

## **SMILE SURVEY**

Hold a mirror 12"-14" from your face. Smile to show your teeth. Take the time to observe your teeth carefully, and then answer the following questions.

1. Do you like the appearance of your teeth and your 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? **\_\_yes \_\_no** Protruding? **\_\_yes \_\_no** Hidden? **\_\_yes \_\_no**  
If yes, explain \_\_\_\_\_  
\_\_\_\_\_
7. Are your teeth wearing on the biting surfaces? **\_\_yes \_\_no**  
If yes, explain \_\_\_\_\_  
\_\_\_\_\_
8. Are there old fillings or dental work you don't like looking at? **\_\_yes \_\_no**  
If yes, explain \_\_\_\_\_  
\_\_\_\_\_
9. What would you like to change the most in the appearance of your teeth?  
\_\_\_\_\_  
\_\_\_\_\_
10. How would you like your teeth to look?  
\_\_\_\_\_  
\_\_\_\_\_