

DENTAL ANXIETY

Questionnaire

When you call to make an appointment, how do you feel?		
Not Anxious	<input type="checkbox"/>	Notes:
Slightly Anxious	<input type="checkbox"/>	
Fairly Anxious	<input type="checkbox"/>	
Very Anxious	<input type="checkbox"/>	
Extremely Anxious	<input type="checkbox"/>	

If you had just arrived for an appointment, how would you feel?		
Not Anxious	<input type="checkbox"/>	Notes:
Slightly Anxious	<input type="checkbox"/>	
Fairly Anxious	<input type="checkbox"/>	
Very Anxious	<input type="checkbox"/>	
Extremely Anxious	<input type="checkbox"/>	

If you were talking to the dentist about your treatment, how would you feel?		
Not Anxious	<input type="checkbox"/>	Notes:
Slightly Anxious	<input type="checkbox"/>	
Fairly Anxious	<input type="checkbox"/>	
Very Anxious	<input type="checkbox"/>	
Extremely Anxious	<input type="checkbox"/>	

If you were about to have an appointment with the hygienist, how would you feel?		
Not Anxious	<input type="checkbox"/>	Notes:
Slightly Anxious	<input type="checkbox"/>	
Fairly Anxious	<input type="checkbox"/>	
Very Anxious	<input type="checkbox"/>	
Extremely Anxious	<input type="checkbox"/>	

If you were about to have a local anaesthetic injection, how would you feel?		
Not Anxious	<input type="checkbox"/>	Notes:
Slightly Anxious	<input type="checkbox"/>	
Fairly Anxious	<input type="checkbox"/>	
Very Anxious	<input type="checkbox"/>	
Extremely Anxious	<input type="checkbox"/>	

If you were about to have treatment, how would you feel?		
Not Anxious	<input type="checkbox"/>	Notes:
Slightly Anxious	<input type="checkbox"/>	
Fairly Anxious	<input type="checkbox"/>	
Very Anxious	<input type="checkbox"/>	
Extremely Anxious	<input type="checkbox"/>	

Calm & Gentle
DENTAL CARE

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CONTACT US TODAY TO ARRANGE A FREE NO OBLIGATION CONSULTATION

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