

Questionnaire

SECTION A		
1.	Name	
2.	Gender	
3.	Age	
4.	Year of study	
5.	Phone number	
6.	Presence of any chronic disease?	
7.	Are you currently taking some medication?	
SECTION B		
1.	Have you been tested positive for the presence of Covid 19?	
2.	If yes, have you been hospitalized because of the present symptoms?	
3.	Have you been in isolation because of the close contact with the infected person?	
4.	Was some close family member of yours infected with Covid 19?	
5.	Was some close family member of yours hospitalized because of the present symptoms?	
6.	Have you been vaccinated against Covid 19 virus infection?	
SECTION C		
1.	Are you aware of the fact of grinding or clenching your teeth during sleep or when awake?	
2.	Have you ever been told that you grind your teeth during sleep?	
3.	Do you have your jaws thrust or braced after you wake up in the morning or during the night?	
4.	Have you noticed a worsening of symptoms since the beginning of the Covid 19 pandemic?	