

YOUR WELLBEING DURING DENTAL VISITS

Do you find a visit to the dentist frightening or difficult? If so, please fill in this form and share it with your dentist.

1. MY CONCERNS

Please tick any that you are particularly worried about.

- | | |
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| <input type="checkbox"/> Painful injections | <input type="checkbox"/> Choking or suffocating |
| <input type="checkbox"/> Pain during a procedure | <input type="checkbox"/> The noise of the equipment |
| <input type="checkbox"/> Being lectured about my teeth or oral hygiene | <input type="checkbox"/> "Freezing" and being unable to give a stop signal |
| <input type="checkbox"/> The numbing not working | <input type="checkbox"/> Being tipped back or lying down |
| <input type="checkbox"/> Not having control | <input type="checkbox"/> Having a serious medical emergency |
| <input type="checkbox"/> Needles | <input type="checkbox"/> Having a panic attack |
| <input type="checkbox"/> Gagging | <input type="checkbox"/> The numb sensation |
| <input type="checkbox"/> Pain afterwards | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

2. MY PREVIOUS EXPERIENCES

1. How anxious are you about visiting the dentist on a scale of 1 to 10 where 1 is not scared at all? ____
2. Have you had a bad experience at the dentist which makes you worried about future visits? Yes [] No []
3. On a scale of 1 to 9, with 9 being the most pain you can imagine, how painful have you found previous dental treatment? ____
4. Have you had other experiences which might make a visit to the dentist difficult?
Yes [] No [] Not sure []
Would you like to talk about this? I'd prefer not to [] Yes []

Would you like to give any more details, or do you have any concerns not listed above?

3. WHAT WOULD HELP

What could your dentist do to help during your visit? Tick any that you think might help.

- Just have a chat outside the chair on my first visit
- Agree on a signal that I can use to stop or take a break
- Explain what you are doing before you do it
- Use numbing gel before an injection
- Make sure I'm numb before starting any treatment
- Explain what you are doing while doing it (a running commentary)
- Tell me how long each step will take
- Show me some or all of the equipment before using it
- I would rather not know too many details
- Give me regular breaks during treatment
- Do the treatment in short bursts of time until I feel confident that I can cope
- Play music in the background
- I'm interested in medication to help me relax during dental procedures
- Provide information about treatment options in writing so I can read it later, before making any decisions
- Other:

Are you planning to do any of the following things? Tick any that you think might help.

- Deep breathing or other relaxation techniques
- Listen to my headphones
- Imagine being in a calm and relaxing place (such as a beautiful garden or a beach)
- Bring a friend or family member with me for support
- Bring a blanket
- Squeeze a stress ball
- Other: