

## Smile Survey

Name \_\_\_\_\_

- My mouth is very comfortable.
- My mouth is moderately comfortable.
- My mouth is uncomfortable.
  
- My smile is excellent.
- I would like to change my smile.
- I am unconcerned about my smile.
  
- I will do whatever I must do to keep my teeth.
- I want to keep my teeth but only within a certain budget of time and money.
- I am indifferent.

My dental health is:

- Excellent
- Good
- Fair
- Poor