

Name:

DOB:

Date of Assessment:

No.	Smile Check Questionnaire	YES	NO
	Questions concerning your motivation		
1.	Do you feel uncomfortable showing your teeth even when talking?		
2.	Has somebody (a relative, acquaintance, friend, boss, etc.) once said to you that you should do something about your teeth?		
	Questions concerning the state of your teeth		
3.	Are individual teeth missing and the gaps between teeth visible?		
4.	Is the basic colour or the brightness of the visible teeth too dark in your opinion?		
5.	Are individual teeth discoloured?		
6.	Are certain spaces in between teeth dark or otherwise discoloured?		
7.	Are old fillings immediately noticeable due to their dark colour?		
8.	Are unsightly teeth or (jacket) crowns noticeable because of their obviously false/ artificial appearance?		
9.	Do you wear a dental prosthesis (a removable plate) that is clearly recognisable to other people (unsightly teeth, metal brace, etc.)?		
10.	Do you wear a dental prosthesis which does not grip correctly or wobbles and is therefore a source of great insecurity for you?		
	Questions concerning your tooth alignment and shape		
11.	In your opinion, are individual teeth obviously too long or too short?		
12.	Do certain teeth display chips or wear and tear that bothers you?		
13.	Are there visible gaps between the teeth that bother you?		
14.	Are certain teeth too far forward, and does the upper lip have difficulty closing tightly with the lower lip when swallowing, for example?		
15.	With regard to tooth alignment, are some teeth overlapping or interlocking (lack of space)?		
16.	Have individual teeth moved or shifted compared to previously?		
	Questions concerning your gums		
17.	Do you believe too much gum is visible when you smile?		
18.	Have the gums noticeably receded in certain areas?		
19.	Are "dark holes" easily visible between individual teeth due to gum loss?		
20.	Are dark or even grey/black edges easily visible at the edge of the gums?		

Evaluation:

Questions 1–10: These questions concern aspects that tend to influence your smile very strongly. Therefore: the greater number of questions you answer with "yes", the greater the potential for improving your current smile.

Questions 11–20: These questions concern points which can greatly influence your smile – this predominantly depends on your own assessment. But here too, the more questions you answer with "yes", the more obvious the possibilities to improve on your current smile.