

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) ☐