



Smile Test

Emotional Smile Assessment

The Emotional Smile Assessment is based on each individual's subjective perceptions of his or her smile. The questions bellow are designed to help reveals a person's inner about how their smile affects their self-image, how it impacts on others, interactions with others, and how it influences the quality of their relationship.

1. Do you love the appearance of your teeth and smile?

2. Do you ever turn your face when smiling or hold you hand in front of your mouth when talking to others?

3. Are embarrassed to visit a cosmetic dentist due to the condition of your teeth or the length of time since your last visit to a dentist?

4. When taking pictures, do you tend to smile with your lips closed instead of flashing a happy smile?

5. Have you ever held back a laugh because you felt uncomfortable about your smile?

6. What would you like to change about your smile?



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Objective Smile Assessment

For the Objective Analysis, the best thing is for you to stand in front of a mirror mounted on a wall. Now, smile at yourself using 'normal' smile. Next, look at the mirror and think of hilarious moment in your life and give a big, laughing smile. The big smile is probably a much larger smile than you feel comfortable using much of the time you are not happy with your teeth.

When your smile is improved, however, your big smile appears much more spontaneously because you look (and feel) great! SO let us figure out what is holding your big smile back – what is it that bothers you about your teeth?

7. Are all of your teeth brilliant white or are they somewhat yellow, dark, or stained?

8. Are there spaces between any of your teeth?

9. Are you missing any of your teeth?

10. Do you have teeth that are crooked, uneven, or out of line?

11. Do the biting edges of your upper teeth follow the curvature of your upper lip?

12. Do any of your teeth appear short and fat or too small or too large?

13. Do your teeth (as a group) slant one way or another?

14. Is the midline of your two front teeth centered with your face and nose?

15. Do you grind your teeth or are any of the biting edges on your teeth chipped or worn down?

16. Have your gums receded or do they appear red or puffy?

17. Do you have any grey, black or silver (mercury) dental fillings in your teeth?

18. Do you have any old crowns that have dark edges at the top or that do not really look natural?
