

## Feelings Related to Dental Treatment (MDAS Questionnaire)

Name \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ 20\_\_\_\_

Below are various statements related to dental treatment. Imagine the situation and choose by circling the option that best describes your feelings.

1. If you were going to the dentist's office for treatment tomorrow, how would you feel?

- 5 I would be extremely nervous
- 4 I would be very nervous
- 3 I would be moderately nervous
- 2 I would be slightly nervous
- 1 I would not feel nervous

2. If you were sitting in the waiting room, how would you feel?

- 5 I would be extremely nervous
- 4 I would be very nervous
- 3 I would be moderately nervous
- 2 I would be slightly nervous
- 1 I would not feel nervous

3. How would you feel if the dentist was just about to start drilling your tooth?

- 5 I would be extremely nervous
- 4 I would be very nervous
- 3 I would be moderately nervous
- 2 I would be slightly nervous
- 1 I would not feel nervous

4. If you were having tartar removed, how would you feel?

- 5 I would be extremely nervous
- 4 I would be very nervous
- 3 I would be moderately nervous
- 2 I would be slightly nervous
- 1 I would not feel nervous

5. If the area of the upper back tooth was being numbed, how would you feel?

- 5 I would be extremely nervous
- 4 I would be very nervous
- 3 I would be moderately nervous
- 2 I would be slightly nervous
- 1 I would not feel nervous

**Result** \_\_\_\_\_

The form is scanned into the patient information system and appropriately destroyed