BRUXSCREEN-Q

BruxScreen

Part I: Self-report questionnare

Explanation

This questionnare assesses the possible presence of bruxism and its related jaw symptoms. Bruxism is an activity of the jaw muscles that manifests itself in two different ways: the light or tight clenching of the jaws and teeth, or the 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 grinding sounds. Both of these activities can occur during sleep and while awake. The bruxism activity 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 understand more about this jaw muscle activity. Please hand the completed questionnaire to your dentist, who will perform a brief examination on your mouth, face, and teeth to confirm the presence of the condition you discribed in this questionnaire.

Thank you for your help!

Your dentist.

1.Bruxism

a.During sleep, how often do you clench your teeth?

□ Never □ Sometimes □ Regularly □ Often □ Always □ Don’t know

b.During sleep, how often do you grind your teeth?

□ Never □ Sometimes □ Regularly □ Often □ Always □ Don’t know

c.While awake, how often do you clench your teeth?

□ Never □ Sometimes □ Regularly □ Often □ Always □ Don’t know

d.While awake, how often do you clench your teeth?

□ Never □ Sometimes □ Regularly □ Often □ Always □ Don’t know

e.While awake and not eating, how often do you lightly press, touch, or hold your teeth together (that is,contact between upper and lower teeth)?

□ Never □ Sometimes □ Regularly □ Often □ 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 □ Regularly □ Often □ Always □ Don’t know

2.Jaw Symptoms

a.How often do you feel pain/unpleasant/sensitivity/tiredness/tension/stiffness in your temple/face/jaw/jaw joint?

	Pain	Unpleasant	Sensitivity	Tiredness	Tension	Stiffness
Upon	□ never	□ never	□ never	□ never	□ never	□ never

Awakening	□ sometimes	□ sometimes	□ sometimes	□ sometimes	□ sometimes	□ sometimes
	□ regularly	□ regularly	□ regularly	□ regularly	□ regularly	□ regularly
	□ often	□ often	□ often	□ often	□ often	□ often
	□ 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
	□ regularly	□ regularly	□ regularly	□ regularly	□ regularly	□ regularly
	□ often	□ often	□ often	□ often	□ often	□ often
	□ 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 pain/unpleasant/sensitivity/tiredness/tension/stiffness when you open your mouth or chew?

	Pain	Unpleasant	Sensitivity	Tiredness	Tension	Stiffness
During eating	□ never	□ never	□ never	□ never	□ never	□ never
	□ sometimes	□ sometimes	□ sometimes	□ sometimes	□ sometimes	□ sometimes
	□ regularly	□ regularly	□ regularly	□ regularly	□ regularly	□ regularly
	□ often	□ often	□ often	□ often	□ often	□ often
	□ 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
	□ regularly	□ regularly	□ regularly	□ regularly	□ regularly	□ regularly
	□ often	□ often	□ often	□ often	□ often	□ often
	□ 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 does your jaw lock or stuck?

(i) During meals

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

(ii) Any other time

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

BRUXSCREEN-C

BruxScreen

Part II: Clinical Assessment Form

Explanation

This clinical assessment form aims to discover signs associated with bruxism.First, the facial profile is examined for signs of hypertrophy of the masseter when the muscles are relaxed when they are contracted. In case of doubt select "absent". Second, inspect the oral cavity for signs with bruxism. Also, in case of 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. In addition, please indicate whether the observed tooth wear is mainly 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. lip (indentations)

□ Absent □ Present

b. cheek (linea alba)

□ Absent □ Present

c. tongue (indentations)

□ Absent □ Present

d. tongue (traumatic lesions)

□ Absent □ Present

e. Alveolar bone (exostoses/tori)

□ Absent □ Present

3. Intraoral inspection of dental tissues

a.Occlusal/Incisal wear grading of tooth

（0）no visible wear（1）visible wear limited in enamel layer（2）visible wear with dentine exposure and loss of clinical crown height ≤1/3（3）visible wear with loss of clinical crown height >1/3 but <2/3（4）visible with loss of clincial crown ≥2/3

b.Lingual wear grading

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

Sextant 1 Occlusal	Sextant 2 Incisal	Sextant 3 Occlusal
0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	Sextant 2 – Lingual	
	0 1 2	
Sextant 6 Occlusal	Sextant 5 Incisal	Sextant 4 Occlusal
0 1 2 3 4	0 1 2 3 4	0 1 2 3 4

c.The observed tooth wear is:

□ Mainly mechanical

□ Mainly chemical

□ Both mechanical and chemical