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DENTAL ANXIETY SCALE

1. How long has it been since your last dental appointment? _____

2. What was done? _____

How did it go? _____

3. On a scale of 0 to 10, where 0 is so relaxed that you could fall asleep, and 10 is the point where you feel so fearful that you might faint, become sick, or run out of the room, please rate the following situations.

- 1. ___ Sitting in the dentist's waiting room.
- 2. ___ Smelling the "smell" of a dental office.
- 3. ___ Sitting up in a dental chair.
- 4. ___ Reclining in a dental chair.
- 5. ___ The dentist walks into the treatment room.
- 6. ___ Seeing the needle and syringe for anesthesia
- 7. ___ Receiving the anesthetic injection.
- 8. ___ Hearing the sound of the dentist's drill.
- 9. ___ Having a tooth drilled.
- 10. ___ Seeing the dental instruments in your mouth.
- 11. ___ Having the dental instruments in your mouth.
- 12. ___ Having your teeth cleaned.
- 13. ___ Having dental x-rays.
- 14. ___ Having the dentist take an impression.
- 15. ___ Other _____

4. Do you have any concerns about having dental treatment or surgery that would be helpful for us to know? _____

5. What can the dentist do or say to make things easier? _____

THANK YOU FOR HELPING US MAKE YOUR TREATMENT MORE COMFORTABLE!