

## About Smiles

Name: \_\_\_\_\_ Date: \_\_\_\_\_

- When you look in the mirror, do you like the way your teeth look?
- What don't you like?
- Do you dislike the color of your teeth?  
Are some teeth darker than others?  
Location \_\_\_\_\_
- Are there spaces between your teeth?  
Location \_\_\_\_\_  
Have they been there long?  
Are the spaces getting bigger?
- Do you have any chips or cracks on your teeth?  
Location \_\_\_\_\_
- Are you missing any teeth? For how long?
- Do you have crooked teeth?  
Location: \_\_\_\_\_
- Do you feel your teeth are too long? Too short?  
Location: \_\_\_\_\_
- Are you pleased with the shapes and position of your teeth?  
If not, Location \_\_\_\_\_