

## SMILE ANALYSIS

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PLEASE MARK AN X BY ANY STATEMENT YOU AGREE WITH:

\_\_\_ I WISH MY TEETH WERE WHITER.

\_\_\_ I THINK SOME OF MY TEETH ARE TOO SMALL.

\_\_\_ I THINK SOME OF MY TEETH ARE TOO LARGE.

\_\_\_ I WISH MY TEETH WERE STRAIGHTER.

\_\_\_ MY GUMS SHOW TOO MUCH WHEN I SMILE.

\_\_\_ I THINK THERE IS TOO MUCH SPACE BETWEEN SOME OF MY TEETH.

\_\_\_ BECAUSE I AM NOT TOTALLY PLEASED WITH MY SMILE, I SOMETIMES  
HESITATE TO SMILE.

\_\_\_ I HAVE OFTEN WISHED I COULD CHANGE SOME OF THE FEATURES OF MY SMILE.

\_\_\_ I AM CONCERNED OVER WHAT THE END RESULT MIGHT LOOK LIKE IF I CHANGE  
MY SMILE.

\_\_\_ I AM CONCERNED ABOUT THE COSTS RELATED TO ENHANCING MY SMILE.

\_\_\_ I KNOW I NEED TO DO A BETTER JOB PROTECTING THE HEALTH OF MY SMILE.

\_\_\_ I AM NOT REALLY SURE ABOUT ALL OF THE OPTIONS AVAILABLE TO ENHANCE MY  
SMILE.

\_\_\_ I HAVE MISSING TEETH THAT I WOULD LIKE REPLACED.

IF YOU COULD CHANGE ANYTHING ABOUT YOUR SMILE, WHAT WOULD IT BE? \_\_\_\_\_

\_\_\_\_\_

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_