

This resource is part of [our guide on dental anxiety and dental phobia](#).

Use this short questionnaire to take the next important steps in managing and overcoming your dental phobia.

Take your time to complete it, but avoid spending too long so as not to overthink and focus too much on your anxiety.

If it helps you can take this along to your appointment to share with the dentist.

There is a sample telephone script at the end that you may find helpful for making an appointment by phone or email.

## 1. What triggers your fear of the dentist? (tick all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Pain                       | <input type="checkbox"/> Stories from friends, family & the internet     |
| <input type="checkbox"/> Noise                      | <input type="checkbox"/> The unknown - simply not knowing what to expect |
| <input type="checkbox"/> Smells                     | <input type="checkbox"/> Lack of knowledge                               |
| <input type="checkbox"/> Injections                 | <input type="checkbox"/> Changing dentist/dental practices               |
| <input type="checkbox"/> Previous experience/trauma | <input type="checkbox"/> Other...  |
| <input type="checkbox"/> Being judged/told off      |  |
| <input type="checkbox"/> Cost of treatment          |  |

If other, write down what causes your phobia:

.....  
.....

## 2. How do you feel or act when you think about a visit to the dentist? (tick all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Scared/nervous          | <input type="checkbox"/> Urge to urinate                        |
| <input type="checkbox"/> Embarrassed             | <input type="checkbox"/> Fainting and hypotension               |
| <input type="checkbox"/> Aggressive/defensive    | <input type="checkbox"/> Heart throbbing (palpitations)         |
| <input type="checkbox"/> Sick/nausea             | <input type="checkbox"/> Heart racing (tachycardia)             |
| <input type="checkbox"/> Urge to gag or vomit    | <input type="checkbox"/> Elevated blood pressure (hypertension) |
| <input type="checkbox"/> Dry mouth               | <input type="checkbox"/> Hyperventilation (rapid breathing)     |
| <input type="checkbox"/> Trembling and tremor    | <input type="checkbox"/> Sleepless nights before the visit      |
| <input type="checkbox"/> Feelings of suffocation | <input type="checkbox"/> Other...                               |
| <input type="checkbox"/> Hot/sweaty              |   |

If other, write down your feelings:

.....  
.....

### 3. How would you like to be treated? (tick all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Let me begin with just a chat, no checkup                                 | <input type="checkbox"/> Allow me to bring a friend or family member |
| <input type="checkbox"/> Explain the likely cause/treatment based on my symptoms only (no checkup) | <input type="checkbox"/> Allow me to play my own music               |
| <input type="checkbox"/> Have just a checkup, no actual procedures                                 | <input type="checkbox"/> Take regular breaks                         |
| <input type="checkbox"/> Give me more time to conduct the assessment                               | <input type="checkbox"/> Phone or video consultation                 |
| <input type="checkbox"/> Let me stop when I want by raising a hand etc                             | <input type="checkbox"/> Have an early morning appointment           |
|  | <input type="checkbox"/> Have a late appointment                     |
|  | <input type="checkbox"/> Explain the cost                            |
|  | <input type="checkbox"/> Allow me to spread the payments             |
|  | <input type="checkbox"/> Other...                                    |

If you have any other ways you would like to be treated, write them down:

.....  
.....

### 4. Why would you like to see a dentist now? (tick all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> I am overdue a regular checkup         | <input type="checkbox"/> I have pain in my teeth (toothache)  |
| <input type="checkbox"/> I haven't been to the dentist in years | <input type="checkbox"/> I have bleeding gums                 |
| <input type="checkbox"/> I am embarrassed about my teeth        | <input type="checkbox"/> I have a lump or abscess in my mouth |
| <input type="checkbox"/> I have a chipped/broken/damaged tooth  | <input type="checkbox"/> Other...                             |

If other, write down your reason for wanting to see a dentist:

.....  
.....

5. Have you had any dental treatments before? (tick all that apply)

- No dental treatments
- Filling(s)
- Root canal treatment
- Tooth extraction
- Dental crown
- Dental veneers
- Other...

If other, write down what these treatments were:

.....  
.....

6. For any previous treatment were you given... (tick if applicable)

- Local anaesthetic
- Sedative (sedation)
- General anaesthetic

Any notes/comments:

.....  
.....

7. Do you have a dentist already?

- Yes
- No

If you answered no, it is worth visiting <https://www.dentalphobia.co.uk/> (if you live in the UK) to find a dentist near you who is certified in treating nervous patients.

If you live outside the UK, you may be able to find a dentist locally who has experience with anxious patients.

You can also search for a dentist locally, by using search engines and getting recommendations from family and friends etc.

## 8. How would you prefer to contact your dental practice? (tick all that apply)

- |                                    |                                    |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Facebook  |
| <input type="checkbox"/> Email     | <input type="checkbox"/> Twitter   |
| <input type="checkbox"/> Live chat | <input type="checkbox"/> Instagram |

Please bear in mind, not all dental practices offer multiple forms of contact. Be sure to pick the method that is least stressful for yourself.

## 9. The script to use

The following text can be used as the basis for an email or message to your dentist/dental practice.

You will likely need to adjust it slightly based on your personal circumstances.

Use the lines below this template to write out your own script that you can read from if you intend to give your dental practice a call.

Hi,

My name is <ENTER YOUR NAME> and I would like to arrange an appointment as I <ENTER ANSWERS FROM QUESTION 4>.

I have dental anxiety which is triggered by <ENTER ANSWERS FROM QUESTION 1>.

This causes me to <ENTER ANSWERS FROM QUESTION 2>.

I would like to have an appointment <ENTER ANSWERS FROM QUESTION 3>.

I have previously had <ENTER ANSWERS FROM QUESTIONS 5 & 6>.

Thank you and I look forward to hearing from you.

**Write out your own script:**

Hi,

My name is.....

and I would like to arrange an appointment as I

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I have dental anxiety which is triggered by

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.....  
.....

This causes me to

.....  
.....  
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I would like to have an appointment

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I have previously had

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.....

Thank you and I look forward to hearing from you.

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The following is an example of how this might look when you insert your specific information.

*Hi,*

*My name is **Joe Bloggs** and I would like to arrange an appointment as I **have not been to the dentist in years and I have a lump on my gum that is painful.***

*I have dental anxiety which is triggered by **the noise and smells of the dental practice.***

*This causes me to **get sweaty palms, an increased heartbeat, dry mouth and general nervousness. I often go quite quiet too.***

*I would like to have an appointment **first thing in the morning. I would like to play my own music to help keep me calm and I would like to take a break regularly with no actual treatment, other than a checkup during this visit.***

*I have previously had **root canal treatment as well as having 2 teeth removed. I had sedation for this procedure.***

*Thank you and I look forward to hearing from you.*

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Please note. If you are experiencing any of the following situations you need to act fast and contact the dentist or emergency services by telephone

- An accident or trauma has caused 1 or more teeth to be knocked out or lost.
- An accident or trauma has caused 1 or more teeth to become extremely loose and likely to fall out very soon.
- Significant bleeding that won't stop.
- Severe pain that isn't helped by painkillers.
- Wounds to the lips, tongue or cheeks.
- Swelling that affects the eye, or that affects the throat so that you are struggling to swallow or breathe.