Discrepancies have been highlighted

BRUXSCREEN-Q
Bruxism Screening (BruxScreen)

Part I: Self-Report Questionnaire

Description:
This questionnaire evaluates the potential presence of bruxism and its related jaw symptoms. Bruxism is an activity of the jaw muscles that manifests in two distinct ways: as light or strong clenching of the jaw and teeth, or as grinding of the teeth. Clenching is a static activity, whereas during grinding, the lower jaw moves along the upper jaw. Grinding is often accompanied by grinding sounds. These activities can occur both during sleep and while awake. Usually, bruxism is a harmless activity; however, in some individuals, it may lead to potential consequences such as jaw pain, stiffness in the chewing muscles, or limitations in mouth opening.

You are kindly requested to answer the brief questionnaire below, enabling your dentist to gather more information regarding the potential presence of this jaw muscle activity. Please hand the fully completed questionnaire to your dentist. Your dentist will subsequently conduct a brief examination of your jaws and teeth as to confirm the presence of any conditions you have indicated in the questionnaire.

Thank you for your assistance!
Your Dentist

1. Bruxism
a. How often do you clench your teeth while sleeping?
☐ Never
☐ Rarely
☐ Sometimes
☐ Often
☐ Always
☐ Don't know

b. How often do you grind your teeth while sleeping?
☐ Never
☐ Rarely
☐ Sometimes
☐ Often
☐ Always
☐ Don't know

c. How often do you clench your teeth while awake?

☐ Never
☐ Rarely
☐ Sometimes
☐ Often
☐ Always
☐ Don't know

d. How often do you grind your teeth while awake?

☐ Never
☐ Rarely
☐ Sometimes
☐ Often
☐ Always
☐ Don't know

e. How often do you lightly press, touch, or bring your upper and lower teeth together, aside from when eating?

☐ Never
☐ Rarely
☐ Sometimes
☐ Often
☐ Always
☐ Don't know

f. How often do you firmly contract or tense your jaw muscles without clenching or touching your teeth together while awake?

☐ Never
☐ Rarely
☐ Sometimes
☐ Often
☐ Always
☐ Don't know

2. Jaw Symptoms

a. How often do you experience pain, discomfort, tenderness, fatigue, tension, or stiffness in your temple, face, jaw, or jaw joint?

Symptom	Upon Waking Up	At Any Other Time During the Day
Pain	☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Don't know	☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Don't know
Discomfort	☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Don't know	☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Don't know
Tenderness	☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Don't know	☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Don't know
Fatigue	☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Don't know	☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Don't know

Symptom	Upon Waking Up	At Any Other Time During the Day
Tension	☐ Never	☐ Never
	☐ Rarely	☐ Rarely
	☐ Sometimes	☐ Sometimes
	☐ Often	☐ Often
	☐ Always	☐ Always
	☐ Don't know	☐ Don't know
Stiffness	☐ Never	☐ Never
	☐ Rarely	☐ Rarely
	☐ Sometimes	☐ Sometimes
	☐ Often	☐ Often
	☐ Always	☐ Always
	☐ Don't know	☐ Don't know

b. How often do you experience pain, discomfort, tenderness, fatigue, tension, or stiffness in your temples, face, jaw, or jaw joint when opening your mouth or while chewing?

Symptom	During Meals	At Other Times
Pain	☐ Never	☐ Never
	☐ Rarely	☐ Rarely
	☐ Sometimes	☐ Sometimes
	☐ Often	☐ Often
	☐ Always	☐ Always
	☐ Don't know	☐ Don't know
Discomfort	☐ Never	☐ Never

Symptom	During Meals	At Other Times
	☐ Rarely	☐ Rarely
	☐ Sometimes	☐ Sometimes
	☐ Often	☐ Often
	☐ Always	☐ Always
	☐ Don't know	☐ Don't know
Tenderness	☐ Never	☐ Never
	☐ Rarely	☐ Rarely
	☐ Sometimes	☐ Sometimes
	☐ Often	☐ Often
	☐ Always	☐ Always
	☐ Don't know	☐ Don't know
Fatigue	☐ Never	☐ Never
	☐ Rarely	☐ Rarely
	☐ Sometimes	☐ Sometimes
	☐ Often	☐ Often
	☐ Always	☐ Always
	☐ Don't know	☐ Don't know
Tension	☐ Never	☐ Never
	☐ Rarely	☐ Rarely
	☐ Sometimes	☐ Sometimes
	☐ Often	☐ Often
	☐ Always	☐ Always
	☐ Don't know	☐ Don't know
Stiffness	☐ Never	☐ Never
	☐ Rarely	☐ Rarely

Symptom	During Meals	At Other Times
	☐ Sometimes	☐ Sometimes
	☐ Often	☐ Often
	☐ Always	☐ Always
	☐ Don't know	☐ Don't know

c. How often do you experience jaw locking or sticking?

(i) **During meals:**
☐ Never
☐ Rarely
☐ Sometimes
☐ Often
☐ Always
☐ Don't know

(ii) **Any other time:**
☐ Never
☐ Rarely
☐ Sometimes
☐ Often
☐ Always
☐ Don't know

BRUXSCREEN-C
Bruxism Screening Guide (BruxScreen)
Part II: Clinical Assessment Form

Explanation
This clinical assessment tool aims to identify signs that may be associated with bruxism. First, the facial contours are examined for potential hypertrophy of the masseter muscles. This examination is performed both when the muscles are relaxed and contracted. In case of doubt, select "absent." Second, the oral cavity is examined for signs that may be associated with bruxism. Similarly, if there is any doubt, select "absent." Third, the teeth are evaluated for wear. Please follow the scoring rules provided. If uncertain between two scores, select the lower one. Additionally, specify whether the observed tooth wear is primarily mechanical (e.g., due to tooth-to-tooth contact), chemical, or a combination of both.

1. Extraoral Examination

a. **Masseter muscle hypertrophy (when muscles are relaxed):**
☐ Absent
☐ Present

b. **Masseter muscle hypertrophy (when muscles are contracted):**
☐ Absent
☐ Present

2. Intraoral Examination (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 Examination of Teeth

a. **Occlusal/Incisal Wear Per Sextant:**

- **(0):** No visible wear
- **(1):** Wear visible within enamel boundaries
- **(2):** Exposure of dentin with a loss of ≤1/3 of the clinical crown height
- **(3):** Loss of >1/3 but <2/3 of the clinical crown height
- **(4):** Loss of ≥2/3 crown height

b. **Palatal Wear in Sextant 2:**

- **(0):** No visible wear
- **(1):** Wear limited to enamel
- **(2):** Wear reaching dentin

Wear Assessment Per Sextant:

Sextant	0	1	2	3	4
Sextant 1 – Occlusal	☐	☐	☐	☐	☐
Sextant 2 – Incisal	☐	☐	☐		
Sextant 3 – Occlusal	☐	☐	☐	☐	☐
Sextant 2 – Palatal	☐	☐	☐		
Sextant 6 – Occlusal	☐	☐	☐	☐	☐
Sextant 5 – Incisal	☐	☐	☐		
Sextant 4 – Occlusal	☐	☐	☐	☐	☐

c. Cause of Tooth Wear:
☐ Primarily mechanical
☐ Primarily chemical
☐ Both mechanical and chemical