

dental anxiety questionnaire

Name _____ Date _____

DENTAL CONCERNS ASSESSMENT

Which of the following aspects of visiting the dental practice / dental treatment do you get anxious about?
(Please ✓ all that apply)

1. Sound or vibration of the drill
2. Not being numb enough
3. Dislike the numb feeling
4. Having the actual injection
5. Instruments being put into my teeth /gums
6. The sound or feel of scraping during teeth cleaning
7. Gagging / Drowning feeling
8. X-rays
9. The feeling of claustrophobia whilst wearing rubber dam
10. Jaw gets tired
11. Cold air hurts teeth
12. Not enough information about procedures
13. Root canal treatment
14. Having teeth out
15. Fear of being injured
16. Panic attacks
17. Not being able to stop the dentist
18. Not feeling free to ask questions
19. Not being listened to or taken seriously
20. Being criticised, put down, or lectured to
21. Noise or smell of the surgery
22. I am worried that I may need a lot of dental treatment
23. I am worried about the cost of the dental treatment I may need
24. Taking time away from work, or the need for childcare or transportation
25. I am embarrassed about the condition of my mouth
26. I don't like feeling confined or not in control
27. Other (please state reason)

Notes: