

DENTAL FEAR INTERVIEW
(DFI)

Participant's Name: _____ Date: _____

Participant's ID#: _____ Interviewer: _____

The purpose of this interview is to learn about your reactions to dental treatment. Many people find visits to the dentist anxiety-evoking and difficult to cope with easily. The questionnaire(s) you completed a few minutes ago will give useful information about those experiences, but there probably are additional comments you could make. First, I'd like to find out your general thoughts and feelings about visits to the dentist. (INTERVIEWER CAN PROMPT SUBJECT BY REFERRING TO DFS RESPONSES.)

1. What is going to the dentist like for you? How does it feel? (NOTE CATCHWORDS AND EMOTIONAL INTENSITY OF RESPONSE.)

2. How long since you last saw a dentist? (CHECK ONE.)

<input type="checkbox"/> Six months or less	<input type="checkbox"/> Five to ten years
<input type="checkbox"/> Six months to one year	<input type="checkbox"/> Over ten years
<input type="checkbox"/> One to two years	<input type="checkbox"/> Never been to a dentist
<input type="checkbox"/> Two to five years	

For what did you see the dentist the last time?

3. Over the past two to three years, approximately how often have you been to the dentist? (CHECK ONE.)

<input type="checkbox"/> Every six months or more	<input type="checkbox"/> Once every two years
<input type="checkbox"/> Once a year	<input type="checkbox"/> Less than once every two years

4. Have you avoided going to the dentist in the past because of fear or anxiety?
(CIRCLE ONE.)

YES

NO

MAYBE

(CONTINUE IN THIS QUESTION IF RESPONSE IS "YES" OR "MAYBE".)

How long did you delay? (APPROXIMATE NUMBER OF WEEKS, MONTHS, OR YEARS.)

What finally happened? _____

Can you describe specific things that bothered you? (EXAMPLES: INJECTIONS, DRILLING, PAIN.)

Are these instances in which you have avoided listening to movies or reading stories about dental topics? _____

Do you presently need to see a dentist? (CIRCLE ONE.)

YES

NO

MAYBE

If yes, why? _____

5. I'd like to know how comfortable or uncomfortable you would feel in each of the following situations. Please rate these on a 1 to 10 scale. (EXPLAIN.)

1	2	3	4	5	6	7	8	9	10
Very Uncomfortable					Very Comfortable				

_____ Telephoning for a dental appointment
 _____ Having your teeth probed and otherwise examined by a dentist
 _____ Having a dentist criticize the condition of your teeth
 _____ Asking the dentist to be more careful because of pain you experienced during your last visit

_____ An injection in your mouth before dental work
 _____ Drilling of a tooth and filling a cavity
 _____ Having a tooth pulled
 _____ Being a patient in a dental chair and having a procedure demonstrated in your mouth in front of a crowd of dental personnel

(LIST ONE RATING FOR EACH SITUATION.)

6. Are there other dental situations that would cause you to feel uncomfortable or that you would want to avoid?

7. How intense are your concerns about going to the dentist as you compare them to other fears or frightening experiences you might have had? (CIRCLE ONE.)

1	2	3	4	5	6	7	8	9	10
Relatively not intense at all								Extremely anxiety-provoking	

8. How confident are you that, at present, you could go to a dentist for a cleaning, examination, and possible dental work? (CIRCLE ONE.)

1	2	3	4	5	6	7	8	9	10
Very unsure									Very confident

9. If you found out about a treatment program designed to help people cope with anxiety or fear associated with dental visits, how interested would you be in participating? (CIRCLE ONE.)

1	2	3	4	5	6	7	8	9	10
Not interested									Very interested

10. Do you have any other comments or impressions about your experiences with dental care?

INTERVIEWER RATINGS

Dental Anxiety/FearSeverity

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Regularly has dental treatment with little or no anxiety					Has significant anxiety/fear but regularly gets treatment					Avoids dental treatment except in periods of great need (e.g., tooth pain)			

Degree of Impairment

1	2	3	4	5	6	7	8	9	10	11	12	13	14
None					Minor dental problems are now present or have been present in the past as a result of neglect					Major dental problems are now present or have been present in the past as a result of neglect			

EVALUATION OF INTERVIEW BY SECOND RATER

Subject ID _____ Second Rater _____

Dental Anxiety/Fear

Severity

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Regularly has dental treatment with little or no anxiety					Has significant anxiety/fear but regularly gets treatment					Avoids dental treatment except in periods of great need (e.g., tooth pain)			

Degree of Impairment

1	2	3	4	5	6	7	8	9	10	11	12	13	14
None					Minor dental problems are now present or have been present in the past as a result of neglect					Major dental problems are now present or have been present in the past as a result of neglect			