

# Indicator of Sedation Need (IOSN)

## ANXIETY QUESTIONNAIRE TO BE COMPLETED BY THE PATIENT

Can you tell us how anxious you get, if at all, with your dental visit?

Please indicate by putting a 'X' in the appropriate box

1. If you went to your Dentist for TREATMENT TOMORROW, how would you feel?

Not Anxious       Slightly Anxious       Fairly Anxious       Very Anxious       Extremely Anxious

2. If you were sitting in the WAITING ROOM (waiting for treatment), how would you feel?

Not Anxious       Slightly Anxious       Fairly Anxious       Very Anxious       Extremely Anxious

3. If you were about to have a TOOTH DRILLED, how would you feel?

Not Anxious       Slightly Anxious       Fairly Anxious       Very Anxious       Extremely Anxious

4. If you were about to have your TEETH SCALED AND POLISHED, how would you feel?

Not Anxious       Slightly Anxious       Fairly Anxious       Very Anxious       Extremely Anxious

5. If you were about to have a LOCAL ANAESTHETIC INJECTION in your gum, above an upper back tooth, how would you feel?

Not Anxious       Slightly Anxious       Fairly Anxious       Very Anxious       Extremely Anxious

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Humphris GM, Morrison T and Lindsay SJE. The Modified Dental Anxiety Scale: Validation and United Kingdom Norms. *Community Dental Health* 1995; 12:143-150.

### Dentist to score Anxiety Questionnaire

Each of the five answers is scored as follows:

Not anxious = 1  
Slightly anxious = 2  
Fairly anxious = 3  
Very anxious = 4  
Extremely anxious = 5

So the total Questionnaire Score is  
a sum of all five items (range 5 to 25)

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