

## RATE YOUR SMILE

**1) Rate your smile on a scale of 1-10, with 10 being perfect:**

1 2 3 4 5 6 7 8 9 10

HELP!-----PERFECT!

**2) If you feel your smile is less than perfect, how does this affect you?**

- I rarely smile.
- I smile less than I would like.
- I smile a lot even though my smile is less than perfect.
- My imperfect smile hurts my self confidence.
- My imperfect smile does not bother me.
- Other, please explain: \_\_\_\_\_

**3) Are you ever worried what other people think about your smile?**

- Yes, I always worry about what others think about my smile.
- Yes, I sometimes worry about what others think about my smile.
- Yes, but I rarely worry about what others think about my smile even though my smile could use improvement.
- No, I don't worry about it.

**4) How do you feel that having a perfect smile would improve your life? (check all that apply)**

- I would smile more often.
- I would feel better about myself.
- I would have more confidence with friends, family, and on the job.
- My oral health would improve and be easier to maintain.
- Other, please explain: \_\_\_\_\_

**5) What would you like to improve about your smile? (check all that apply)**

- I would like whiter, brighter teeth.
- I would like to get rid of gaps between teeth.
- I would like to repair chipped or broken teeth.
- I would like to replace missing teeth.
- I would like to straighten my teeth.
- I would like to improve my oral health routine.

**6) Do you ever have any tooth pain or discomfort? If yes, please explain?**

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