



Bridge View Dental
3 Mellows Terrace
Navan
County Meath
P: 046 9021348 W:
www.bridgeviewdental.ie

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

Please indicate by putting an 'X' in 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Not Anxious	Slightly Anxious	Fairly Anxious	Very Anxious	Extremely Anxious
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Patient Name: _____

Date: _____