

Dentist Survey

Instructions:
 The following survey will assist policymakers at the state, federal and local levels assess the adequacy of the current Dentistry workforce and project future workforce trends in relation to Virginia's changing population and health needs. It will help us advance the practice of Dentistry and to improve the health of all Virginians. By law, information collected as part of this survey is confidential. License numbers and other individually identifying information are removed from Healthcare Workforce Data Center data sets. The Healthcare Workforce Data Center only releases information in the aggregate or to qualified research organizations who meet our strict confidentiality standards. Participation in this survey is voluntary. You may exit the survey at any time by scrolling to the bottom and pushing the "Submit" button or by clicking on the "Finish" button at the bottom of the left sidebar. **Note: Clicking "Finish" will finalize your renewal application.**

The survey questions are designed to allow comparisons across professions, and among state and federal data collection efforts. Some of the questions, particularly the demographic questions, match Federal data collection standards.

Education and Background		
1) Year of Birth:		<i>Dropdown: 2000 to 1920 (reverse order)</i>
2) Sex:		<i>Dropdown: Male/Female</i>
3a) Select one:	Please select the items that best describe your race/ethnicity. Please answer both question 3a about Hispanic origin and 3b about race/ethnicity.	<i>Check one</i> Hispanic, Latino or Spanish Origin Not Hispanic, Latino or Spanish Origin
3b) Select all that apply:		<i>Check all that apply</i> White Black or African American American Indian or Alaska Native Asian Native Hawaiian or Pacific Islander Some other race
3c) If some other race, please specify:		<i>Fill in the blank</i>
4) Where did you graduate from high school (Secondary School)?		<i>Dropdown</i> Outside of the US or Canada Canada 57 US States and Territories
5) Was your childhood spent mostly in rural, urban or suburban areas?		<i>Dropdown: urban, rural, suburban</i>
6) Where did you obtain your undergraduate degree?		<i>Dropdown</i> Did not obtain an undergraduate degree

		Outside of the US or Canada
		Canada
		57 US States and Territories
7)	Where did you complete dental school?	<i>Dropdown</i>
		Outside of the US or Canada
		Canada
		57 US States and Territories
8)	Please indicate any education you have completed as of today (excluding residencies or advanced training programs)? Please check all that apply:	<i>Check all that apply</i>
		Bachelor of Arts Degree
		Other Bachelor's Degree
		Graduate Certificate
		Masters Degree
		PhD
		DDS/DMD
9)	Do you hold an active license to practice dentistry in any other jurisdiction?	<i>Check all that apply</i>
		District of Columbia
		Kentucky
		Maryland
		North Carolina
		Tennessee
		West Virginia
		One or more other US states
10a)	Please indicate any residencies or recognized specialty training certificates you have completed as of today. Please check all that apply:	<i>Check all that apply</i>
		Advanced Education in General Dentistry
		General Practice Residency -1 (GPR-1)
		General Practice Residency -2 (GPR-2)
		Dental Public Health
		Endodontics
		Oral and Maxillofacial Pathology
		Oral and Maxillofacial Radiology
		Oral and Maxillofacial Surgery
		Orthodontics
		Pediatric Dentistry
		Periodontology
		Prosthodontics
10b)	Please indicate any other areas in which you have significant education, training or practice experience.	<i>Check all that apply</i>
		General Dentistry
		Dental Anesthesiology
		Special Care Dentistry
		Oral Biology

		Forensic Odontology
		Geriatric Dentistry
		Oral Medicine
		Cosmetic Dentistry
		Sleep Medicine
		Dental Implants
		Pediatrics
10c)	If you have any other additional training or credentials, please provide a short description:	open ended
11)	Where did you complete your most recent residency or fellowship?	<i>Dropdown</i>
		Outside of the US or Canada
		Canada
		57 US States and Territories
Current Employment Status		
12)	Which choice best describes your <i>current</i> employment or work situation?	<i>Dropdown</i>
		Employed in a Dentistry related capacity.
		Employed, NOT in a Dentistry related capacity.
		I am retired.
		Voluntarily unemployed (including for medical reasons).
		Involuntarily unemployed.
13)	Overall, and taking into account all positions you fill, how satisfied are you with your <i>current</i> employment or work situation?	<i>Dropdown</i>
		Very satisfied
		Somewhat satisfied
		Somewhat dissatisfied
		Very dissatisfied
14)	If employed, how many positions do you <i>currently</i> hold?	<i>Dropdown</i>
	<i>Note: There is no legal standard for part-time work, and each employer defines part-time work differently. Part-time work generally refers to workweeks of 35-hours per week or less. Per diem, temporary, contract, self-employed and seasonal workers, and workers subject to annual limits on hours should consider average hours spent working over the term of employment.</i>	
		One part-time position
		One full-time position
		Two part-time positions
		position
		Two full-time positions
		More than two positions

