow candy <input type="checkbox"/>	
<u>DOWN</u> Unable to swallow candy <input type="checkbox"/>	
<u>RIGHT</u> Unable to swallow candy <input type="checkbox"/>	
<u>CENTRE</u> Unable to swallow candy <input type="checkbox"/>	
<u>UP</u> Unable to swallow candy <input type="checkbox"/>	

Overall Preferred head position today: _____






Did you use something other than, or in addition to, water while practicing? (e.g. apple sauce, yogurt, dried fruit) _____

Comments (Optional): _____

Head Position Preference

Your Name: _____ Location: _____ Day: _____ 4 _____

Date: _____ Candy type used for practice: _____

	Circle the face to indicate how easy or hard it was!
<u>RIGHT</u> Unable to swallow candy <input type="checkbox"/>	
<u>LEFT</u> Unable to swallow candy <input type="checkbox"/>	
<u>CENTRE</u> Unable to swallow candy <input type="checkbox"/>	
<u>UP</u> Unable to swallow candy <input type="checkbox"/>	
<u>DOWN</u> Unable to swallow candy <input type="checkbox"/>	

Overall Preferred head position today: _____






Did you use something other than, or in addition to, water while practicing? (e.g. apple sauce, yogurt, dried fruit) _____

Comments (Optional): _____

Head Position Preference

Your Name: _____ Location: _____ Day: _____ 5 _____

Date: _____ Candy type used for practice: _____

	Circle the face to indicate how easy or hard it was!
<u>LEFT</u> Unable to swallow candy <input type="checkbox"/>	
<u>RIGHT</u> Unable to swallow candy <input type="checkbox"/>	
<u>UP</u> Unable to swallow candy <input type="checkbox"/>	
<u>DOWN</u> Unable to swallow candy <input type="checkbox"/>	
<u>CENTRE</u> Unable to swallow candy <input type="checkbox"/>	

Overall Preferred head position today: _____






Did you use something other than, or in addition to, water while practicing? (e.g. apple sauce, yogurt, dried fruit) _____

Comments (Optional): _____

Head Position Preference

Your Name: _____ Location: _____ Day: _____ 6 _____

Date: _____ Candy type used for practice: _____

	Circle the face to indicate how easy or hard it was!
<u>CENTRE</u> Unable to swallow candy <input type="checkbox"/>	
<u>DOWN</u> Unable to swallow candy <input type="checkbox"/>	
<u>UP</u> Unable to swallow candy <input type="checkbox"/>	
<u>RIGHT</u> Unable to swallow candy <input type="checkbox"/>	
<u>LEFT</u> Unable to swallow candy <input type="checkbox"/>	

Overall Preferred head position today: _____






Did you use something other than, or in addition to, water while practicing? (e.g. apple sauce, yogurt, dried fruit) _____

Comments (Optional): _____

Head Position Preference

Your Name: _____ Location: _____ Day: _____ 7 _____

Date: _____ Candy type used for practice: _____

	Circle the face to indicate how easy or hard it was!
<u>RIGHT</u> Unable to swallow candy <input type="checkbox"/>	
<u>UP</u> Unable to swallow candy <input type="checkbox"/>	
<u>DOWN</u> Unable to swallow candy <input type="checkbox"/>	
<u>CENTRE</u> Unable to swallow candy <input type="checkbox"/>	
<u>LEFT</u> Unable to swallow candy <input type="checkbox"/>	

Overall Preferred head position today: _____

Did you use something other than, or in addition to, water while practicing? (e.g. apple sauce, yogurt, dried fruit) _____

Comments (Optional): _____

Head Position Preference

Your Name: _____ Location: _____ Day: _____ 8 _____

Date: _____ Candy type used for practice: _____

	Circle the face to indicate how easy or hard it was!
<u>CENTRE</u> Unable to swallow candy <input type="checkbox"/>	
<u>LEFT</u> Unable to swallow candy <input type="checkbox"/>	
<u>RIGHT</u> Unable to swallow candy <input type="checkbox"/>	
<u>UP</u> Unable to swallow candy <input type="checkbox"/>	
<u>DOWN</u> Unable to swallow candy <input type="checkbox"/>	

Overall Preferred head position today: _____






Did you use something other than, or in addition to, water while practicing? (e.g. apple sauce, yogurt, dried fruit) _____

