

DOUGLAS B. WEBER, D.D.S.

General and Cosmetic Dentistry

44404 16th St W Suite 201

Lancaster, Ca. 93534

Dental Fears and Anxiety Questionnaire

This simple survey is one way we have to determine your level of anxiety regarding dental treatment, and a way in which we can attempt provide top level care to our patients. Please check next to the answer which most closely shows how you would feel.

1. You are at home and have made an appointment to go to the dentist for a routine examination and cleaning. How do you feel?

- I would look forward to the experience.
- I wouldn't think about it or care much.
- I would feel uneasy anticipating the appointment.
- I would think about it often and maybe loose sleep over it.
- I would become physically sick just wondering what might happen

2. You have arrived for your dental visit and are sitting in the waiting room. How do you feel?

- Relaxed
- A little nervous
- Tense
- Anxious
- Sweating

3. You are seated in the dental chair just moments before an injection of dental anesthesia. How do you feel?

- Relaxed
- A little nervous
- Tense
- Anxious
- Sweating

4. You are feeling the effects of the anesthesia and you realize the dentist is ready to use the drill. How do you feel?

- Relaxed
- A little nervous
- Tense
- Anxious
- Sweating

5. You are sitting in a dental chair and are about to have your teeth cleaned. How do you feel?

- Relaxed
- A little nervous
- Tense
- Anxious
- Sweating

What are the most difficult, frightening or intimidating things about dental treatment?(Feel free to continue on the back of this Page)
