

## A Simple Quiz to Help You Obtain the Smile You've Always Wanted

# SMILE EVALUATION

Hold a face mirror 12" - 14" from your face. Smile to show your teeth and take the time to observe your teeth carefully. Then answer the following questions.  
(It is helpful to have a friend ask you the questions.)

1. Do you like the appearance of your teeth and your smile?  Yes  No  
If not, please explain: \_\_\_\_\_

2. Are your teeth all in alignment (straight)?  Yes  No  
If not, please explain: \_\_\_\_\_

3. Do you have spaces that you don't like?  Yes  No  
If yes, please explain: \_\_\_\_\_

4. Do you like the color of your teeth?  Yes  No  
If not, please explain: \_\_\_\_\_

5. Do you like the shape of your teeth?  Yes  No  
If not, please explain: \_\_\_\_\_

6. Are your teeth...  
chipped? \_\_\_\_\_ protruding? \_\_\_\_\_ hidden? \_\_\_\_\_

7. Are your teeth wearing on the biting surfaces?  Yes  No  
If yes, please explain: \_\_\_\_\_

8. Are there old fillings or dental work that you don't like looking at?  Yes  No  
If yes, please explain: \_\_\_\_\_

9. What would you like to change most in the appearance of your teeth?  
\_\_\_\_\_  
\_\_\_\_\_

10. How would you like your teeth to look?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

