

DIRECTIONS: Hold a face mirror 12 - 14" from your face. Smile to show your teeth; take the time to observe your teeth carefully. Then answer the following questions!

1. Do you like the appearance of your teeth; 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 not, 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 you don't like looking at? Yes No If yes, please explain
 please explain _____
9. What would you like to change the most in the appearance of your teeth? please explain
10. please explain

11. How would you like your teeth to look? _____

