

Look in the mirror



GARTSIDE ST
DENTAL LOUNGE

Are you happy with your smile?

Please print and complete this simple self assessment questionnaire. If any of the following statements apply to you, we may be able to help.

Tick as many boxes that you feel are applicable.

- 1. I am self conscious about my teeth when I smile
- 2. I would like my teeth to be whiter and brighter
- 3. I have old dental work that is noticeable and spoils my smile
- 4. When I smile there are noticeable gaps or spaces between my teeth that concern me
- 5. I have dark or discoloured teeth that I don't like
- 6. I have crooked or twisted teeth that I don't like
- 7. My gums bleed when I brush my teeth

- 8. My teeth are sensitive
- 9. I have a denture that looks/feels false
- 10. My jaw joint clicks, pops or makes a noise when I open or close my mouth.
- 11. I sometimes have pain or tenderness in my jaw joint when I open, close or chew.
- 12. I sometimes clench or grind my teeth
- 13. I suffer from regular headaches or migraines.
- 14. Finally to summarise, on a scale of 1-10 how would you rate your smile?

Please circle

Poor 1 2 3 4 5 6 7 8 9 10 Excellent