



Modified Dental Anxiety Scale

Patient Details

Name:

Date of Birth:

Address:

CHI Number:

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

Please indicate by inserting 'X' in the appropriate box – as accurately as you can

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

☐

Not Anxious

☐

Slightly Anxious

☐

Fairly Anxious

☐

Very Anxious

☐

Extremely Anxious

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

3. If you were about to have a **TOOTH DRILLED**, how would you feel?

☐

Not Anxious

☐

Slightly Anxious

☐

Fairly Anxious

☐

Very Anxious

☐

Extremely Anxious

4. If you were about to have your **TEETH SCALED AND POLISHED**, how would you feel?

☐

Not Anxious

☐

Slightly Anxious

☐

Fairly Anxious

☐

Very Anxious

☐

Extremely Anxious

5. If you were about to have a **LOCAL ANAESTHETIC INJECTION** in your gum, how would you feel?

☐

Not Anxious

☐

Slightly Anxious

☐

Fairly Anxious

☐

Very Anxious

☐

Extremely Anxious

Can you describe in your own words, any dental treatment you have had recently and how you felt during the treatment?