



SMILE ANALYSIS

Name: _____ Date: _____

When I see a picture of myself, the first thing I notice about MY smile:

Something I often notice about OTHER smiles I consider attractive:

Please mark an X by any statement you agree with.

I wish my teeth were whiter.

I wish I had a bigger smile.

Some of my teeth are too small.

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.