

Children's Fear Survey Schedule-Dental Subscale

	Not afraid at all	A little afraid	A fair amount afraid	Pretty much afraid	Very afraid
1. Dentists	_____	_____	_____	_____	_____
2. Doctors	_____	_____	_____	_____	_____
3. Injections	_____	_____	_____	_____	_____
4. Having someone examine your mouth	_____	_____	_____	_____	_____
5. Having to open your mouth	_____	_____	_____	_____	_____
6. Having a stranger touch you	_____	_____	_____	_____	_____
7. Having somebody look at you	_____	_____	_____	_____	_____
8. The dentist drilling	_____	_____	_____	_____	_____
9. The sight of the dentist drilling	_____	_____	_____	_____	_____
10. The noise of the dentist drilling	_____	_____	_____	_____	_____
11. Having somebody put instruments in your mouth	_____	_____	_____	_____	_____
12. Choking	_____	_____	_____	_____	_____
13. Having to go to the hospital	_____	_____	_____	_____	_____
14. People in white uniforms	_____	_____	_____	_____	_____
15. Having the nurse clean your teeth	_____	_____	_____	_____	_____