

**Table S1**—Questions delivered by the online survey

Category	Question	Possible answers
Demographics	To what age group do you belong?	18-24 25-34 35-44 45-54 55-64 65+
	Gender	Male Female
	What is the main spoken language at home?	French English Other
Sleep Bruxism	Do you grind your teeth at night? If so, how frequently?	Regularly On occasion Rarely Never
	Other than yourself, do you have a family member that grinds their teeth at night?	Yes No
	If yes, who?	Father Mother Brother Sister Son Daughter Spouse
Comorbidities: Sleep	In general, how satisfied are you with current sleep quality?	Very satisfied Somewhat satisfied Little satisfied Not satisfied
	During the last month, did you have difficulties falling asleep?	Yes No
	During the last month, did you have difficulties staying asleep?	Yes No
	During the last month, did you have early awakening?	Yes No
Comorbidities: Pain	Do you suffer from chronic pain (headaches, back, fibromyalgia, orofacial) for more than three month?	Yes No
	If yes, what do you use as medication to alleviate your pain?	Aspirin Acetaminophen Ibuprofen opioids Duloxetine Nothing