Back-translation 1-STAB

מיסודה של אחוות אלפה אומגה הבינלאומית
Founded by Alpha Omega International Dental Fraternity

The Maurice and Gabriela Goldschleger School of Dental medicine
Sackler Faculty of Medicine
Tel Aviv University

בית הספר לרפואת שיניים ע"ש מוריס וגבריאלה גולדשלגר
הפקולטה לרפואה ע"ש סאקלר
אוניברסיטת תל אביב

The questionnaire is phrased in the masculine form but refers to both women and men

Demographics questionnaire

Sex
Male
Female
Other
Age_____ Height _____ Weight_____

Marital status ?

married

Sharing household (as if married)

Divorced

Separated

Widowed

Never married

for owner of an Israeli citizenship

what is the ethnic origin which describes you is the best way :

Jewish

moslem

Christian

druze

beduin

cherkesic

other_____

For owners of foreign citizenship- please indicate your citizenship

Please specify your education (the highest degree you hold)

mandatory education

Full matriculation

academic studies with no degree

First academic degree (BA)

Second academic degree or higher (…..Ph ,MA)

Axis A – Evaluation of bruxism and its implications

Self-report questionnaire to be filled by the patient

A1 : Report of sleep bruxism

Based on the last month how often do you clench or brux your teeth during sleep

less than one night per month?

1-3 night per month

1-3 nights per week

4-7 nights per week

do not know

A1.1.1 .Based on the information you have , have you clenched or bruxed your teeth in the past?

no

yes

do not know

A2. Awake Bruxism Report

A2.1 question about Awake grinding

Based on the last month, how often do you brux your teeth during wakefulness?

never

a small part of the time

part of the time

most of the time

all the time

A2.1.1 Question about Awake grinding in the past

Did you bruk your teeth during wakefulness in the past?

no

yes

do not know

A2.2 Question about Awake clenching

Based on the last month how often do you brux your teeth during wakefulness?

never

a small part of the time

part of the time

most of the time

all the time

do not know

A2.2.1 Question about Awake clenching in the past

Did you brux your teeth during wakefulness in the past

no

yes

do not know

A2.3 Question about Awake tooth contact

Based on the last month how often do you press, touch or bring your teeth to full contact while not eating (namely, there is a contact between the upper and lower teeth

never

a small part of the time

part of the time

most of the time

all the time

do not know

A2.3.1 Question about Awake tooth contact in the past

Have you ever pressed, touched or brought your teeth to full contact while not eating (namely, there is a contact between the upper and lower teeth

no

yes

do not know

A2.4 Question about Awake jaw contact

Based on the last month how often do you hold, tighten or contract your muscles without the teeth touching each other

never

a small part of the time

part of the time

most of the time

all the time

do not know

A2.4.1 question about Awake Jaw clench/strain in the past

Have you ever held, tighten or contracted your muscles without the teeth touching each other

no

yes

do not know

A3.Patient complaints

Functional disorders of the masticatory system

A3.1 TMD pain

During the last 30 days , how often did you experience pain at your jaw or temples on one or both sides

no pain

pain comes and goes

pain present all times

A3.2 Pain stiffness upon awaking

During the last 30 days , have you ever experienced pain or jaw stifness upon awaking

no

Yes

A3.3 Closed lock

During the last 30 days , have you ever experienced that your jaw locked , even for a moment, so you could not open your month full

no

Yes

A3.4 Pain change during jaw activities

During the last 30 days , which activities in the jaw or temples changed the pain on one or both sides (increased or decreased it)

chewing hard or fibrous food

opening the mouth or moving the jaw from side to side

habits like holding the teeth together, tightening the teeth, bruxing or chewing a gum

Activities like talking, kissing or jawing

A3.5 Joint noises

During the part 30 days did you notice noises in your jaw during movement of use of the jaw

no

Yes

A3.6 wake time muscle pain

During the past 30 days did you experience pain during each of the following periods

had no pain at all

between waking and breakfast

between breakfast and lunch

between lunch and dinner

between dinner and bedtime

A3.6.1 your jaw muscles Fatigue/weakness in

During the past 30 days did you experience fatigue or weakness in your jaw muscles during each of the following periods

had no pain at all

between waking and breakfast

between breakfast and lunch

between lunch and dinner

between dinner and bedtime

A3.7 Awake signs

questionnaire

Are you aware of any of the following symptoms

Feeling of fatigue, pain or tension in the jaw, feling that the teeth are tightened and the mouth is sore

pain in the temple

tension in the lower jaw at awaking so there s a need to move it from side to side to free it

