

Smile Self Assessment Form

- 1/ Are you uncomfortable smiling in front of people or a camera?
- 2/ Do you ever place your hand over your lower face when smiling?
- 3/ Do you compare your own smile to others wishing you had their smile?
- 4/ Do you have a clear idea of how you would like your smile to look?
- 5/ When looking in the mirror, do you feel you have imperfections in your teeth or gums?
- 6/ Would you like whiter teeth?
- 7/ Would you like pinker gums?
- 8/ Do you show too much gums, gummy spaces between teeth or uneven gums?
- 9/ Do you feel your teeth are too large or too small?
- 10/ Do you have gaps in your teeth or spaces where teeth are missing?
- 11/ Are your teeth crowded or uneven?
- 12/ Do you feel dissatisfied with the shape of your teeth?
- 13/ Do you feel your teeth look worn, chipped, flattened or ageing?
- 14/ Do your front teeth have hollow wear grooves on their edges?
- 15/ Do your fillings or crowns look noticeable or discoloured?
- 16/ Do you have visible metal fillings or cavities?
- 17/ Do your teeth stick out or sit over your lower lip?
- 18/ Do your teeth look like they are sloping backwards?
- 19/ Are your teeth stained from food, drink, smoking or medicines?
- 20/ Do your teeth have whitish or discoloured patches on them?
- 21/ Do you feel your teeth do not follow your lip-line nicely?

22/ Do you feel your lips hide your teeth?

23/ Do your lips show creases or folds or look to thin?

24/ Do your jaws look to narrow?

25/ Does your smile make you look older than you like?

26/ Do your teeth meet poorly or have a space at the front when your mouth is closed?

27/ Does your chin or lower jaw look to small or too big?

28/ Do you feel your lower face accentuates the size of your nose?

29/ Does the line of your teeth seem to slope to one side?

30/ Does your face look unsymmetrical or too long?

If you answered yes to any of these questions, you may benefit from a smile analysis. Call us now to arrange your assessment.