15)	Considering all positions you <i>currently</i> fill, how long is your average workweek?	<i>Dropdown</i>
		I am not currently working
		1 to 4 hours
		5 to 9 hours
		10 to 14 hours
		15 to 19 hours
		20 to 24 hours
		25 to 29 hours
		30 to 34 hours
		35 to 39 hours
		40 to 44 hours
		45 to 49 hours
		50 to 54 hours
		55 to 59 hours
		60 to 64 hours
		65 to 69 hours
		70 to 74 hours
		75 to 79 hours
		80 or more hours

Unless otherwise noted, the rest of the questions draw on your experiences over the past 12 months. If you did not work in the past 12 months in a capacity that drew on your dentistry background, please skip to question 39.

Primary Work Location

Questions 16 to 22 refer to your primary place of employment, work or practice (volunteer or paid) over the past 12 months. This is the location where you spend the most work hours during an average workweek or where you spent the most weeks working in the past 12 months. You do not need to currently work at this location. These questions refer to a location, not an employer. Persons who consistently work in multiple locations (e.g. temporary workers, home health, multi-facility rounds) should choose the location where they are based.

16)	Please select the Virginia County or Independent City, or other location, of your primary place of employment, work or practice:	<i>Dropdown:</i>
		Outside of US
		Virginia Border State/DC
		Other US State
		List of Virginia's Cities and Counties
17)	How long have you worked at this particular location?	<i>Dropdown</i>
		I do not currently work at this location
		Less than 6 months
		6 months to 1 year
		1 to 2 years
		3 to 5 years
		6 to 10 years
		More than 10 years

18a)	Approximate number of weeks at which at least some time was spent at this work location within the past twelve months (exclude vacation, medical leave, etc):	Dropdown: 1 week - 52 weeks
18b)	How many hours do you (or did you) work in an average workweek at this location?	Dropdown
		1 to 4 hours
		5 to 9 hours
		10 to 14 hours
		15 to 19 hours
		20 to 24 hours
		25 to 29 hours
		30 to 34 hours
		35 to 39 hours
		40 to 44 hours
		45 to 49 hours
		50 to 54 hours
		55 to 59 hours
		60 to 64 hours
		65 to 69 hours
		70 to 74 hours
		75 to 79 hours
		80 or more hours
19)	In the average workweek at this location, roughly what percentage of your working hours were spent in the following roles: (Answers should roughly equate to 100%).	Dropdown: (for each sub-question)
19a)	Administration or business-related matters	None
19b)	Direct patient care, including patient education and coordination of care	1% to 9%
19c)	Education of health professions students	10% to 19%
19d)	Formal research	20% to 29%
19e)	Other	30% to 39%
		40% to 49%
		50% to 59%
		60% to 69%
		70% to 79%
		80% to 89%
		90% to 99%
		100%
20a)	Average number of patient care visits you conduct(ed) at this location per week, including hygiene checks performed by support personnel you supervise	None
		1 to 24
		25 to 49
		50 to 74
		75 to 99
		100 to 124
		125 to 149
		150 to 174
		175 to 199

		200 to 224
		225 to 249
		250 to 274
		275 to 299
		300 or more
20b)	How many of these are (were) hygiene checks performed by support personnel?	None
		1 to 24
		25 to 49
		50 to 74
		75 to 99
		100 to 124
		125 to 149
		150 to 174
		175 to 199
		200 to 224
		225 to 249
		250 to 274
		275 to 299
		300 or more
21a)	Please select the choice that best describes this location's organizational sector:	<i>Dropdown</i>
		For-profit (e.g. private practice, corporate)
		Non-profit (including religious affiliated)
		State/local-government
		US military
		Veterans Administration
		Other federal government
21b)	Please select the choice that best describes this practice setting:	<i>Dropdown:</i>
		Solo practice/Partnership
		Group practice
		Dental/Health Clinic
		Hospital/health system
		Nursing home/long term care facility
		Public health program
		K-12 school or non-dental college
		Dental School (including combined dental/dental hygiene)
		Dental Hygiene program, community college
		Dental Hygiene program, technical school
		Corrections
		Insurance

