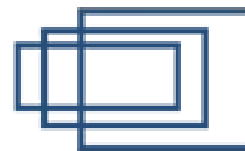


BRUXSCREEN



Original language: English

Translation to: _____

Date of translation: _____

Translation team

Project leader: _____

Team leader: _____

Study coordinator 1: _____

Study coordinator 2: _____

Study coordinator 3: _____

Forward translator 1: _____

Forward translator 2: _____

Back- translator 1: _____

Back- translator 2: _____

Collaborators

Expert panellist 1: _____

Expert panellist 2: _____

Expert panellist 3: _____

Expert panellist 4: _____

Expert panellist 5: _____



BruxScreen-Q _____

Bruxism Screener (BruxScreen) _____

Part I: self-report questionnaire

Explanation _____

This questionnaire assesses the possible presence of bruxism and its related jaw symptoms. Bruxism is an activity of the jaw muscles that expresses itself in two different ways: as light or firm clenching of the jaws and teeth, or as grinding of the teeth. Clenching is a motionless activity, while during grinding the lower jaw moves along the upper jaw. Grinding is usually accompanied by grinding sounds. Both activities can occur during sleep and while awake. Usually, bruxism is a harmless activity, but some individuals suffer from some possible consequences, like pain in the jaws, jaw-muscle stiffness, or a limited mouth opening. You are kindly requested to answer the brief questionnaire below, so that your dentist will have more information available about the possible presence of this jaw-muscle activity. Please hand the fully completed questionnaire to your dentist, who will subsequently perform a brief inspection of your jaws and teeth as to confirm the presence of the conditions that you have indicated on this questionnaire.

Thank you for your help!

Your dentist

Thank you for your help!

Your dentist

1. Bruxism _____

a. How often do you clench your teeth during sleep?

- ☐ never, _____, ☐ sometimes, _____,
☐ regularly, _____, ☐ often, _____,
☐ always, _____, ☐ don't know _____

b. How often do you grind your teeth during sleep?

- ☐ never, _____, ☐ sometimes, _____,
☐ regularly, _____, ☐ often, _____,
☐ always, _____, ☐ don't know _____

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

- ☐ never, _____, ☐ sometimes, _____,
☐ regularly, _____, ☐ often, _____,
☐ always, _____, ☐ don't know _____

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

- ☐ never, _____, ☐ sometimes, _____,
☐ regularly, _____, ☐ often, _____,
☐ always, _____, ☐ don't know _____

e. How often do you lightly press, touch, or hold teeth together while awake other than while eating (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 experience pain/unpleasantness/sensitivity/tiredness/tension/stiffness in your temple, face, jaw, or jaw joint?

	Pain	Unpleasantness	Sensitivity	Tiredness	Tension	Stiffness
Upon awakening _____ _____	☐ never _____ ☐ sometimes _____ ☐ regularly _____ ☐ often _____ ☐ always _____ ☐ don't know _____	☐ never _____ ☐ sometimes _____ ☐ regularly _____ ☐ often _____ ☐ always _____ ☐ don't know _____	☐ never _____ ☐ sometimes _____ ☐ regularly _____ ☐ often _____ ☐ always _____ ☐ don't know _____	☐ never _____ ☐ sometimes _____ ☐ regularly _____ ☐ often _____ ☐ always _____ ☐ don't know _____	☐ never _____ ☐ sometimes _____ ☐ regularly _____ ☐ often _____ ☐ always _____ ☐ don't know _____	☐ never _____ ☐ sometimes _____ ☐ regularly _____ ☐ often _____ ☐ always _____ ☐ don't know _____
Any other time _____ _____	☐ never _____ ☐ sometimes _____ ☐ regularly _____ ☐ often _____ ☐ always _____ ☐ don't know _____	☐ never _____ ☐ sometimes _____ ☐ regularly _____ ☐ often _____ ☐ always _____ ☐ don't know _____	☐ never _____ ☐ sometimes _____ ☐ regularly _____ ☐ often _____ ☐ always _____ ☐ don't know _____	☐ never _____ ☐ sometimes _____ ☐ regularly _____ ☐ often _____ ☐ always _____ ☐ don't know _____	☐ never _____ ☐ sometimes _____ ☐ regularly _____ ☐ often _____ ☐ always _____ ☐ don't know _____	☐ never _____ ☐ sometimes _____ ☐ regularly _____ ☐ often _____ ☐ always _____ ☐ don't know _____

- b. How often do you experience pain/unpleasantness/sensitivity/tiredness/tension/stiffness in your temple, face, jaw, or jaw joint when you open your mouth or chew?

