

Alpine Family Dental
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Kalispell MT 59901
(406) 752-1107

DENTAL ANXIETY SCALE

This form is designed to inform us of your individual needs, so you may have a comfortable, pleasant experience in our office. Please choose the most appropriate answer:

1. If you had to go to the dentist tomorrow, how would you feel about it?
A) I would look forward to it as a reasonable, enjoyable experience.
B) I wouldn't care one way or the other.
C) I would be a little uneasy about it.
D) I would be afraid that it would be unpleasant and painful.
E) I would be very frightened of what the dentist might do.
2. When you are waiting in the dentist's office for your turn in the chair, how do you feel?
A) Relaxed
B) A little uneasy
C) Tense
D) Anxious
E) So anxious that I sometimes break out in a sweat or almost feel physically sick
3. While you're in the dentist's chair, waiting while he gets his drill ready to begin working on your teeth, how do you feel?
A) Relaxed
B) A little uneasy
C) Tense
D) Anxious
E) So anxious that I sometimes break out in a sweat or almost feel physically sick
4. You are in the dentist's chair to have your teeth cleaned. While you are waiting and the hygienist is getting out the instruments that will be used to clean your teeth around the gums, how do you feel?
A) Relaxed
B) A little uneasy
C) Tense
D) Anxious
E) So anxious that I sometimes break out in a sweat or almost feel physically sick

On a scale of 0 to 10, where 0 is so relaxed you could fall asleep and 10 is the point when you are so fearful you might faint, become sick, or run out of the treatment room, please rate the following:

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|---|--|
| 1. ___ Sitting in the dental reception room | 8. ___ Have a tooth drilled |
| 2. ___ Smelling the "smell" of a dental office | 9. ___ Seeing the dental probes or instruments |
| 3. ___ Sitting up in a dental chair | 10. ___ having the dental instruments manipulated
in your mouth |
| 4. ___ Reclining in a dental chair | 11. ___ The dentist walks into the treatment room |
| 5. ___ Seeing the needle and syringe for anesthesia | 12. ___ Having your teeth cleaned |
| 6. ___ Receiving the anesthetic injection | 13. ___ Having dental x-rays taken |
| 7. ___ Hearing the noise of the dentist's drill | |

Have you ever experienced nitrous oxide (gas) or another type of conscious sedation in a dental office? ___ Yes ___ No

Your Name: _____ Today's date: _____