Dental Anxiety Questionnaire — Form 4

Please write clearly

For office use

CHI Number D D M M Y Y

Surname

Forename

Please fill in part A (below) or part B (overleaf). Choose the side that suits you best.

A Please tell us how anxious you get about your dental visit? (Please tick appropriate box)

If you went to your dentist for **treatment tomorrow**, how would you feel?

☐ Not Anxious ☐ Slightly Anxious ☐ Fairly Anxious

☐ Very Anxious ☐ Extremely Anxious

If you were sitting in the **waiting room** (waiting for treatment), how would you feel?

☐ Not Anxious ☐ Slightly Anxious ☐ Fairly Anxious

☐ Very Anxious ☐ Extremely Anxious

If you were about to have a **tooth drilled**, how would you feel?

☐ Not Anxious ☐ Slightly Anxious ☐ Fairly Anxious

☐ Very Anxious ☐ Extremely Anxious

If you were about to have your **teeth scaled and polished**, how would you feel?

☐ Not Anxious ☐ Slightly Anxious ☐ Fairly Anxious

☐ Very Anxious ☐ Extremely Anxious

If you were about to have a **local anaesthetic injection** in your gum, above an upper back tooth, how would you feel?

☐ Not Anxious ☐ Slightly Anxious ☐ Fairly Anxious

☐ Very Anxious ☐ Extremely Anxious

PTO

Dental Anxiety Questionnaire — Form 4 (cont.)

B For the next 6 questions I would like you to show me how relaxed or worried you get about the dentist and what happens at the dentist. To show me how relaxed or worried you feel, please use the simple scale below. The scale is just like a ruler going from 1, which would show that you are relaxed, to 5, which would show that you are very worried. (Please circle the appropriate number on the scale).

 **1** would mean: relaxed/not worried

 **2** would mean: very slightly worried

 **3** would mean: fairly worried

 **4** would mean: worried a lot

 **5** would mean: very worried

How do you feel about...					
...going to visit the dentist?	1	2	3	4	5
...having your teeth looked at?	1	2	3	4	5
...having your teeth cleaned and polished?	1	2	3	4	5
...having an injection in the gum?	1	2	3	4	5
...having a filling?	1	2	3	4	5
...having a tooth taken out?	1	2	3	4	5

Additional Information

After you have completed this form please return it to a member of the Dental Team.

Signature of Patient, Parent or Carer **Date**