

Kleinknecht Dental Fear Survey (DFS)

Name _____

Date _____

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
never once or twice a few times often nearly every time

4. My breathing rate increases
1 2 3 4 5
never once or twice a few times often nearly every time

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

6. I feel nauseated and sick to my stomach
1 2 3 4 5
never once or twice a few times often nearly every time

7. My heart beats faster
1 2 3 4 5
never once or twice a few times often nearly every time

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 causes you. Circle the numbers 1-5, from the following scale, "1" being very relaxed and "5" being so anxious you feel ill. (If it helps, try to imagine yourself in each of these situations and describe what your common reaction is.)

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|--|---|---|---|---|---|
| 8. Making an appointment for dentistry | 1 | 2 | 3 | 4 | 5 |
| 9. Approaching the dentist's office | 1 | 2 | 3 | 4 | 5 |
| 10. Sitting in the waiting room | 1 | 2 | 3 | 4 | 5 |
| 11. Being seated in the dental chair | 1 | 2 | 3 | 4 | 5 |
| 12. The smell of the dentist's office | 1 | 2 | 3 | 4 | 5 |
| 13. Seeing the dentist walk in | 1 | 2 | 3 | 4 | 5 |
| 14. Seeing the anesthetic needle | 1 | 2 | 3 | 4 | 5 |
| 15. Feeling the needle injected | 1 | 2 | 3 | 4 | 5 |
| 16. Seeing the drill | 1 | 2 | 3 | 4 | 5 |
| 17. Hearing the drill | 1 | 2 | 3 | 4 | 5 |
| 18. Feeling the vibrations of the drill | 1 | 2 | 3 | 4 | 5 |
| 19. Having your teeth cleaned | 1 | 2 | 3 | 4 | 5 |
| 20. All things considered, how fearful are you of having dental work done? | 1 | 2 | 3 | 4 | 5 |