BACK TRANSLATION 2

BruxScreen-Q
Bruxism Screening Tool (BruxScreen)
Part I: Self-administered Questionnaire

Explanation

This questionnaire evaluates the possible presence of bruxism and related mandibular symptoms. Bruxism is an activity of the masticatory muscles that may present in two distint forms: as mild or intense clenching of the jaws and teeth, or as grinding of the teeth. Clenching is an activity without movement, whereas grinding involves movement of the mandible relative to the maxilla. Grinding is usually accompanied by a grinding sound. Both forms may occur during sleep and during wakefulness.

In general, bruxism is a harmless activity; however, some individuals may experience consequences such as jaw pain, stiffness of the masticatory muscles, and restricted mouth opening. We kindly ask you to complete the brief questionnaire below so that your dentist has more information available regarding the possible presence of this muscular activity. Please return the fully completed questionnaire to your dentist, who will then perform a brief examination of your teeth and face to confirm the presence of the conditions you indicated in this questionnaire.

Thank you for your cooperation.

Your dentist

1. Bruxism

a. How frequently do you clench your teeth during sleep?
Never, Sometimes, Regularly, Frequently, Always, I don’t know.

b. How often do you grind your teeth during sleep?
Never, Sometimes, Regularly, Frequently, Always, I don’t know.

c. How often do you clench your teeth while awake?
Never, Sometimes, Regularly, Frequently, Always, I don’t know.

d. How often do you grind your teeth while awake?
Never, Sometimes, Regularly, Frequently, Always, I don’t know.

e. How often do you gently clench, touch, or hold your teeth in contact while awake, except when eating (i.e., maintaining contact between the upper and lower teeth)?
Never, Sometimes, Regularly, Frequently, Always, I don’t know.

f. How often do you hold, contract, or tense your muscles while awake, without clenching or touching your teeth?
Never, Sometimes, Regularly, Frequently, Always, I don’t know.

2. Mandibular symptoms

a. How often do you feel pain/discomfort/sensitivity/fatigue/tension/stiffness in your temples, face, mandible, or TMJs?
Upon waking
At any other time
Pain, Discomfort, Sensitivity, Fatigue, Tension, Stiffness
Never, Sometimes, Regularly, Frequently, Always, I don't know.

b. How often do you feel pain/discomfort/sensitivity/fatigue/tension/stiffness in your temples, face, mandible, or TMJs when you open your mouth or chew?

During meals

At any other time

Pain, Discomfort, Sensitivity, Fatigue, Tension, Stiffness
Never, Sometimes, Regularly, Frequently, Always, I don't know.

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

I. During meals
Never, Sometimes, Regularly, Frequently, Always, I don't know.

II. At any other time
Never, Sometimes, Regularly, Frequently, Always, I don't know.

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

Explanation

This clinical assessment tool aims to identify signs that may be associated with bruxism. First, the facial contour is evaluated to determine whether there is hypertrophy of the masseter muscles, both during contraction and at rest. In case of doubt, select "Absent."

Second, the oral cavity is inspected for signs that may be related to bruxism. Again, if there is any doubt, select "Absent."

Third, the teeth are examined for tooth wear. Please follow the scoring rules as indicated. If there is doubt between two scores, select the lower one. Additionally, please specify whether the observed wear is predominantly mechanical (i.e., due to contact between two teeth), predominantly chemical, or a combination of both.

1. Extraoral inspection

a. Hypertrophy of the masseter muscles (observed with the muscles relaxed)
Absent / Present
b. Hypertrophy of the masseter muscles (observed with the muscles contracted)
Absent / Present

2. Intraoral inspection of non-dental tissues

a. Marks on the lips
b. Marks on the cheeks
c. Tongue indentations
d. Traumatic lesions on the tongue
e. Alveolar bony exostoses / tori

1. Inspeção intra oral de tecidos dentários
a. Occlusal/ Incisal wear per sextante

0 – no visible wear, 1- visible wear within the enamel, 2- visible wear with dentin exposure and loss of clinical crown of ≤1/3, 3- Loss of crown height > 1/3 but <2/3, 4- loss of crown height ≥2/3

b. Palatal wear in sextant number 2
0- No visible wear, 1- wear confined to the enamel, 2- wear into the dentine.

Sextante 1- Oclusal, Sextante 2 - Incisal, Sextante 2 - Palatina Sextante 3- Oclusal, Sextante 4- Oclusal, Sextante 5- Incisal, Sextante 6 - Oclusal

c. The observed tooth wear is
d. Mainly mechanical, mainly Chemical, both mechanical and chemical