

**Smile Evaluation:**

This is a simple questionnaire to help you obtain the smile you've always wanted. Hold a full face mirror 12-14" from your face. Smile to show your teeth. Take the time to observe your teeth carefully. Answer the following questions.

1. Do you like the appearance of your teeth and smile?  Yes  No

If not, explain \_\_\_\_\_  
\_\_\_\_\_

2. Are your teeth all in alignment (straight)?  Yes  No

If not, explain \_\_\_\_\_  
\_\_\_\_\_

3. Do you have spaces that you don't like?  Yes  No

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

4. Do you like the color of your teeth?  Yes  No

If not, explain \_\_\_\_\_  
\_\_\_\_\_

5. Do you like the shape of your teeth?  Yes  No

If not, explain \_\_\_\_\_  
\_\_\_\_\_

6. Are your teeth  Chipped  Protruding  Hidden?

7. Do you like the way your teeth come together?  Yes  No

If not, explain \_\_\_\_\_  
\_\_\_\_\_

8. Are there old fillings or dental work that you don't like looking at?  Yes  No

If not, explain \_\_\_\_\_  
\_\_\_\_\_

9. What would you like to change most in the appearance of your smile?

\_\_\_\_\_  
\_\_\_\_\_

10. How would you like your smile to look?

\_\_\_\_\_  
\_\_\_\_\_