		Supplier organization
		Other
21c)	If you selected "other practice setting" please provide a brief description:	<i>Open-ended</i>
22)	Please indicate how you are (were) personally compensated for activities at this location:	<i>Dropdown</i>
		Salary/Commission (excluding salaries from owners/partners)
		Business/Practice income (including salaries of owners/partners)
		Hourly wage
		By contract, per diem, traveling
		Volunteer, unreimbursed
If you only had one practice location in the past 12 months, please skip to question 33. If you had additional practice locations, please continue.		
Secondary Work Location		
<i>Questions 23 to 30 refer to your secondary place of employment, work or practice (volunteer or paid) over the past 12 months. This is the location where you spend the second most work hours during an average workweek or where you spent the second most weeks working in the past 12 months. You do not need to currently work at this location. These questions refer to a location, not an employer. Persons who consistently work in multiple locations (e.g. temporary workers, home health, multi-facility rounds) should choose the location where they are based.</i>		
23)	Is this location with the same employer or practice as your primary location, or a different employer/practice?	<i>Dropdown</i>
		Same employer or practice
		Different employer or practice
24)	Please select the Virginia County or Independent City, or other location, of your primary place of employment, work or practice:	<i>Dropdown:</i>
		Outside of US
		Virginia Border State/DC
		Other US State
		List of Virginia's Cities and Counties
25)	How long have you worked at this particular location?	<i>Dropdown</i>
		I do not currently work at this location
		Less than 6 months
		6 months to 1 year
		1 to 2 years
		3 to 5 years
		6 to 10 years
		More than 10 years
26a)	Approximate number of weeks at which at least some time was spent at this work location within the past twelve months (exclude vacation, medical leave, etc):	<i>Dropdown: 1 week - 52 weeks</i>

26b)	How many hours do you (or did you) work in an average workweek at this location?	Dropdown
		1 to 4 hours
		5 to 9 hours
		10 to 14 hours
		15 to 19 hours
		20 to 24 hours
		25 to 29 hours
		30 to 34 hours
		35 to 39 hours
		40 to 44 hours
		45 to 49 hours
		50 to 54 hours
		55 to 59 hours
		60 to 64 hours
		65 to 69 hours
		70 to 74 hours
		75 to 79 hours
		80 or more hours
27)	In the average workweek at this location, roughly what percentage of your working hours were spent in the following roles: (Answers should roughly equate to 100%).	Dropdown: (for each sub-question)
27a)	Administration or business-related matters	None
27b)	Direct patient care, including patient education and coordination of care	1% to 9%
27c)	Education of health professions students	10% to 19%
27d)	Formal research	20% to 29%
27e)	Other	30% to 39%
		40% to 49%
		50% to 59%
		60% to 69%
		70% to 79%
		80% to 89%
		90% to 99%
		100%
28a)	Average number of patient care visits you conduct(ed) at this location per week, including hygiene checks performed by support personnel you su	None
		1 to 24
		25 to 49
		50 to 74
		75 to 99
		100 to 124
		125 to 149
		150 to 174
		175 to 199
		200 to 224

		225 to 249
		250 to 274
		275 to 299
		300 or more
28a)	How many of these are (were) hygiene checks performed by support personnel?	None
		1 to 24
		25 to 49
		50 to 74
		75 to 99
		100 to 124
		125 to 149
		150 to 174
		175 to 199
		200 to 224
		225 to 249
		250 to 274
		275 to 299
		300 or more
29a)	Please select the choice that best describes this location's organizational sector:	<i>Dropdown</i>
		For-profit (e.g. private practice, corporate)
		Non-profit (including religious affiliated)
		State/local-government
		US military
		Veterans Administration
		Other federal government
29b)	Please select the choice that best describes this practice setting:	<i>Dropdown:</i>
		Solo practice/Partnership
		Group practice
		Dental/Health Clinic
		Hospital/health system
		Nursing home/long term care facility
		Public health program
		K-12 school or non-dental college
		Dental School (including combined dental/dental hygiene)
		Dental Hygiene program, community college
		Dental Hygiene program, technical school
		Corrections
		Insurance
		Supplier organization

