

**Survey of Washington State Licensed Health Care Providers:
License type: DENTISTS**

Please answer all questions as instructed. If you hold more than one type of license to practice, please complete the questionnaire as it applies to the license type listed above. PLEASE DO NOT DOUBLE COUNT YOUR ACTIVITIES across license types. Instructions on how to complete the questions are listed at the right side of the page.

SPECIALTY

Q1. Select ONE category below that best describes your primary area of practice. (If you are not clinically active, please select the type of work with which you are most associated.)

- | | | | |
|--|--------------------------------------|--|-------------------------------------|
| <input type="radio"/> General practice | <input type="radio"/> Endodontics | <input type="radio"/> Oral/maxillofacial surgery | <input type="radio"/> Public health |
| <input type="radio"/> Pediatrics | <input type="radio"/> Periodontics | <input type="radio"/> Oral/maxillofacial radiology | <input type="radio"/> Other |
| <input type="radio"/> Orthodontics | <input type="radio"/> Prosthodontics | <input type="radio"/> Oral pathology | |

PRACTICE ACTIVITIES

Q2. Are you currently practicing (employed or volunteer) as a dentist in Washington State?

- Yes
 No ==> Skip to Q9

Q3. During a typical week, approximately how many hours do you spend in the following professional dental activities? (Do not include on-call time.)

- | | |
|----------------------|--|
| <input type="text"/> | Direct patient care (including patient education) |
| <input type="text"/> | Administration of clinical practice |
| <input type="text"/> | Teaching (dental education) |
| <input type="text"/> | Research |
| <input type="text"/> | Other professional dental activities |
| <input type="text"/> | TOTAL hours (add above items -- This should represent your typical weekly hours of work.) |

Q4. In the past 12 months, how many weeks did you work? (For example, if you work all year and take two weeks vacation, you would work 50 weeks.)

Weeks

Q5. Do you provide direct patient care?

- Yes
 No ==> Skip to Q8

Q6. What are the ZIP codes of your work location(s) where you provide direct patient care?

<input type="text"/>	Principal work location ZIP code
<input type="text"/>	Secondary work location ZIP code (if applicable)

Q7. Do you provide direct patient care in more than two locations?

- Yes
 No

[RESPID]

MARKING INSTRUCTIONS

- Use a No. 2 pencil or a blue or black ink pen only.
- Do not use pens with ink that soaks through the paper.
- Make solid marks that fill the response completely
- Make no stray marks on this form

CORRECT: ● **INCORRECT:** ✗ ○ ◐ ◑

{RespID}

➔ Please turn the page over and answer the questions on the other side.

FACILITY TYPE

Q8. Which ONE of the following best describes the work setting of your principal position?

- | | |
|--|---|
| <input type="radio"/> Independent/solo practice dental clinic | <input type="radio"/> Insurance claims/benefits |
| <input type="radio"/> Group dental clinic | <input type="radio"/> Education/research |
| <input type="radio"/> Government facility such as VA/IHS/Public Health | <input type="radio"/> Other |

PRACTICE HISTORY

Q9. How many total years have you practiced as a dentist? (Include both time in Washington and elsewhere.)

Total years of practice (including in Washington) (Use 0 if none.)

Q10. How many total years have you practiced as a dentist in Washington?

Total years of practice in Washington (Use 0 if none)

Q11. When do you plan to retire?

- Already retired
- Within the next 5 years
- Within the next 6 - 10 years
- More than 10 years from now
- Don't know/Uncertain

EDUCATION

Q12. Which of the following programs have you completed? (Mark all that apply.)

Type of Degree/Program	Q12a. Did you complete this program / obtain this degree?		Q12b. If yes, in what year did you complete the program?	Q12c. If yes, did you complete this program at an institution in Washington state?	
	Yes	No		Yes	No
a. Doctor of Dental Surgery (DDS)	<input type="radio"/>	<input type="radio"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input type="radio"/>	<input type="radio"/>
b. Doctor of Dental Medicine (DMD)	<input type="radio"/>	<input type="radio"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input type="radio"/>	<input type="radio"/>
c. Accredited post-doctoral dental education	<input type="radio"/>	<input type="radio"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input type="radio"/>	<input type="radio"/>

Q13. Did you complete your education to become a dentist outside of the United States?

- Yes, outside the U.S.
- No

ETHNICITY and RACE

Q14. Are you of Spanish / Hispanic / Latino origin?

- Yes
- No

Q15. The Spanish/Hispanic/Latino question is about ethnicity, not race. Please continue to answer the following question by marking one or more boxes to indicate what you consider your race(s) to be.

- | | |
|--|--|
| <input type="radio"/> White | <input type="radio"/> Asian |
| <input type="radio"/> Black or African American | <input type="radio"/> Native Hawaiian/Pacific Islander |
| <input type="radio"/> American Indian or Alaska native | <input type="radio"/> Other |

Thank you for participating in this important survey! Please return your questionnaire in the envelope provided, or to SESRC, Washington State University, PO Box 641801, Pullman, WA 99164-1801