

# COSMETIC ENHANCEMENT QUESTIONNAIRE

1. Do you like the appearance of your teeth?     yes     no
2. Are all your teeth in alignment?     yes     no
3. Do you have spaces?     yes     no
4. Do you like the color of your teeth?     yes     no
5. Do you wish your teeth were whiter?     yes     no
6. Are your teeth chipped?     yes     no
7. Are your teeth protruding?     yes     no

Please answer the following questions on a scale of 1 to 5 by circling the appropriate number:

When looking at my face in the mirror, I believe I look younger than, the same as, or older than my true age.

|                     |   |                 |   |                   |
|---------------------|---|-----------------|---|-------------------|
| <b>Younger Than</b> |   | <b>True Age</b> |   | <b>Older Than</b> |
| 1                   | 2 | 3               | 4 | 5                 |

When looking in the mirror, I am not concerned, somewhat concerned, or very concerned about the appearance of my wrinkles.

|                          |   |                               |   |                           |
|--------------------------|---|-------------------------------|---|---------------------------|
| <b>Not<br/>Concerned</b> |   | <b>Somewhat<br/>Concerned</b> |   | <b>Very<br/>Concerned</b> |
| 1                        | 2 | 3                             | 4 | 5                         |

Please place a check mark next to treatments that interest you.

Invisalign \_\_\_\_\_ Tooth Whitening \_\_\_\_\_ Lumineers \_\_\_\_\_ Botox \_\_\_\_\_ Juvederm \_\_\_\_\_