	Pain	Unpleasantness	Sensitivity	Tiredness	Tension	Stiffness
During meals _____ _____	☐ never _____ ☐ sometimes _____ ☐ regularly _____ ☐ often _____ ☐ always _____ ☐ don't know _____	☐ never _____ ☐ sometimes _____ ☐ regularly _____ ☐ often _____ ☐ always _____ ☐ don't know _____	☐ never _____ ☐ sometimes _____ ☐ regularly _____ ☐ often _____ ☐ always _____ ☐ don't know _____	☐ never _____ ☐ sometimes _____ ☐ regularly _____ ☐ often _____ ☐ always _____ ☐ don't know _____	☐ never _____ ☐ sometimes _____ ☐ regularly _____ ☐ often _____ ☐ always _____ ☐ don't know _____	☐ never _____ ☐ sometimes _____ ☐ regularly _____ ☐ often _____ ☐ always _____ ☐ don't know _____
Any other time _____ _____	☐ never _____ ☐ sometimes _____ ☐ regularly _____ ☐ often _____ ☐ always _____ ☐ don't know _____	☐ never _____ ☐ sometimes _____ ☐ regularly _____ ☐ often _____ ☐ always _____ ☐ don't know _____	☐ never _____ ☐ sometimes _____ ☐ regularly _____ ☐ often _____ ☐ always _____ ☐ don't know _____	☐ never _____ ☐ sometimes _____ ☐ regularly _____ ☐ often _____ ☐ always _____ ☐ don't know _____	☐ never _____ ☐ sometimes _____ ☐ regularly _____ ☐ often _____ ☐ always _____ ☐ don't know _____	☐ never _____ ☐ sometimes _____ ☐ regularly _____ ☐ often _____ ☐ always _____ ☐ don't know _____

c. How often does your jaw lock or become stuck?

i. During meals: _____

☐ never, _____, ☐ sometimes, _____,
☐ regularly, _____, ☐ often, _____,
☐ always, _____, ☐ don't know _____

ii. Any other time: Em qualquer outro momento. _____

☐ never, _____, ☐ sometimes, _____,
☐ regularly, _____, ☐ often, _____,
☐ always, _____, ☐ don't know _____



BruxScreen-C

Bruxism Screener (BruxScreen) _____

Part II: clinical assessment form

Explanation

This clinical assessment tool aims at identifying signs that may be associated with bruxism. First, the facial outline is inspected for possible hypertrophy of the masseter muscles, both while the muscles are relaxed and when they are contracted. In case of doubt, select 'absent'. Second, the oral cavity is inspected for signs that may be associated with bruxism. Also in this case, when in doubt, select 'absent'. Third, the teeth are inspected for tooth wear. Please follow the scoring rules as indicated. In case of doubt between two scores, select the lower one. In addition, please indicate if the observed tooth wear is mainly mechanical (i.e., due to tooth-to-tooth contact), mainly chemical, or both.

[illegible]

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 impressions _____

☐ absent, _____, ☐ present _____

b. Cheek impressions _____

☐ absent, _____, ☐ present _____

c. Tongue scalloping _____

☐ absent, _____, ☐ present _____

d. Tongue traumatic lesions _____

☐ absent, _____, ☐ present _____

e. Alveolar bone exostoses/tori

☐ absent, _____, ☐ present _____

3. Intra-oral inspection of dental tissues

a. Occlusal/incisal wear per sextant _____

(0) no visible wear, _____

(1) visible wear within the enamel, _____

(2) visible wear with dentin exposure and loss of clinical crown height of $\leq 1/3$,

(3) loss of crown height $> 1/3$ but $< 2/3$, (4) loss of crown height $\geq 2/3$

b. Palatal wear in sextant no. 2 _____

(0) no visible wear, _____

(1) wear confined to the enamel, _____

(2) wear into the dentine _____

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 – palatinal	
	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 _____