

Nervous Patient Dental Questionnaire

Name(Optional)

Age

Sex: male/female

Occupation:

How long ago did you last visit your dentist?

0-3 months 3-6 months 6-9 months 9-12 months

1-2 year Longer years

Generally are you fearful of dentistry? Yes/no

Have you ever had a bad experience at the dentist'?

How old were you? Yrs

Does it still bother you? Yes/No never/occasionally/always

Now are you ever anxious at the dentist yes/no never/occasionally/always

If yes what worries you most?

How do you cope with your anxiety?

Do you feel that you have rapport with your dentist? Never/ occasionally/ always

Do you feel in control during treatment? Yes/no/sometimes

Have you ever experienced dentist disapproval? Never/occasionally/always

Have you ever felt pain and asked the dentist to stop? Yes/no

Have they just carried on? Never/occasionally/always

Do you worry about feeling pain? Never/occasionally/always

Briefly how do you deal with it?

In the following questions the scale used is 1-5

1 Having no problem 3 Some problem 5 Having severe problem

Generally how anxious are you about Dentistry?	1	2	3	4	5
Thinking about making an Appointment	1	2	3	4	5
Making an Appointment	1	2	3	4	5
Entering the Dentist's reception/waiting room	1	2	3	4	5
Hearing Dental noises from the waiting room	1	2	3	4	5
Being kept waiting if the Dentist runs late	1	2	3	4	5
Being called to go into the Dentist	1	2	3	4	5
Entering the Surgery	1	2	3	4	5
Sitting in the Dental chair	1	2	3	4	5
Talking to the Dentist	1	2	3	4	5
Having a Dental Examination with a Mirror and Probe	1	2	3	4	5
Being told about your oral hygiene/cleaning	1	2	3	4	5
Having a Dental Scaling/Cleaning	1	2	3	4	5
Being told that you need a filling	1	2	3	4	5
Seeing a Dental Needle and Syringe	1	2	3	4	5
Having an injection in the gum/mouth	1	2	3	4	5
Having a Dental Filling	1	2	3	4	5
Having a tooth extracted	1	2	3	4	5
Leaving the Surgery	1	2	3	4	5
Making another appointment	1	2	3	4	5
Leaving the Practice	1	2	3	4	5