

"The shortest distance between two people is a smile."
-Mark Twain

Smile Analysis Questionnaire

- | | | |
|---|-----|----|
| Do you feel uncomfortable or self-conscious about your smile?..... | Yes | No |
| Do you cover your mouth when you talk or smile?..... | Yes | No |
| Are your teeth in alignment (straight)?..... | Yes | No |
| Do you wish your teeth were whiter?..... | Yes | No |
| Do you like the shape of your teeth?..... | Yes | No |
| Do your gums show too much when you smile?..... | Yes | No |
| Are your teeth chipped?..... | Yes | No |
| Can you see dark restorations in your teeth that bother you?..... | Yes | No |
| Are there old crowns, bridges or fillings you don't like looking at?..... | Yes | No |
| What would you like your smile to look like? _____ | | |

Name: _____ Date: _____