

YOUR DENTAL STORY

I have a fear or concerns about:

- Pain / not being numb
- Being numb
- Needles
- Gagging
- Loss of control
- Being scolded / made to feel ashamed
- Losing my teeth
- Catching a disease
- Waiting
- Sounds of the dental drill
- Cost of treatment
- Other _____

To understand what's going on in my mouth, my preference is:

- To know / discuss all the details

I wish my teeth were:

- Whiter
- Straighter
- Healthier
- I am happy with my smile

- To be shown pictures and videos
- To read pamphlets and brochures

When I think about coming to the dentist I feel:

- Comfortable* – I have no anxiety. My past experiences have been pain free.
- Anxious* – I make myself come, but am somewhat uncomfortable.
- Fearful* – I have stayed away because my past experiences have been painful / traumatic and only come when absolutely necessary.
- Extremely fearful* – I have avoided the dentist for many years to the detriment of my dental health.