

ANXIETY QUESTIONNAIRE TO BE COMPLETED BY THE PATIENT

Can you tell us how anxious you get, if at all, with your dental visit?

Please indicate by putting an 'X' in the appropriate box for each of the following questions. Please only tick one box for each question!

1. If you went to your Dentist for TREATMENT TOMORROW, how would you feel?

- 1. Not Anxious
- 2. Slightly Anxious
- 3. Fairly Anxious
- 4. Very Anxious
- 5. Extremely Anxious

2. If you were sitting in the WAITING ROOM (waiting for treatment), how would you feel?

- 1. Not Anxious
- 2. Slightly Anxious
- 3. Fairly Anxious
- 4. Very Anxious
- 5. Extremely Anxious

6. If you were about to have a TOOTH DRILLED, how would you feel?

- 1. Not Anxious
- 2. Slightly Anxious
- 3. Fairly Anxious
- 4. Very Anxious
- 5. Extremely Anxious

6. If you were about to have your TEETH SCALED AND POLISHED, how would you feel?

- 1. Not Anxious
- 2. Slightly Anxious
- 3. Fairly Anxious
- 4. Very Anxious
- 5. Extremely Anxious

6. If you were about to have a LOCAL ANAESTHETIC INJECTION in your gum, above an upper back tooth, how would you feel?

- 1. Not Anxious
- 2. Slightly Anxious
- 3. Fairly Anxious
- 4. Very Anxious
- 5. Extremely Anxious

