

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

### Norman Corah's Dental Questionnaire

1. If you had to go to the dentist tomorrow for a check-up, how would you feel about it?
  - a. I would look forward to it as a reasonably enjoyable experience.
  - b. I wouldn't care one way or the other.
  - c. I would be a little uneasy about it.
  - d. I would be afraid that it would be unpleasant and painful.
  - e. I would be very frightened of what the dentist would do.
  
2. When you are waiting in the dentist's office for your turn in the chair, how do you feel?
  - a. Relaxed.
  - b. A little uneasy.
  - c. Tense.
  - d. Anxious.
  - e. So anxious that I sometimes break out in a sweat or almost feel physically sick.
  
3. When you are in the dentist's chair waiting while the dentist gets the drill ready to begin working on your teeth, how do you feel?
  - a. Relaxed.
  - b. A little uneasy.
  - c. Tense.
  - d. Anxious.
  - e. So anxious that I sometimes break out in a sweat or almost feel physically sick.
  
4. Imagine you are in the dentist's chair to have your teeth cleaned. While you are waiting and the dentist or hygienist is getting out the instruments which will be used to scrape your teeth around the gums, how do you feel?
  - a. Relaxed.
  - b. A little uneasy.
  - c. Tense.
  - d. Anxious.
  - e. So anxious that I sometimes break out in a sweat or almost feel physically sick.

#### Scoring the Dental Anxiety Scale, Revised (DAS-R)

(this information is not printed on the form that patients see)

a = 1, b = 2, c = 3, d = 4, e = 5      Total possible = 20

Anxiety rating:

- 9 - 12 = moderate anxiety but have specific stressors that should be discussed and managed
- 13 - 14 = high anxiety
- 15 - 20 = severe anxiety (or phobia). May be manageable with the Dental Concerns Assessment but might require the help of a mental health therapist.

## DENTAL CONCERNS ASSESSMENT\*

Please rank your concerns or anxiety over the dental procedures listed below by ranking them on the accompanying scale. Please fill in any additional concerns.

	<u>Level of Concern or Anxiety</u>			
	<u>Low</u>	<u>Moderate</u>	<u>High</u>	<u>Don't know</u>
1. Sound or vibration of the drill	1	2	3	4
2. Not being numb enough	1	2	3	4
3. Dislike the numb feeling	1	2	3	4
4. Injection ("novocaine")	1	2	3	4
5. Probing to assess gum disease	1	2	3	4
6. The sound or feel of scraping during teeth cleaning	1	2	3	4
7. Gagging, for example during impressions of the mouth	1	2	3	4
8. X-rays	1	2	3	4
9. Rubber dam	1	2	3	4
10. Jaw gets tired	1	2	3	4
11. Cold air hurts teeth	1	2	3	4
12. Not enough information about procedures	1	2	3	4
13. Root canal treatment	1	2	3	4
14. Extraction	1	2	3	4
15. Fear of being injured	1	2	3	4
16. Panic attacks	1	2	3	4
17. Not being able to stop the dentist	1	2	3	4
18. Not feeling free to ask questions	1	2	3	4
19. Not being listened to or taken seriously	1	2	3	4
20. Being criticized, put down, or lectured to	1	2	3	4
21. Smells in the dental office	1	2	3	4
22. I am worried that I may need a lot of dental treatment	1	2	3	4
23. I am worried about the cost of the dental treatment I may need	1	2	3	4
24. I am worried about the number of appointments and the time that will be required for necessary appointments and treatment; time away from work, or the need for childcare or transportation	1	2	3	4
25. I am embarrassed about the condition of my mouth	1	2	3	4
26. I don't like feeling confined or not in control	1	2	3	4

Other (Use other side if needed):

\*Developed by J.H. Clarke and S. Rustvold, Oregon Health Sciences University School of Dentistry, 1993 [revised 1998]