Comments (Optional): _____

Head Position Preference

Your Name: _____ Location: _____ Day: _____ 9 _____

Date: _____ Candy type used for practice: _____

	Circle the face to indicate how easy or hard it was!
<u>DOWN</u> Unable to swallow candy <input type="checkbox"/>	
<u>UP</u> Unable to swallow candy <input type="checkbox"/>	
<u>RIGHT</u> Unable to swallow candy <input type="checkbox"/>	
<u>CENTRE</u> Unable to swallow candy <input type="checkbox"/>	
<u>LEFT</u> Unable to swallow candy <input type="checkbox"/>	

Overall Preferred head position today: _____






Did you use something other than, or in addition to, water while practicing? (e.g. apple sauce, yogurt, dried fruit) _____

Comments (Optional): _____

Head Position Preference

Your Name: _____ Location: _____ Day: _____ 10 _____

Date: _____ Candy type used for practice: _____

	Circle the face to indicate how easy or hard it was!
<u>DOWN</u> Unable to swallow candy <input type="checkbox"/>	
<u>LEFT</u> Unable to swallow candy <input type="checkbox"/>	
<u>RIGHT</u> Unable to swallow candy <input type="checkbox"/>	
<u>UP</u> Unable to swallow candy <input type="checkbox"/>	
<u>CENTRE</u> Unable to swallow candy <input type="checkbox"/>	

Overall Preferred head position today: _____






Did you use something other than, or in addition to, water while practicing? (e.g. apple sauce, yogurt, dried fruit) _____

Comments (Optional): _____

Head Position Preference

Your Name: _____ Location: _____ Day: _____ 11 _____

Date: _____ Candy type used for practice: _____

	Circle the face to indicate how easy or hard it was!
<u>UP</u> Unable to swallow candy <input type="checkbox"/>	
<u>CENTRE</u> Unable to swallow candy <input type="checkbox"/>	
<u>DOWN</u> Unable to swallow candy <input type="checkbox"/>	
<u>LEFT</u> Unable to swallow candy <input type="checkbox"/>	
<u>RIGHT</u> Unable to swallow candy <input type="checkbox"/>	

Overall Preferred head position today: _____

Did you use something other than, or in addition to, water while practicing? (e.g. apple sauce, yogurt, dried fruit) _____

Comments (Optional): _____

Head Position Preference

Your Name: _____ Location: _____ Day: _____ 12 _____

Date: _____ Candy type used for practice: _____

	Circle the face to indicate how easy or hard it was!
<u>RIGHT</u> Unable to swallow candy <input type="checkbox"/>	
<u>DOWN</u> Unable to swallow candy <input type="checkbox"/>	
<u>CENTRE</u> Unable to swallow candy <input type="checkbox"/>	
<u>UP</u> Unable to swallow candy <input type="checkbox"/>	
<u>LEFT</u> Unable to swallow candy <input type="checkbox"/>	

Overall Preferred head position today: _____






Did you use something other than, or in addition to, water while practicing? (e.g. apple sauce, yogurt, dried fruit) _____

Comments (Optional): _____

Head Position Preference

Your Name: _____ Location: _____ Day: _____ 13 _____

Date: _____ Candy type used for practice: _____

	Circle the face to indicate how easy or hard it was!
<u>CENTRE</u> Unable to swallow candy <input type="checkbox"/>	
<u>UP</u> Unable to swallow candy <input type="checkbox"/>	
<u>LEFT</u> Unable to swallow candy <input type="checkbox"/>	
<u>RIGHT</u> Unable to swallow candy <input type="checkbox"/>	
<u>DOWN</u> Unable to swallow candy <input type="checkbox"/>	

Overall Preferred head position today: _____






Did you use something other than, or in addition to, water while practicing? (e.g. apple sauce, yogurt, dried fruit) _____

Comments (Optional): _____

Head Position Preference

Your Name: _____ Location: _____ Day: _____ 14 _____

Date: _____ Candy type used for practice: _____

	Circle the face to indicate how easy or hard it was!
<u>LEFT</u> Unable to swallow candy <input type="checkbox"/>	
<u>DOWN</u> Unable to swallow candy <input type="checkbox"/>	
<u>UP</u> Unable to swallow candy <input type="checkbox"/>	
<u>CENTRE</u> Unable to swallow candy <input type="checkbox"/>	
<u>RIGHT</u> Unable to swallow candy <input type="checkbox"/>	

Overall Preferred head position today: _____

Did you use something other than, or in addition to, water while practicing? (e.g. apple sauce, yogurt, dried fruit) _____

Comments (Optional): _____
