

DENTAL ANXIETY ASSESSMENT

This questionnaire was designed to provide us with important information regarding your dental history and past dental experiences. The information you provide will assist us in determining your level of dental anxiety. Please take your time and answer each question as completely and honestly as possible.

1. How many negative dental experiences have you had in your life?

- Very few
- Several
- Almost all

2. If you had to go to the dentist tomorrow, how would you feel about it?

- I look forward to it as a reasonably enjoyable experience.
- I would not care one way or the other.
- I would feel a little uneasy.
- I would be afraid it would be unpleasant or painful.
- I would be very frightened of what the dentist would do.

3. When you are waiting in the reception room of the dentist office for your scheduled appointment, how do you feel?

- I look forward to it as a reasonably enjoyable experience.
- I would not care one way or the other.
- I would feel a little uneasy.
- I would be afraid it would be unpleasant or painful.
- I would be very frightened or what the dentist would do.

4. When you are in the chair while the hygienist is getting out the instruments to scale your teeth around the gums, how do you feel?

- I look forward to it as a reasonably enjoyable experience.
- I would not care one way or the other.
- I would feel a little uneasy.
- I would be afraid it would be unpleasant or painful.
- I would be very frightened or what the hygienist would do.

5. When you are waiting in the dental chair and the dentist prepares to give you an injection, how do you feel?

- I look forward to it as a reasonably enjoyable experience.
- I would not care one way or the other.
- I would feel a little uneasy.
- I would be afraid it would be unpleasant or painful.
- I would be very frightened or what the dentist would do.

6. When you are sitting in the dental chair waiting while the dentist gets the drill, how do you feel?

- I look forward to it as a reasonably enjoyable experience.
- I would not care one way or the other.
- I would feel a little uneasy.
- I would be afraid it would be unpleasant or painful.
- I would be very frightened or what the dentist would do.

7. I feel that some dentists do not listen to what I say.

- Agree
- Partial Disagree
- Disagree

8. I feel that some dentists do not take my dental fears seriously.

- Agree
- Partial Disagree
- Disagree

9. When I have a procedure done and I indicate that it hurts, I feel that some dentists would not stop and try to correct the problem.

- Agree
- Partial Disagree
- Disagree

10. It takes me a long time to get the courage to even call the dentist's office.

- Agree
- Partial Disagree
- Disagree

11. In the past, I have delayed dental treatment because my fear is greater than the need.

- Agree
- Partial Disagree
- Disagree

12. When did you last see the dentist?

- Less than 2 years
- Between 2-5 years
- More that 5 years

Thank you for taking the time to answer this questionnaire. Your answers will help us to assess your level of dental anxiety to determine if you may be candidate for Conscious Sedation Dentistry.