

Name: _____ Date: _____

HOW HAPPY ARE YOU WITH YOUR SMILE?

(Circle)

Do you like your *smile*? Yes No

What do you dislike about your *smile*?

Would you like to change your *smile*? Yes No

If you answered "yes" to the above question, what is it that you would like to *change*?

Do you wish your teeth were *whiter*? Yes No

Would you like to learn about *whitening*? Yes No

Do you have a specific *concern* with your teeth? Yes No

Are you experiencing any *discomfort*? Yes No Sometimes

Please explain: _____