Difficulty to open you mouth wide at awakening

Hearing of feeling a click (noise) during awakening when I move the lower jaw (opening the mouth or moving the jaw from side to side) that disappears later

Headache

A3.8 Headache

During the pat 30 days did you experience headaches that included the temples

no

yes

Tooth wear

A3.9 Tooth wear

Do to teeth wear do you experience any of the following symptoms

sensitivity or pain

(functional problems (difficulties in eating or chewing)

Adverse changes in esthetic appearance (the way teeth look)

Attrition or falling apart of teeth or restorations (fillings)

Problems with talking

Tinitus

A3.10 Do you hear noises in your ears (Tinton)

no

Yes

Mouth dryness and drooling

A3.11 Dry mouth

Do you feel dryness in your mouth

never

sometimes

often

A3.12 Do you feel saliva drooling during sleep

I do not feel saliva drooling during sleep

Sometimes my pillow gets wet from saliva

My pillow gets wet from saliva constantly

My pillow gets wet from saliva always

My pillow and bedding gets wet from saliva each night

Clinical evaluation

A4. Joints and muscles

A4.1 TMD DIAGNOSES (Optional Item)

Mark the presence of the following diagnoses

A4.1.1. PAIN DISORDERS*

*Please fill this section only if the item A3.3 (TMD Pain Screener) is positively endorsed by the patient Myalgia

Myofascial pain with spreading

Myofascial pain with referral

Right arthralgia

Left arthralgia

Headache attributed to TMD

A4.1.2. RIGHT TMJ DISORDERS*

*Please specify if diagnosis is based upon clinical or imaging assessment Disc displacement with reduction
Disc displacement with reduction, with intermittent locking
Disc displacement without reduction with limited opening
Disc displacement without reduction without limited opening
Degenerative joint disease
Subluxation

A4.1.3. LEFT TMJ DISORDERS*

Please specify if diagnosis is based upon clinical or imaging assessment Disc displacement with reduction
Disc displacement with reduction, with intermittent locking
Disc displacement without reduction with limited opening
Disc displacement without reduction without limited opening
Degenerative joint disease
Subluxation

A4.2 MASSETER MUSCLE HYPERTROPHY Mark the presence of masseter hypertrophy

Left

Right

A5. Intra- and Extra-oral tissues

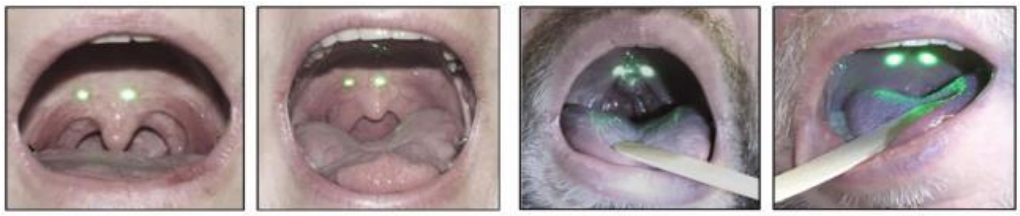
A5.1 SOFT AND BONE TISSUES

Mark the presence of the following signs:

Linea alba	Left	Right	
Lip impression	Upper	Lower	
Tongue scalloping	Right	Front	Left
Tongue ulceration*	Right	Front	Left
Alveolar bone exostosis	Mandible(Buccal/Lingual)	Maxilla(Buccal/Lingual/Midpalatal)	

*If positive for firm, indurated, rolled borders – red flag for further urgent investigation

A5.2 MODIFIED FRIEDMAN TONGUE POSITION



Category I:
No phonation/ tongue depressor – uvula and palatal arch visible

Category II:
With phonation – uvula and palatal arch visible

Category III:
With tongue depressor – uvula and palatal arch visible

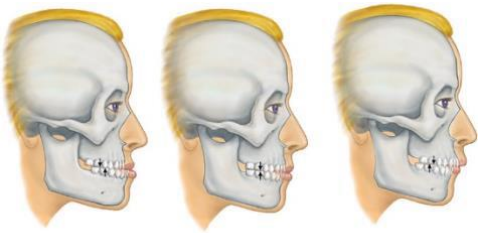
Category IV:
With phonation/ tongue depressor – uvula and palatal arch not visible

A5.3 SKELETAL CLASS (Optional Item)

