

DENTAL ANXIETY

Questionnaire

✦ When you call to make an appointment, how do you feel?		
Not Anxious	<input type="checkbox"/>	Notes:
Slightly Anxious	<input type="checkbox"/>	
Fairly Anxious	<input type="checkbox"/>	
Very Anxious	<input type="checkbox"/>	
Extremely Anxious	<input type="checkbox"/>	

✦ If you had just arrived for an appointment, how would you feel?		
Not Anxious	<input type="checkbox"/>	Notes:
Slightly Anxious	<input type="checkbox"/>	
Fairly Anxious	<input type="checkbox"/>	
Very Anxious	<input type="checkbox"/>	
Extremely Anxious	<input type="checkbox"/>	

✦ If you were talking to the dentist about your treatment, how would you feel?		
Not Anxious	<input type="checkbox"/>	Notes:
Slightly Anxious	<input type="checkbox"/>	
Fairly Anxious	<input type="checkbox"/>	
Very Anxious	<input type="checkbox"/>	
Extremely Anxious	<input type="checkbox"/>	

✦ If you were about to have an appointment with the hygienist, how would you feel?		
Not Anxious	<input type="checkbox"/>	Notes:
Slightly Anxious	<input type="checkbox"/>	
Fairly Anxious	<input type="checkbox"/>	
Very Anxious	<input type="checkbox"/>	
Extremely Anxious	<input type="checkbox"/>	

✦ If you were about to have a local anaesthetic injection, how would you feel?		
Not Anxious	<input type="checkbox"/>	Notes:
Slightly Anxious	<input type="checkbox"/>	
Fairly Anxious	<input type="checkbox"/>	
Very Anxious	<input type="checkbox"/>	
Extremely Anxious	<input type="checkbox"/>	

✦ If you were about to have treatment, how would you feel?		
Not Anxious	<input type="checkbox"/>	Notes:
Slightly Anxious	<input type="checkbox"/>	
Fairly Anxious	<input type="checkbox"/>	
Very Anxious	<input type="checkbox"/>	
Extremely Anxious	<input type="checkbox"/>	

