

# Dental Anxiety Evaluation Form

Full Name

Age

Email Address

How do you feel about visiting the dentist?

☐ Calm ☐ Slightly anxious ☐ Very anxious ☐ Terrified

Have you ever postponed a dental appointment due to anxiety?

☐ Yes ☐ No

What aspect of dental visits causes you the most anxiety?

If you have any specific concerns or suggestions, please write them below: