BRUXSCREEN-Q
BRUX SCREENER（BruxScreen）

Part I: Self-Report Questionnaire
Description.
This questionnaire assesses the possibility of the presence of bruxism and associated jaw symptoms. Bruxism is an activity of the jaw muscles that manifests itself in two different ways: a light or firm clenching of the teeth of the upper and lower jaws, and grinding of the teeth. Clenching is a motionless activity, while grinding is a movement of the lower jaw along the upper jaw. Grinding is usually accompanied by a grinding sound. Both of these activities can occur during sleep and while awake. Teeth grinding is usually harmless, but some people may experience discomfort such as pain in the jaws, jaw-muscle stiffness, or limited mouth opening. Please complete the following brief questionnaire so that your doctor can learn more about this jaw muscle activity. Please complete the questionnaire and return it to your dentist, who will perform a brief examination of your mouth, face, and teeth to confirm that the condition described in your questionnaire exists.
Thank you for your help!
Your Dentist

1. Bruxism
a. How often do you clench your teeth during sleep?
□ Never □ Sometimes □ Often □ Usually □ Always □ Don't know

b. How often do you grind your teeth during sleep?
□ Never □ Sometimes □ Often □ Usually □ Always □ Don't know

c. How often do you clench your teeth when you are awake?
□ Never □ Sometimes □ Often □ Usually □ Always □ Don't know

d. How often do you grind your teeth while awake?
□ Never □ Sometimes □ Often □ Usually □ Always □ Don't know

e. How often do you gently press, touch, or hold your teeth together (that is,contact between upper and lower teeth) when you are awake and not eating?
□ Never □ Sometimes □ Often □ Usually □ Always □ Don't know

f. How often do you firmly hold, tighten, or tense muscles while awake without clenching or bringing teeth together
□ Never □ Sometimes □ Often □ Usually □ Always □ Don't know

2.Jaw Symptoms
a.How often do you pain / discomfort / sensitivity / tiredness / tension / stiffness in your temple / face / jaw / jaw joint?

	Pain	Discomfort	Sensitivity	Tiredness	Tension	Stiffness

Upon Awakening	☐Never	☐Never	☐Never	☐Never	☐Never	☐Never
	☐Sometimes	☐Sometimes	☐Sometimes	☐Sometimes	☐Sometimes	☐Sometimes
	☐Often	☐Often	☐Often	☐Often	☐Often	☐Often
	☐Usually	☐Usually	☐Usually	☐Usually	☐Usually	☐Usually
	☐Always	☐Always	☐Always	☐Always	☐Always	☐Always
	☐Don't know	☐Don't know	☐Don't know	☐Don't know	☐Don't know	☐Don't know
Any Other Time	☐Never	☐Never	☐Never	☐Never	☐Never	☐Never
	☐Sometimes	☐Sometimes	☐Sometimes	☐Sometimes	☐Sometimes	☐Sometimes
	☐Often	☐Often	☐Often	☐Often	☐Often	☐Often
	☐Usually	☐Usually	☐Usually	☐Usually	☐Usually	☐Usually
	☐Always	☐Always	☐Always	☐Always	☐Always	☐Always
	☐Don't know	☐Don't know	☐Don't know	☐Don't know	☐Don't know	☐Don't know

b. How often do you feel the pain / discomfort / sensitivity / tiredness / tension / stiffness when opening your mouth or chewing

	Pain	Discomfort	Sensitivity	Tiredness	Tension	Stiffness
Upon Awakening	☐Never	☐Never	☐Never	☐Never	☐Never	☐Never
	☐Sometimes	☐Sometimes	☐Sometimes	☐Sometimes	☐Sometimes	☐Sometimes
	☐Often	☐Often	☐Often	☐Often	☐Often	☐Often
	☐Usually	☐Usually	☐Usually	☐Usually	☐Usually	☐Usually
	☐Always	☐Always	☐Always	☐Always	☐Always	☐Always
	☐Don't know	☐Don't know	☐Don't know	☐Don't know	☐Don't know	☐Don't know
Any Other Time	☐Never	☐Never	☐Never	☐Never	☐Never	☐Never
	☐Sometimes	☐Sometimes	☐Sometimes	☐Sometimes	☐Sometimes	☐Sometimes
	☐Often	☐Often	☐Often	☐Often	☐Often	☐Often
	☐Usually	☐Usually	☐Usually	☐Usually	☐Usually	☐Usually
	☐Always	☐Always	☐Always	☐Always	☐Always	☐Always
	☐Don't know	☐Don't know	☐Don't know	☐Don't know	☐Don't know	☐Don't know

c. How often do you feel your jaw locked or stuck?

(i) While eating

□ Never □ Sometimes □ Often □ Usually □ Always □ Don't know

(ii) Any other time

□ Never □ Sometimes □ Often □ Usually □ Always □ Don't know

BRUXSCREEN-C

Bruxism Screener (BruxScreen)

Part II: Clinical Assessment Form

Explanation

The purpose of this clinical assessment form is to detect signs associated with bruxism. First, the facial profile is examined for signs of hypertrophy of the masseter when the muscles are relaxed and when they are contracted. If in doubt, select “absent”. Second, inspect the oral cavity for signs associated with bruxism. Again, if in doubt, select “absent”. Third, inspect the teeth for tooth wear. Please follow the scoring rules as indicated. If in doubt between the two scores, select the lower one. At the same time, indicate whether the observed tooth wear is primarily mechanical or chemical or both.

1. Extra-oral inspection

a. Masseter muscle hypertrophy (observed while the muscles are relaxed)

□ Absent □ Present

b. Masseter muscle hypertrophy (observed while the muscles are contracted)

□ Absent □ Present

2. Intra-oral inspection of non-dental tissues

a. Lips (indentations)

□ Absent □ Present

b. Cheek (Linea alba buccalis)

□ Absent □ Present

c. Tongue (indentations)

□ Absent □ Present

d. Tongue (traumatic lesions)

□ Absent □ Present

e. Alveolar bone (exogeneity tuberosity/osteoclastic prominence)

□ Absent □ Present

3. Intra-oral inspection of dental tissues

a. Scale of wear on the occlusive part and incisal ends of the teeth

(0) No visible wear (1) Visible wear, limited to enamel layer (2) Visible wear, exposed dentin, clinical crown height loss ≤1/3 (3) Visible wear, clinical crown height loss >1/3 but <2/3 (4) Visible wear, clinical crown height loss ≥2/3

b. Tongue Wear Scale

(0) No visible wear (1) Wear limited to enamel (2) Wear into the dentin

Sextant 1 occlusive part	Sextant 2 incisal ends	Sextant 3 occlusive part
0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	Sextant 2 – tongue	
	0 1 2	
Sextant 6 occlusive part	Sextant 5 incisal ends	Sextant 4 occlusive part
0 1 2 3 4	0 1 2 3 4	0 1 2 3 4

c. Observed tooth wear was:

□ Mainly mechanical

□ Mainly chemical

□ Mechanical and chemical