Class 1

Class 2

Class 3



Skeletal Class III Facial Profile

Skeletal Class I Facial Profile

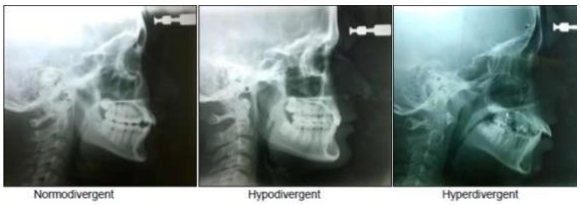
Skeletal Class II Facial Profile

A5.4 SKELETAL PROFILE (Optional Item)

Normodivergent profile (medlium gonial angle)

Hypodivergent profile (low gonial angle)

Hyperdivergent profile (high gonial angle)



Normodivergent

Hypodivergent

Hyperdivergent

A6. Teeth and restorations

A6.1 TOOTH WEAR SCREENING – QUANTIFICATION

Indicate the highest tooth wear score per sextant

	Sextant 1	Sextant 2	Sextant 3	Sextant 4	Sextant 5	Sextant 6
Occlusal/Incisal						
Palatal						

A.6.1.1 TOOTH WEAR QUALIFICATION*

*When during quantification a grade ≥ 2 is detected, qualification is needed. **Clinical signs indicating the influence of mechanical factors:**

Shiny facets, flat and glossy
Enamel and dentin wear at the same rate
Matching wear on occluding surfaces, corresponding features at the antagonistic teeth Fracture of cusps or restorations
Impressions in cheek, tongue and/or lip
Located at cervical areas of the teeth, Non Carious Cervical Lesions (NCCL) Buccal/cervical lesions more wide than deep, Non Carious Cervical Lesions (NCCL) Cervical areas of premolars and cuspids are affected
Cracks within the enamel
Torus mandibulae

A6.2 PERIODONTAL AND DENTAL EXAMINATION Indicate the number of teeth with the following signs

	Sextant 1	Sextant 2	Sextant 3	Sextant 4	Sextant 5	Sextant 6
Mobility						
Thermal sensitivity						
Discomfort/pain on biting						
Fractured teeth						

A6.3 RESTORATIONS

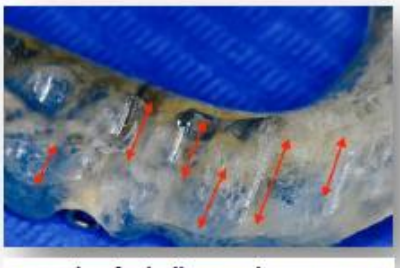
Indicate the number of teeth/implants with the following signs

	Sextant 1	Sextant 2	Sextant 3	Sextant 4	Sextant 5	Sextant 6
Lost/broken fillings						
Scratched restorations						
Ceramic fractures						
Mobile implants						
Implant fractures						
Implant screw loosening						

A6.4 ORAL APPLIANCE EVALUATION (If hard resin splint is used by the patient)

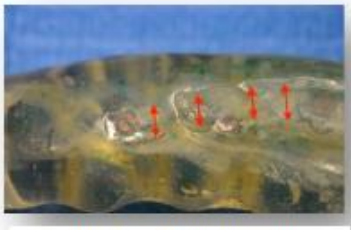
Mark the presence of the following signs:

Prevalence of grinding marks (i.e., stripes)	Right	Front	Left
Prevalence of clenching marks (i.e., circle-like spots)	Right	Front	Left
Combination of grinding and clenching marks	Right	Front	Left
Fractures or perforations	Right	Front	Left



Example of grinding marks

Example of clenching marks.



Example of combined marks.

Instrumentally Based Assessment (IBA)

Technology Report

A7. Sleep Bruxism

A7.1 ELECTROMYOGRAPHY

Number of masseter events over 10% MVC____
Bruxism time index (if available)____
Bruxism work index (if available)____

A7.2 POLYSOMNOGRAPHY (Optional)

Number of arousal-related SB events_____
Number of arousal-unrelated SB events_____
Bruxism time index (if available)_____
Bruxism work index (if available)_____

A7.3 OTHER METHODS (Optional)

Smartphone application scores for grinding sounds

A7.4 APPLIANCE WITH SENSORS (Optional)

