

Name: \_\_\_\_\_ Date: \_\_\_\_\_

This program is designed to help you cope with or reduce your fear of dentistry. Desensitization therapy is a proven, scientific method, which is also used for many other fears (flying, elevators, etc.)

The questions presented below represent your making an appointment and going to the dentist for a filling a scene which normally produces a fear reaction in your mind and body. Psychologically it is impossible to be relaxed and fearful at the same time. The principle in desensitization is to substitute a relaxation response to the fear-producing stimulus in place of the fear response. We want to work with you to identify the experiences associated with the discomfort and the intensity of the discomfort.

The items in this questionnaire refer to various situations, feelings and reactions related to dental work. Please rate your feeling or reaction on these items by circling the number (1, 2, 3, 4, or 5) of the category which most closely corresponds to your reaction.

1. Has fear of dental work ever caused you to put off making an appointment?

1	2	3	4	5
never	once or twice	a few times	often	nearly every time

2. Has fear of dental work ever caused you to cancel or not appear for an appointment?

1	2	3	4	5
never	once or twice	a few times	often	nearly every time

**When having dental work done:**

3. My muscles become tense

1	2	3	4	5
not at all	a little	somewhat	much	very much

4. My breathing rate increases

1	2	3	4	5
not at all	a little	somewhat	much	very much

5. I perspire

1	2	3	4	5
not at all	a little	somewhat	much	very much

6. I feel nauseated and sick to my stomach

1	2	3	4	5
not at all	a little	somewhat	much	very much

7. My heart beats faster

1	2	3	4	5
not at all	a little	somewhat	much	very much

Following is a list of things and situations that many people mention as being somewhat anxiety or fear producing. Please rate how much fear, anxiety, or unpleasantness each of them cause you. Use the numbers 1-5, from the following scale. Make a check in the appropriate space (If it heals, try to imagine yourself in each of these situations, and describe what your common reaction is.)

	1	2	3	4	5				
	not at all	a little	somewhat	much	very much				
				1	2	3	4	5	
8.	Making an appointment for dentistry -----				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Approaching the dentist's office -----				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Sitting in the waiting room -----				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Being seated in the dental chair -----				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	The smell of the dentist's office -----				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Seeing the dentist walk in -----				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Seeing the anesthetic needle -----				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Feeling the needle injected -----				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Seeing the drill -----				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Hearing the drill -----				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Feeling the vibrations of the drill -----				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Having your teeth cleaned -----				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	All things considered, how fearful are you of having dental work done -----				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The items in this questionnaire refer to various situations, feelings, and reactions related to dental work. Please rate your feelings or beliefs on these items by circling the number (1, 2, 3, 4, or 5) of the category which most closely corresponds to your feelings about the dentists in general.

21. I do not think dentists like it when a patient makes a request.

	1	2	3	4	5
	never	a little	somewhat	often	nearly always

22. Dentists are efficient but it often seems they're in a hurry, so I feel rushed.

	1	2	3	4	5
	never	a little	somewhat	often	nearly always

**When having dental work done:**

23. I feel that dentists do not provide clear explanations.

	1	2	3	4	5
	never	a little	somewhat	often	nearly always

24. I feel that the dentist do not really listen to what I say.

	1	2	3	4	5
	never	a little	somewhat	often	nearly always

25. I feel the dentist will do what he wants, no matter what I might say I want.

	1	2	3	4	5
	never	a little	somewhat	often	nearly always

26. Dental professionals say things to make me feel guilty about the way I care for my teeth.

1	2	3	4	5
never	a little	somewhat	often	nearly always

27. I am not sure I can believe what the dentist says about the work that is needed.

1	2	3	4	5
never	a little	somewhat	often	nearly always

28. I think that dentists say things in a way to try and fool me.

1	2	3	4	5
never	a little	somewhat	often	nearly always

29. I feel that dentists do not take my worries (fears) seriously.

1	2	3	4	5
never	a little	somewhat	often	nearly always

30. I feel dentists put me down (make light of my fears)

1	2	3	4	5
never	a little	somewhat	often	nearly always

31. I worry if dentists are technically competent and do a good quality job.

1	2	3	4	5
never	a little	somewhat	often	nearly always

32. If I were to indicate that it hurts, I don't think the dentist will stop and try to correct the problem.

1	2	3	4	5
never	a little	somewhat	often	nearly always

33. When I am in the chair, I don't feel like I can stop the appointment for a rest, if I feel the need.

1	2	3	4	5
never	a little	somewhat	often	nearly always

34. I do not feel comfortable asking questions.

1	2	3	4	5
never	a little	somewhat	often	nearly always

35. The thought of "hearing all the bad news," or completing all the work needed could be enough to keep me from going for or finishing treatment.

1	2	3	4	5
never	a little	somewhat	often	nearly always