

WHAT MAKES YOU AFRAID?

Dental Fear Inventory

Directions: On a scale of 0 to 10, where 0 is a state of mind when you are so relaxed you could fall asleep, and 10 is the point at which you're fearful that you might faint, become sick, or run out of the treatment room, rate the following situations. If there is a situation not on the list that makes you fearful, write it down and rate it.

- _____ 1. Sitting in the dentist's waiting room.
- _____ 2. Smelling the odor of the dentist's office.
- _____ 3. Sitting up in the dentist's chair.
- _____ 4. Reclining in the dentist's chair.
- _____ 5. Seeing the dentist enter the treatment room.
- _____ 6. Having dental X-rays taken.
- _____ 7. Seeing the dental probes and other instruments.
- _____ 8. Having the dental instruments manipulated in my mouth.
- _____ 9. Having my teeth cleaned.
- _____ 10. Seeing the needle and syringe for anesthesia.
- _____ 11. Receiving an anesthetic injection.
- _____ 12. Hearing the noise of the dentist's drill.
- _____ 13. Having a tooth drilled.
- _____ 14. (Other)

(You are advised to discuss the results of this inventory with your dentist.)