

BRUXSCREEN- Q

SYNTHESYS BACK TRANSLATIONS

Authors: João Ferreira (BT1), Francisco Vicente (BT2), André Almeida (SC2)

BRUXSCREEN- Q

Bruxism Screening

Part I: Self-Assessment Questionnaire

Explanation

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

Bruxism is an activity of the masticatory muscles that manifests itself in two different ways: by lightly or firmly clenching the jaws and teeth, or by grinding the teeth. Clenching is a static activity, whereas during grinding the jaw moves in relation to the maxilla. Grinding is usually accompanied by sounds that result from the friction between teeth. Both activities can occur during sleep or while the person is awake. Bruxism is usually harmless, but some people may develop symptoms such as jaw pain, stiffness in the masticatory muscles, or limited mouth opening.

You are asked to answer this short questionnaire, so that your dentist has more information about the possible presence of this mandibular muscular activity. Please hand in the completed questionnaire to your dentist, who will then perform a brief orofacial clinical examination to confirm the presence of the conditions you have indicated in this questionnaire.

Thank you for your cooperation!
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 during sleep 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 press, touch, or lightly clench your teeth while awake , except while eating (i.e, contact between upper and lower jaw teeth)?

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

f. How often do you contract or tense your muscles while awake, without clenching or grinding your teeth?

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

2. Jaw symptoms

a. How often do you experience

pain/discomfort/sensitivity/tiredness/tension/stiffness in your temples, face, jaws, or temporomandibular joints?

		Pain	Discomfort	Sensitivity	Fatigue	Tension	Stiffness
Upon awakening	Never						
	Sometimes						
	Regularly						
	Often						
	Always						
	Don't know						
At any other time	Never						
	Sometimes						
	Regularly						
	Frequently						
	Always						
	Don't know						

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

		Pain	Discomfort	Sensitivity	Fatigue	Tension	Stiffness
Upon awakenin g	Never						
	Sometimes						
	Regularly						
	Often						
	Always						
	Don't know						
At any other time	Never						
	Sometimes						
	Regularly						
	Frequently						
	Always						
	Don't know						

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

(i) During meals:

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

(ii) At any other time:

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

BRUXSCREEN- C
Bruxism Screening

Part II: Clinical evaluation form

Explanation

This clinical assessment tool aims to identify signs that may be associated with bruxism. First, observe the facial contour to detect possible hypertrophy of the

masseter muscles, both when relaxed and when contracted. If in doubt, select “absent”. Second, the oral cavity is inspected to identify signs that may be associated with bruxism. Again, if in doubt, select “absent”. Third, the teeth are inspected for dental wear. Please follow the scoring rules as indicated. If in doubt between two scores, select the lower one. Thirdly, the teeth are inspected for dental wear. If in doubt between two scores, select the lower one. In addition, indicate whether the dental wear observed is mainly mechanical (i.e., due to interdental contact), mainly 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. Intraoral inspection of non-dental tissues

- a. Lip (indentations) ☐ absent, ☐ present
- b. Cheek (linea alba) ☐ absent, ☐ present
- c. Tongue (indentations) ☐ absent, ☐ present
- d. Tongue (traumatic injuries) ☐ absent, ☐ present
- e. Alveolar bone (exostoses/torus) ☐ absent, ☐ present

3. Intraoral inspection of dental tissues

- a. Occlusal/incisal wear by sextant
(0) no visible wear, (1) visible wear restricted to enamel, (2) visible wear with dentin exposure and clinical crown height loss of $\leq 1/3$, (3) crown height loss $> 1/3$ but $< 2/3$, (4) crown height loss $\geq 2/3$
- b. Palatal wear in the 2nd sextant
(0) no visible wear, (1) wear confined to enamel, (2) wear down to dentin

1 st sextant - occlusal	2 nd sextant - incisal	3 rd sextant - occlusal
0 1 2 3 4	0 1 2 3 4	0 1 2 3 4

2nd sextant - palatal

0 1 2

6 th sextant - occlusal	5 th sextant - incisal	4 th sextant - occlusal
0 1 2 3 4	0 1 2 3 4	0 1 2 3 4

c. The observed dental wear is:

☐ mostly mechanical, ☐ mostly chemical, ☐ mechanical and chemical