



When it comes to seeing a dentist, one out of seven people experience some form of fear or anxiety. If you fall into this category and are considering sedation or sleep dentistry, complete the following self-assessment to rate your level of anxiety.

ANXIETY LEVEL SELF-ASSESSMENT:

1. Do you feel slight uneasiness and tension the evening prior to your dental visit, which makes you consider canceling your dental appointment?

Yes No

2. While waiting in the reception area of the dental office, do you feel nervous about the visit?

Yes No

3. Have you had a prior dental experience that was unpleasant?

Yes No

4. While in the dental chair, do you feel uneasy and anxious?

Yes No

5. Does the thought of having a dental injection make you feel physically ill and tense?

Yes No

6. Does seeing the dentist or dental hygienist's instruments make you anxious?

Yes No

7. Do you feel embarrassed thinking the dentist will say you have the worst mouth they have ever seen?

Yes No

8. Do objects placed in your mouth during the dental visit make you panic and feel like you cannot breathe correctly?

Yes No

9. Do you feel that your dentist is unsympathetic to you?

Yes No

10. Have you ever tolerated your dental pain just to avoid a visit to the dentist?

Yes No

11. Do you feel dentists are efficient, but often seem like they're in a hurry?

Yes No

12. Do you feel that your dentist will do what he/she wants to do no matter what you say?

Yes No

13. Do you feel that dental professionals say things to make you feel guilty about the way you care for your teeth?

Yes No

14. Do you think you can believe what the dentist says about the work that is needed?

Yes No

15. Do you feel that dentists do not take your worries (fears) seriously?

Yes No

16. Do you worry about the dentist's infection control methods?

Yes No

17. Do you feel that, if you were to indicate that a treatment hurts, the dentist would stop and try to correct the problem?

Yes No

18. Do you feel that when you're in the chair, the treatment can't be interrupted even if you need a moment to rest?

Yes No

19. Do you feel that dentists do not like it when you make a request?

Yes No

20. Do you feel that dentists do not really listen to what you say?

Yes No

AFTER COMPLETING ALL QUESTIONS, TOTAL THE RESULTS:

For each question you answered "yes", add one (1) point for a possible twenty (20) points.

0 – 5 Points: Minimal Fear/Anxiety

6 – 10 Points: Mild Fear/Anxiety

11 – 15 Points: Moderate Fear/Anxiety

16 – 20 Points: Severe Fear/Anxiety or Phobia

(PLEASE NOTE: Results are only an indication of the level of sedation that may be needed when choosing a doctor. The level of anxiety on the part of any individual considering sedation must first be evaluated by the treating dentist and a treatment plan should be devised based upon the needs and goals of that individual patient. Only then can the appropriate level of sedation be determined.)