



# Cosmetic Questionnaire

**How would you rate your smile?**

- It's awesome! I love it?
- I'm quite happy, but would consider some minor changes
- I'm unhappy with the appearance of my teeth
- I'm embarrassed to smile or show my teeth

**Would you prefer to have brighter teeth?**

- Yes
- No
- Indifferent

**In terms of teeth length, do you feel your teeth are:**

- Too Long
- Too Short
- Just Right

**Are you happy with how many teeth show when you smile?**

- My smile shows too many teeth
- My smile does not show enough teeth
- I don't know and would like to discuss this with Dr. Paini
- Just Right

**Would you like to change the angle or orientation (slanted or rotated) of any teeth?**

- Yes
- No

**Do You feel that your teeth are too large or too small?**

- Yes
- No

**Do you have any staining or discolorations you'd like to have removed?**

- Yes
- No

**How do you feel about the amount of gum tissue that shows when you smile?**

- Too much
- Not enough
- I don't know and would like to discuss this with Dr. Paini
- Just Right

**Do you think the gums around your teeth are symmetrical?**

- Yes
- No

**Are you concerned about wear or chipping on your front teeth?**

- Yes
- No

**If there is one thing you'd like to change about your smile, What would it be?**

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