Number of events of bite pressure

A8. Awake Bruxism

A8.1 ECOLOGICAL MOMENTARY ASSESSMENT - One week report

CONDITION	Week 1 (in %)	Additional week(s) (in %)
Relaxed jaw muscles (no teeth contact)		
Mandible bracing (no teeth contact)		
Teeth Contact (light steady touching)		
Teeth Clenching (strong steady touching)		
Teeth Grinding		

A8.2 WAKE-TIME ELECTROMYOGRAPHY

Number of masseter events over 10% MVC ____
Bruxism time index_____
Bruxism work index_____

A8.3 OTHER METHODS: To be determined

A9. Additional instruments

A9.1. INTRAORAL ACIDITY (Optional)

REST SALIVARY PH_____

REST SALVIARY FLOW_____
STIMULATED SALIVARY PH (paraffin) _____

STIMULATED SALIVARY FLOW _____

Axis B-risk factors,etiological factors,related conditons

B1. Psychosocial evaluation

B1.1 Anxiety and depression screening

During the past two weeks how often were you bothered by any of the following problems

1. **Feeling nervous, anxious or very tense**

never
few days
more than half of the days
almost every day

2. **Can not stop worrying or control my worries**

never
few days
more than half of the days
almost every day

3. **Little interest or pleasure in doing things**

never
few days
more than half of the days
almost every day

4. **Feeling of being low, depression or hopelessness**

never
few days
more than half of the days
almost every day

B1.2 Coping

Evaluate how much each of the following statements describes your behavior and actions

1. I look for creative ways to change difficult situations
Does not describe me at all
does not describe me
I have no opinion on this matter
Describes me
describes me well

2. No matter what happens to me I believe that I can control my reactions to it
Does not describe me at all
does not describe me
I have no opinion on this matter
Describes me
describes me well

3. I believe that I can get better and develop in a positive way through dealing with difficult situations
Does not describe me at all
does not describe me
I have no opinion on this matter
Describes me
describes me well

4. I actively look for ways to replace the loses I encounter in my life
Does not describe me at all
does not describe me
I have no opinion on this matter
Describes me
describes me well

B.2 Sleep-related conditions assessment

B2.1 STOP BANG questionaire

Do you snore loudly
Are you often tired or sleepy during the day
Have you ever be seen stopping breathing or chocking during sleep
Are you treated for high blood pressure
BMI<35?
If you do not know your BMI please indicate
height_____

weight _____
Age over 50
Neck circumference (43 cm or size L in male shirts, 41 cm or size L in female shirts)

B2.2 Insomnia assessment

Please indicate which of the following statements describes you

I have difficulty falling asleep
Thoughts are running in my head and prevent me from falling asleep
I experience difficulties sleeping several times a week
I weak up and can not return sleeping
I am worried of things and experience difficulty to calm down
I weak up in the morning earlier than I would like to
I lie down awake for half an hour or more before I fall asleep

B2.3. PERIODIC LIMB MOVEMEN (RESTLESS LEG)

Please indicate which of the following statements describes you

Not including during physical training, I feel tension in my legs
I paid attention (or others told me) that part of my body contact/move/… while I sleep
I was told that I kick during sleeping
When I try to sleep I feel pain or heaviness in my legs
I experience pain and contractions in my legs during the night
Sometimes I can not keep my legs still and motionless during the night, I feel tired during the day

B2.4 Oral behaviors-Sleep position

Based on the last 30 days, how often do you sleep in a position that exerts pressure on your jaws

never
small part of the time
part of the time
Most of the time
all the time

B3 Non-sleep conditions assessment

B3.1 ORAL BEHAVIORS

- Holing or pushing the jaw forwards or sidewards

None of the time
A little of the time
Some of the time
Most of the time
All of the time
Don't know

- Pushing the tongue against the teeth

None of the time

A little of the time

Some of the time

Most of the time

All of the time

Don't know

- Placing the tongue between the teeth

None of the time
A little of the time
Some of the time
Most of the time
All of the time
Don't know

- Biting, chewing or playing with the tongue, cheeks or lips

None of the time
A little of the time
Some of the time
Most of the time
All of the time
Don't know

- Holding the jaw in a stiff or tense position to stabilize or protect the jaw

None of the time
A little of the time
Some of the time
Most of the time
All of the time
Don't know

- Holing objects between the teeth or biting objects such as hair, pipe, pencil, pens, fingers, nails, etc/

None of the time
A little of the time
Some of the time
Most of the time
All of the time
Don't know

- Chewing gum

None of the time
A little of the time
Some of the time
Most of the time
All of the time
Don't know

