

Oral Behaviors Checklist

How often do you do each of the following behaviors, based on **the last month**? If the frequency of the behavior varies, choose the higher option.

BEHAVIORS DURING SLEEP		None of the time	< 1 night / month	1-3 nights / month	1-3 nights / week	4-7 nights / week
1	Clench or grind teeth when asleep , based on any information you may have	0	1	2	3	4
2	Sleep in a position that puts pressure on the jaw (for example, on stomach, on the side)	0	1	2	3	4
BEHAVIORS DURING WAKING HOURS		None of the time	A little of the time	Some of the time	Most of the time	All of the time
3	Grind teeth together during waking hours	0	1	2	3	4
4	Clench teeth together during waking hours	0	1	2	3	4
5	Press, touch or hold teeth together other than while eating (that is, contact between upper and lower teeth)	0	1	2	3	4
6	Hold, tighten, or tense muscles without clenching or bringing teeth together	0	1	2	3	4
7	Hold or jut jaw forward or to the side	0	1	2	3	4
8	Press tongue forcibly against teeth	0	1	2	3	4
9	Place tongue between teeth	0	1	2	3	4
10	Bite, chew or play with your tongue, cheeks, or lips	0	1	2	3	4
11	Hold jaw in rigid or tense position, such as to brace or protect the jaw	0	1	2	3	4
12	Hold between the teeth or bite objects such as hair, pipe, pencil, pens, fingers, fingernails, etc	0	1	2	3	4
13	Use chewing gum	0	1	2	3	4
14	Play musical instrument that involves use of mouth or jaw (for example, woodwinds, brass, string instruments)	0	1	2	3	4
15	Lean with your hand on the jaw, such as cupping or resting the chin in the hand	0	1	2	3	4
16	Chew food on one side only	0	1	2	3	4
17	Eating between meals (that is, food that requires chewing)	0	1	2	3	4
18	Sustained talking (for example, teaching, sales, customer service)	0	1	2	3	4
19	Singing	0	1	2	3	4
20	Yawning	0	1	2	3	4
21	Hold telephone between your head and shoulders	0	1	2	3	4