

**CAN YOU TELL US HOW ANXIOUS YOU GET, IF AT ALL,
WITH YOUR DENTAL VISIT?**

PLEASE INDICATE BY INSERTING 'X' IN THE APPROPRIATE BOX

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

Not *Slightly* *Fairly* *Very* *Extremely*
Anxious *Anxious* *Anxious* *Anxious* *Anxious*

2. If you were sitting in the WAITING ROOM (waiting for treatment), how would you feel?

Not *Slightly* *Fairly* *Very* *Extremely*
Anxious *Anxious* *Anxious* *Anxious* *Anxious*

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

Not *Slightly* *Fairly* *Very* *Extremely*
Anxious *Anxious* *Anxious* *Anxious* *Anxious*

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

Not *Slightly* *Fairly* *Very* *Extremely*
Anxious *Anxious* *Anxious* *Anxious* *Anxious*

5. If you were about to have a LOCAL ANAESTHETIC INJECTION in your gum, above an upper back tooth, how would you feel?

Not *Slightly* *Fairly* *Very* *Extremely*
Anxious *Anxious* *Anxious* *Anxious* *Anxious*

For Dentist Use, Total Score

Instructions for scoring (remove this section below before copying for use with patients)

The Modified Dental Anxiety Scale. Each item scored as follows:

Not anxious	=	1
Slightly anxious	=	2
Fairly anxious	=	3
Very anxious	=	4
Extremely anxious	=	5

Total score is a sum of all five items, range 5 to 25: Cut off is 19 or above which indicates a highly dentally anxious patient, possibly dentally phobic