- Playing an instrument that involves the mouth or jaw (such as string instruments, blow (??) instruments

None of the time
A little of the time
Some of the time
Most of the time
All of the time
Don't know

- Leaning your head on your hand such as putting your chin in your palm

None of the time
A little of the time

Some of the time
Most of the time
All of the time
Don’t know

- Chewing food on one side only

None of the time
A little of the time
Some of the time
Most of the time
All of the time
Don’t know

- Eating between meals

None of the time
A little of the time
Some of the time
Most of the time
All of the time
Don’t know

- A lot of speaking (for example teaching, selling, customer service)

None of the time
A little of the time
Some of the time
Most of the time
All of the time
Don’t know

- singing

None of the time
A little of the time
Some of the time
Most of the time
All of the time
Don’t know

- jawing

None of the time
A little of the time
Some of the time
Most of the time
All of the time
Don't know

- holding the telephone between head and shoulders

None of the time
A little of the time
Some of the time
Most of the time
All of the time
Don't know

B3.2 use of cellular phone

average screen time per day _____

B3.3 Orofacial motor disorders

Do you suffer or as diagnosed with any of the following situations

Orofacial Dyskinesia
Oromandibular Dystonia
Parkinson's Disease
Huntington's Disease
Tourette's Syndrome
Hemifacial Spasms
Tardive Dyskinesia

B3.4 Gastrointestinal reflux disease (GERD)assessment

Feeling of burning behind your chest bone (heartburn)
0 days
1 day
2-3 days
4-7 days

The stomach content rises to the throat or mouth (reflux) 0 days
0 days
1 day
2-3 days
4-7 days

Nausea

0 days
1 day
2-3 days
4-7 days

Problems in sleeping due to heartburn, reflux of fulness in stomach
0 days
1 day
2-3 days
4-7 days

Need for over the counter pills against heartburn or reflux
0 days
1 day
2-3 days
4-7 days

B3.5 Autoimune disease or connective tissue disorders assessment

Have you ever been diagnosed with one of the following situations ?

Rheumatoid Arthritis
Lupus
FIBROMYALGIA(other rheumatoid diseases including fibromyalgia systemic sclerosis, rheumatic polymyalgia, mixed connective
Disease
Other systemic diseases including

B3.6 Attention deficit hyperactivity disorder

(ADHD)

Were you diagnosed with ADHD

B4. Prescribed medications and use of substances assessment

self-report

B4.1 substances (drugs)

Please indicate if you use street drugs (???) for social purpose

If yes, please indicate which drugs do you use

B4.2 Medications

Are you presently treated with any of the following drugs

Antidepressants (e.g., Selective serotonin-reuptake inhibitors)
Benzodiazepines
Neuroleptics, Antipsychotics, Antiemetics (Dopamine antagonists)
ADHD medication
Anti-allergic medication
Medical marijuana CBD
Medical marijuana TSH
Opioids
other_____

If yes, please indicate the names if the drugs and _____
quantity

B4.3 Tabac

Do you smoke or use tobacco

I stopped

If yes, hoe many cigarettes/cigars per say do you smoke_____

B4.4 Alcohol

Do you drink alcoholic beverages (beer, vine, liquers)

If yes, what is the quantity (glasses) per day_____

B4.5 Soft drinks

Do you drink regularly soft drinks (for example; Cola, red-bull, sprite, fanta)?

if yes, hoe many glasses/ per say do you drink_____

B5 .Additonal factors assessment

B5.1 Familiar Bruxism

Do you know if anyone in your family (father, mother, children) brux or clench their teeth

father/mother/son/daughter/grandfather/grandmother

do not know

B5.2 Familiar tooth wear

Do you know if anyone in your family (father, mother, children) has abraded teeth

father/mother/son/daughter/grandfather/grandmother

do not know

B5.3 (OSA) Familiar Obstructive sleep apnea

Do you know if anyone in your family (father, mother, children) suffers from obstructive sleep apnea

father/mother/son/daughter/grandfather/grandmother

do not know

B5.4 Familiar Orofacial pain

Do you know if anyone in your family (father, mother, children) experiences facial pain that is not from a dental origin

father/mother/son/daughter/grandfather/grandmother

do not know

B5.5 Familiar Gastrointestinal reflux disease (GERD)

Do you know if anyone in your family (father, mother, children) was diagnosed with GRED

father/mother/son/daughter/grandfather/grandmother

do not know