

Name:

Date:

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

Please indicate by ticking the appropriate box.

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

Not Anxious []	Slightly anxious []	Fairly anxious []	Very anxious []	Extremely anxious []
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2. If you were sitting in the **WAITING ROOM** (waiting for treatment), how would you feel?

Not Anxious []	Slightly anxious []	Fairly anxious []	Very anxious []	Extremely anxious []
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3. If you were about to have a **TOOTH DRILLED**, how would you feel?

Not Anxious []	Slightly anxious []	Fairly anxious []	Very anxious []	Extremely anxious []
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4. If you were to have your **TEETH SCALED AND POLISHED**, how would you feel?

Not Anxious []	Slightly anxious []	Fairly anxious []	Very anxious []	Extremely anxious []
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5. If you were about to have a **LOCAL ANAESTHETIC INJECTION**, in your gum, above an upper, back tooth, how would you feel?

Not Anxious []	Slightly anxious []	Fairly anxious []	Very anxious []	Extremely anxious []
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