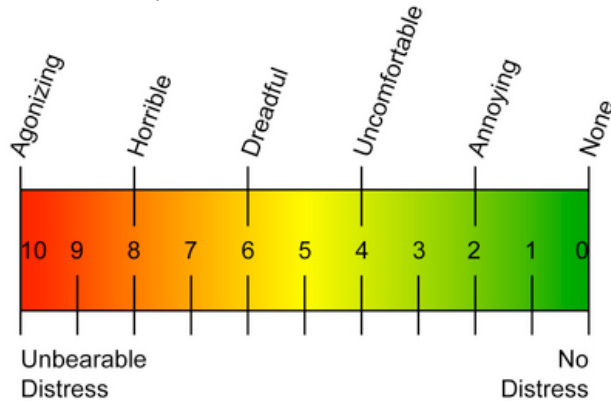


### Tooth Grinding Questionnaire

Use the Scoring Chart below. Put a cross when answering each question depending on how you describe or score your pain or lack of pain.



Task \_\_\_\_\_

Date \_\_\_\_\_ Start \_\_\_\_\_ End \_\_\_\_\_

- 1) Touch your 'clenching muscles' on the side of your jaw. How tender are they?
- 2) Gently move you jaw from side to side with your teeth in contact. How much pain is there?
- 3) Look in the mirror at the surfaces of your teeth, are they worn?
- 4) Opening your jaw in the morning. Do you experience any pain?
- 5) Do you drink carbonated beverages?
- 6) Are you aware of a sour taste in your mouth upon awakening?
- 7) Sleep start-sleep within 5 minutes/10 minutes/20 minutes
- 8) Sleep pattern- regular/intermittent/ interruption.
- 9) Do you anticipate pain when biting?.
- 10) Has your dentist made you aware of cracks in your teeth?
- 11) Do you have regular headaches?
- 12) Do you have tension pain in you neck and shoulders?

If you find you have excessive jaw, tooth or muscle pain, your first action is to consult a dentist. They will establish if there is anything physical that requires their attention. If your teeth grinding symptoms continue and you notice interrupted sleep or muscle pain and tension, contact us.