

MDS: DENTAL HYGIENISTS

Demographics

1. Birth date **Month** **Day** **Year**

2. Sex: Male Female

3. Ethnicity

Are you Hispanic or Latino? Yes No

4. Race (Check all that apply.)

- | | |
|--|---|
| <input type="radio"/> American Indian or Alaska Native | <input type="radio"/> Asian |
| <input type="radio"/> Black or African American | <input type="radio"/> Native Hawaiian or Other Pacific Islander |
| <input type="radio"/> White | <input type="radio"/> Choose not to respond |

5. Where were you born?

- In the United States (Print state/territory abbreviation):
- Outside the United States (Print name of foreign country): _____

Education & Training

6. What is your highest dental hygiene degree?

- | | |
|---|--|
| <input type="radio"/> Certificate/Diploma | <input type="radio"/> Associate degree |
| <input type="radio"/> Bachelor's degree | <input type="radio"/> Master's degree |

7. What year did you complete your dental hygiene education?

8. Where did you complete your dental hygiene education?

- United States (specify state):
- Outside the United States (Print name of foreign country): _____

9. What is your highest non-dental hygiene degree?

- | | |
|---|---------------------------------------|
| <input type="radio"/> Certificate/Diploma | <input type="radio"/> Master's degree |
| <input type="radio"/> Associate degree | <input type="radio"/> Doctoral degree |
| <input type="radio"/> Bachelor's degree | |

10. What field is the degree in? _____

Practice Characteristics

11. What is your employment status? (mark all that apply)

- Actively working in a position that requires a dental hygiene license
- Actively working in a dental hygiene related field that does not require a dental hygiene license
- Actively working in a field that does not require a dental hygiene license
- Not currently working, disabled
- Not currently working, seeking work in a position that requires a dental hygiene license
- Not currently working, seeking work in a position that does not require a dental hygiene license
- Student
- Leave of absence or Sabbatical
- Retired

12. If you are not currently working in dental hygiene, are you planning on returning in the next 12 months?

- Yes Unsure No → after this question; survey will be complete for this group of respondents

13. Which best describes the type of setting that most closely corresponds to your principal and secondary (if applicable) direct patient care practice location(s): (Select One Principal and One Secondary if applicable.)

	Principal	Secondary
<u>Private Stand Alone Dental Hygiene Practice</u>	<input type="radio"/>	<input type="radio"/>
<u>Dental office practice</u>		
Solo practice	<input type="radio"/>	<input type="radio"/>
Partnership	<input type="radio"/>	<input type="radio"/>
Group practice (single specialty)	<input type="radio"/>	<input type="radio"/>
Group practice (multiple specialties)	<input type="radio"/>	<input type="radio"/>
<u>Specialty Practices</u>		
Patient care self employed	<input type="radio"/>	<input type="radio"/>
Oral and Maxillofacial Pathology	<input type="radio"/>	<input type="radio"/>
Orthodontics and Dentofacial Orthopedics	<input type="radio"/>	<input type="radio"/>
Periodontics	<input type="radio"/>	<input type="radio"/>
Endodontics	<input type="radio"/>	<input type="radio"/>
Oral and Maxillofacial Surgery	<input type="radio"/>	<input type="radio"/>
Prosthodontics	<input type="radio"/>	<input type="radio"/>
Oral and Maxillofacial Radiology	<input type="radio"/>	<input type="radio"/>
Pediatric Dentistry	<input type="radio"/>	<input type="radio"/>
Other Specialty	<input type="radio"/>	<input type="radio"/>
Hospital/Clinic	<input type="radio"/>	<input type="radio"/>
Federal Government Hospital/Clinic (includes Military)	<input type="radio"/>	<input type="radio"/>
Health Center (CHC/FQHC/FQHC look-alike)	<input type="radio"/>	<input type="radio"/>
Long Term Care/Nursing home/Extended Care Facility (non-hospital)	<input type="radio"/>	<input type="radio"/>
Home health setting	<input type="radio"/>	<input type="radio"/>
Local health department	<input type="radio"/>	<input type="radio"/>
Other Public Health/Community Health Setting	<input type="radio"/>	<input type="radio"/>
School health service	<input type="radio"/>	<input type="radio"/>
Mobile Unit Dentistry	<input type="radio"/>	<input type="radio"/>
Correctional Facility	<input type="radio"/>	<input type="radio"/>
Indian Health Service	<input type="radio"/>	<input type="radio"/>
Headstart (including early Headstart)	<input type="radio"/>	<input type="radio"/>
Staffing organization	<input type="radio"/>	<input type="radio"/>
Other setting (specify): _____	<input type="radio"/>	<input type="radio"/>

14. How many weeks did you work in dental hygiene in the past year?

15. For all positions held, indicate the average number of hours spent per week on each Dental Hygiene major activity:

Direct Patient care	Research	Education	Administration	Other
<input type="text"/> <input type="text"/>				

16a. Are you currently working as many hours as you would like in dental hygiene? Yes No

16b. If NO, how many more hours a week would you like to be working in dental hygiene?

****The remaining items should be completed only by dental hygienists practicing direct patient care****

17. What state(s) are you currently practicing in?

18. Direct Patient Care: Practice Locations

What is the location of sites where you spend the most time providing direct patient care:

Principal practice site

Zip Code of practice site:

Direct care hours at site*:

Secondary Practice Site (if applicable)

Zip Code of practice site:

Direct care hours at site*:

OPTIONAL:

18. Direct Patient Care: Practice Locations

What is the location of sites where you spend the most time providing direct patient care:

Principal Location Address

Number Street

City/Town State

Zip Code

Secondary Location Address (if applicable)

Number Street

City/Town State

Zip Code

19. Is your principal practice site formally affiliated with a network of other practices or health providers?

- No
- Yes, Staff Model HMO
- Yes, Dentist-Hospital Organization
- Yes, Independent Practice Association
- Yes, Federally Qualified Health Center
- Yes, other: _____

20. What are your employment plans for the next 12 months?

- Increase hours in patient care
- Decrease hours in patient care
- Seek employment in a field outside of patient care
- Leave direct patient care to complete further training
- Leave direct patient care for family reasons/commitments
- Leave direct patient care due to physical demands
- Leave direct patient care due to stress/burnout
- Retire
- Continue as you are
- Unknown

OPTIONAL

21. Which of the following best describes your current employment arrangement at your principal practice location?

- Self employed
- Salaried employment
- Hourly employment
- Temporary/Fill-in work
- Other (specify): _____

22. Please indicate if you are currently practicing under the following:

- Direct supervision – dentist is present
- Prescriptive supervision – dentist is not present, but authorized treatment
- None of the above

23. Number of Dental Hygienists at each practice location:

Principal Secondary

24. Number of Dentists at each practice location:

Principal Secondary

25. Are you able to communicate with patients in a language other than English without using an interpreter?

- Yes
- No

If yes – What language(s)? _____