



INDIANA UNIVERSITY

SCHOOL OF MEDICINE

Bowen Center for Health Workforce Research and Policy

2015 Dental Hygienist Survey Instrument

1. Sex
 - a. Male
 - b. Female
2. Ethnicity: Are you Hispanic or Latino?
 - a. Yes
 - b. No
3. Race (Check all that apply.)
 - a. American Indian or Alaska Native
 - b. Black or African American
 - c. White
 - d. Asian
 - e. Native Hawaiian or Other Pacific Islander

4. What type of dental hygiene degree/credential qualified you for your first U.S. dental hygiene license?

DROP-DOWN LIST OR RADIO BUTTONS

Vocational/Practical certificate – dental hygiene

Diploma – dental hygiene

Associate degree – dental hygiene

Baccalaureate degree – dental hygiene

Master's degree – dental hygiene

Doctoral degree – dental hygiene

5. Where did you complete the dental hygiene degree/credential that qualified you for your first U.S. dental hygiene license?
 - a. DROP DOWN LIST
 - i. Indiana
 - ii. Michigan
 - iii. Illinois
 - iv. Kentucky
 - v. Ohio
 - vi. Another State (not listed)
 - vii. Another Country (not U.S.)

6. What is your highest level of education?

DROP-DOWN LIST OR RADIO BUTTONS

Vocational/Practical certificate – dental hygiene

Diploma – dental hygiene

Associate degree – dental hygiene

Associate degree – other field

Baccalaureate degree – dental hygiene

Baccalaureate degree – other field

Master's degree – dental hygiene

Master's degree – other field

Doctoral degree – dental hygiene

Doctoral degree – other field

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

a. CHECK BOXES

b. Actively working in a position that requires a dental hygiene license

c. Actively working in a dental hygiene related field that does not require a dental hygiene license

d. Actively working in a field that does not require a dental hygiene license

e. Not currently working, disabled

f. Not currently working, seeking work in a position that requires a dental hygiene license

g. Not currently working, seeking work in a position that does not require a dental hygiene license

h. Student

i. Leave of absence or Sabbatical

j. Retired

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

a. DROP DOWN OF 1-52

9. Please indicate in which field you spend the majority of your time.

a. DROP-DOWN LIST OR RADIO BUTTONS

b. Direct Patient Care – dental hygiene

c. Direct Patient Care – other

d. Research – dental hygiene

e. Research – other

f. Education – dental hygiene

g. Education – other

h. Administration – dental hygiene

i. Administration – other

j. Other

10. Are you currently working as many hours as you would like in dental hygiene?

a. Yes

b. No

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

a. DROP DOWN NUMBERS 0-40

12. What are your employment plans for the next 12 months?
 - a. Increase hours in patient care
 - b. Decrease hours in patient care
 - c. Seek employment in a field outside of patient care
 - d. Leave direct patient care to complete further training
 - e. Leave direct patient care for family reasons/commitments
 - f. Leave direct patient care due to physical demands
 - g. Leave direct patient care due to stress/burnout
 - h. Retire
 - i. Continue as you are
 - j. Unknown

13. What is the street address of your principal practice site where you spend the most time providing direct patient care?
 - a. TEXT-BOX

14. In what city is your principal practice site where you spend the most time providing direct patient care?
 - a. TEXT-BOX

15. In what state is your principal practice site where you spend the most time providing direct patient care? Please indicate state using 2-letter postal abbreviation.
 - a. DROP-DOWN LIST OF STATES (2LETTER ABV.)

16. What is the 5-digit ZIP code of your principal practice site where you spend the most time providing direct patient care?
 - a. TEXT-BOX

17. How many hours do you spend in direct care per week at your principal practice site?
 - a. 0 hours per week
 - b. 1 – 4 hours per week
 - c. 5 – 8 hours per week
 - d. 9 – 12 hours per week
 - e. 13 – 16 hours per week
 - f. 17 – 20 hours per week
 - g. 21 – 24 hours per week
 - h. 25 – 28 hours per week
 - i. 29 – 32 hours per week
 - j. 33 – 36 hours per week
 - k. 37 – 40 hours per week
 - l. 41 or more hours per week

18. Which best describes the type of setting that most closely corresponds to your principal direct patient care practice site:
- Dental office practice - Solo practice
 - Dental office practice - Partnership
 - Dental office practice - Group practice
 - Specialty Practice
 - Hospital/Clinic
 - Federal Government Hospital/Clinic (includes Military)
 - Health Center (CHC/FQHC/FQHC look-alike)
 - Long Term Care/Nursing home/Extended Care Facility (non-hospital)
 - Home health setting
 - Local health department
 - Other Public Health/Community Health Setting
 - School health service
 - Mobile Unit Dentistry
 - Correctional Facility
 - Indian Health Service
 - Headstart (including early Headstart)
 - Staffing organization
 - Other setting
19. What is the street address of your secondary practice site? If you do not have a secondary practice site, please skip this question.
- TEXT-BOX
20. In what city is your secondary practice site? If you do not have a secondary practice site, please skip this question.
- TEXT-BOX
21. In what state is your secondary practice site? Please indicate state using 2-letter postal abbreviation. If you do not have a secondary practice site, please skip this question.
- DROP-DOWN LIST OF STATES (2LETTER ABV.)
22. What is the 5-digit ZIP code of your secondary practice site? If you do not have a secondary practice site, please skip this question.
- TEXT-BOX
23. How many hours do you spend in direct care per week at your secondary practice site? If you do not have a secondary practice site, please skip this question.
- 0 hours per week
 - 1 – 4 hours per week
 - 5 – 8 hours per week
 - 9 – 12 hours per week
 - 13 – 16 hours per week
 - 17 – 20 hours per week
 - 21 – 24 hours per week
 - 25 – 28 hours per week
 - 29 – 32 hours per week
 - 33 – 36 hours per week
 - 37 – 40 hours per week
 - 41 or more hours per week

24. Which best describes the type of setting that most closely corresponds to your secondary direct patient care practice site: (If you do not have a secondary practice site, please skip this question.)
- a. Dental office practice - Solo practice
 - b. Dental office practice - Partnership
 - c. Dental office practice - Group practice
 - d. Specialty Practice
 - e. Hospital/Clinic
 - f. Federal Government Hospital/Clinic (includes Military)
 - g. Health Center (CHC/FQHC/FQHC look-alike)
 - h. Long Term Care/Nursing home/Extended Care Facility (non-hospital)
 - i. Home health setting
 - j. Local health department
 - k. Other Public Health/Community Health Setting
 - l. School health service
 - m. Mobile Unit Dentistry
 - n. Correctional Facility
 - o. Indian Health Service
 - p. Headstart (including early Headstart)
 - q. Staffing organization
 - r. Other setting