PORTUGUESE (PORTUGAL)
TRANSLATION PROJECT

SYNTHESIS FORWARD TRANSLATION

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BRUXSCREEN- Q
Bruxism Screening

Part I: Questionnaire for self-assesment

Explanation

This questionnaire evaluates the possible presence of bruxism and symptoms associated with the jaws.

Bruxism is an activity of the masticatory muscles that manifests itself in two different ways: through the light or firm clenching of the jaws and teeth, or through the grinding of the teeth. Clenching is a static activity, while during grinding the jaw moves relative to the maxilla. Grinding is usually accompanied by sounds resulting from friction between the teeth. Both activities can occur during sleep or while the person is awake. Usually, bruxism is a harmless behavior, but some people may develop symptoms, such as jaw pain, stiffness of the chewing muscles, or limitation in opening the mouth.

Please complete this short questionnaire so that your dentist has more information about the possible presence of this mandibular muscle activity. Please hand over the fully completed questionnaire to your dentist, who will then perform a brief orofacial clinical examination to confirm the presence of the conditions you indicated in this questionnaire.

Thank you for your cooperation!
Your dentist

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

☐ Never ☐ Some of the time ☐ Regularly ☐ Many time ☐ Always ☐ Don't know

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

☐ Never ☐ Some of the time ☐ Regularly ☐ Many time ☐ Always ☐ Don't know

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

☐ Never ☐ Some of the time ☐ Regularly ☐ Many time ☐ Always ☐ Don't know

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

☐ Never ☐ Some of the time ☐ Regularly ☐ Many time ☐ Always ☐ Don't know

e. How often do you press, touch, or maintain the teeth slightly together while awake, except while eating (that means the contact between teeth in the upper and lower jaw)?

☐ Never ☐ Some of the time ☐ Regularly ☐ Many time ☐ Always ☐ Don't know

f. How often do you contract or place tension on your muscles while awake, without clenching or touching the teeth?

☐ Never ☐ Some of the time ☐ Regularly ☐ Many time ☐ Always ☐ Don't know

2. Maxillary symptoms

a. How often do you experience pain/discomfort/tenderness/tiredness/tension/stiffness in your temples, face, jaws, or temporomandibular joints?

		Pain	**Disconfort**	**Sensivity**	**Tiredness**	**Tension**	**Stiffness**
Upon awakening	Never						
	Some of the time						
	Regularly						
	Frequently						
	Always						
	Don't know						
At any other moment	Never						
	Some of the time						
	Regularly						
	Frequently						
	Always						
	Don't know						

b. How often do you experience pain/discomfort/tenderness/tiredness/tension/stiffness in your temples, face, jaws, or temporomandibular joints when you open your mouth or chew?

		Pain	Disconfort	Sensivity	Tiredness	Tension	Stiffness
Upon awakening	Never						
	Some of the time						
	Regularly						
	Frequently						
	Always						
	Don't know						
At any other moment	Never						
	Some of the time						
	Regularly						
	Frequently						
	Always						
	Don't know						

c. How often does your mandible get blocked or stuck?

(i) During meals:

☐ Never ☐ Some of the time ☐ Regularly ☐ Many times ☐ Always ☐ Don't know

(ii) At any other moment:

☐ Never ☐ Some of the time ☐ Regularly ☐ Many times ☐ Always ☐ Don't know

BRUXSCREEN- C
Bruxismo Screening

Part II: Clinical Assessment Report

Explanation

This clinical assessment instrument aims to identify signs that may be associated with bruxism. First, the facial contour is observed to detect possible hypertrophy of the masseter muscles, both when they are relaxed and when they are contracted. When in doubt, select "away." Secondly, the oral cavity is inspected for signs that may be associated with bruxism. Also in this case, if in doubt, select "absence". Third, teeth are inspected for tooth wear. Please follow the scoring rules as indicated. When in doubt between two scores, select the lower one. Third, teeth are inspected for tooth wear. If

in doubt between two scores, select the lower one. Also, indicate whether the observed tooth wear is primarily mechanical (meaning, due to interdental contact), mostly chemical, or both.

1. Extra-oral inspection
   a. Masseter muscle hypertrophy (observed while muscles are relaxed)
      □ absence, □ present
   b. Masseter muscle hypertrophy (observed while muscles are contracted)
      □ absence, □ present
2. Intra-oral inspection of the non-dental tissues
   a. Lip (indentations) □ absence, □ present
   b. Cheek (linea alba) □ absence, □ present
   c. Tongue (indentations) □ absence, □ present
   d. Tongue (traumatic lesions) □ absence, □ present
   e. Alveolar bone (exostosis/torus) □ absence, □ present

3. Intra-oral inspection of the dental tissues
   a. Occlusal wear/incisors per sextant

   (0) No visible wear, (1) visible wear restricted to enamel, (2) visible wear with dentin exposure and clinical crown height loss of ≤1/3, (3) crown height loss >1/3 but <2/3, (4) crown height loss ≥2/3

   b. Palatal wear in the 2nd sextant

   (0) without visible wear, (1) wear confined to the enamel, (2) wear up to the dentin

1º Sextant - occlusal	2º Sextant - incisors	3º Sextant - occlusal
0 1 2 3 4	0 1 2 3 4	0 1 2 3 4
	2º Sextant - palatal	
	0 1 2	
6º Sextant - occlusal	**5º Sextant - incisors**	**4º Sextant - occlusal**
0 1 2 3 4	0 1 2 3 4	0 1 2 3 4

c. The observed dental wear is:

☐ mainly mechanic, ☐ mainly chemistry, ☐ mechanic and chemistry