

Name: _____

Smile Questionnaire

1. Do you like the way your teeth look?

Explain- _____

Yes No

2. Are you happy with the colour of your teeth?

Explain- _____

Yes No

3. Would you like your teeth to be whiter?

Explain- _____

Yes No

4. Would you like your teeth to be straighter?

Explain- _____

Yes No

5. Do you have spaces between your teeth that you would like to close?

Explain- _____

Yes No

6. Would you like your teeth to be longer?

If so, Upper _____ Lower _____ Both _____

Yes No

7. Do you like the shape of your teeth?

Explain- _____

Yes No

8. Do you have missing teeth that you would like to replace?

Explain- _____

Yes No

9. Do you have old silver fillings that you would like to replace with tooth-coloured fillings?

Explain- _____

Yes No

10. If you could change anything about your smile, what would it be?

