

Today's advances in dental techniques and materials means that we are now more than ever able to help you achieve the smile you've always wanted.

	Yes	No	
1. Are you satisfied with the appearance of your teeth?	<input type="checkbox"/>	<input type="checkbox"/>	11. If you could change your smile what would you most like to change? _____ _____ _____
2. Are you selfconscious about your teeth when you smile?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do you wish your teeth were whiter?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you wish your teeth were shaped differently?	<input type="checkbox"/>	<input type="checkbox"/>	12. On a scale of 1-10 how happy are you with your smile 1 2 3 4 5 6 7 8 9 10 ----- ----- ----- ----- ----- ----- ----- ----- ----- -----
5. Do you have any irregularly positioned teeth which you dislike?	<input type="checkbox"/>	<input type="checkbox"/>	Which of the following statements best describes your feelings about visiting the dentist? Tick the one you agree with.
6. Do you have any discoloured teeth which embarrass you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I feel relaxed
7. Do your front teeth have fillings which do not match the colour of your teeth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I feel a little anxious
8. Do you wish the fillings in your back teeth were tooth coloured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I feel very anxious and nervous
9. Do your gums appear red and swollen, and bleed when you brush them?	<input type="checkbox"/>	<input type="checkbox"/>	Are there any dental procedures which have frightened you in the past, or which you are very anxious about? _____ _____ _____
10. Do you suffer from bad breath - halitosis?	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____