		Other
29c)	If you selected "other practice setting" please provide a brief description:	<i>Open-ended</i>
30)	Please indicate how you are (were) personally compensated for activities at this location:	<i>Dropdown</i>
		Salary/Commission (excluding salaries from owners/partners)
		Business/Practice income (including salaries of owners/partners)
		Hourly wage
		By contract, per diem, traveling
		Volunteer, unreimbursed
If you had only two locations in the past 12 months, please skip to question 33. If you had additional practice locations, please continue.		
31)	How many total work locations have you had <i>over the past 12 months</i> ?	<i>Dropdown</i>
		3
		4
		5
		6 or more
32)	How many work locations do you have <i>currently</i> ?	<i>Dropdown</i>
		3
		4
		5
		6 or more
Employment Information		
<i>The Healthcare Workforce Data Center collects compensation information to assess the balance of supply and demand in the state and in localities, and to assist students in planning health careers and choosing specialties. Information from these questions will only be presented in the aggregate. The confidentiality of information for these and all questions is protected by law. All questions are voluntary.</i>		
33)	Within the past 12 months, have you experienced any of the following:	<i>Check all that apply</i>
		Voluntary unemployment (including for medical reasons)?
		Involuntary unemployment?
		Switched employers/practices?
		Worked part-time or temporary positions, but would have preferred a full-time or permanent position?
		Worked two or more positions at the same time?
34)	What is your estimated annual net income from your dentistry related activities?	<i>Dropdown:</i>
		Volunteer work only

		Less than \$30,000
		\$30,000-\$39,999
		\$40,000-\$49,999
		\$50,000-\$59,999
		\$60,000-\$69,999
		\$70,000-\$79,999
		\$80,000-\$89,999
		\$90,000-\$99,999
		\$100,000-\$109,999
		\$110,000-\$119,999
		\$120,000-\$129,999
		\$130,000-\$139,999
		\$140,000-\$149,999
		\$150,000-\$159,999
		\$160,000-\$169,999
		\$170,000-\$179,999
		\$180,000-\$189,999
		\$190,000-\$199,999
		\$200,000-\$209,999
		\$210,000-\$219,999
		\$220,000-\$229,999
		\$230,000-\$239,999
		\$240,000-\$249,999
		\$250,000-\$259,999
		\$260,000-\$269,999
		\$270,000-\$279,999
		\$280,000-\$289,999
		\$290,000-\$299,999
		\$300,000-\$309,999
		\$310,000-\$319,999
		\$320,000-\$329,999
		\$330,000-\$339,999
		\$340,000-\$349,999
		\$350,000 or more
316)	Do you receive any of the following benefits from any <i>current</i> employer?	<i>Check all that apply:</i>
		Paid Vacation
		Paid Sick Leave
		Health Insurance
		Dental Insurance
		Retirement (401k, Pension, etc.)
		Group Life Insurance
		Signing/retention bonus
36)	What is your estimated current educational debt?	<i>Dropdown:</i>
		None

		Less than \$10,000
		\$10,000-\$19,999
		\$20,000-\$29,999
		\$30,000-\$39,999
		\$40,000-\$49,999
		\$50,000-\$59,999
		\$60,000-\$69,999
		\$70,000-\$79,999
		\$80,000-\$89,999
		\$90,000-\$99,999
		\$100,000-\$109,999
		\$110,000-\$119,999
		\$120,000-\$129,999
		\$130,000-\$139,999
		\$140,000-\$149,999
		\$150,000-\$159,999
		\$160,000-\$169,999
		\$170,000-\$179,999
		\$180,000-\$189,999
		\$190,000-\$199,999
		\$200,000 or more
37)	At what age do you plan to retire from dentistry?	<i>Dropdown</i>
		Under age 50
		50 to 54
		55 to 59
		60 to 64
		65 to 69
		70 to 74
		75 to 79
		80 or over
		I do not intend to retire
38)	Within the next two years do you plan to do any of the following:	<i>Check all that apply</i>
		Retire
		Cease working in dentistry
		Continue working in dentistry, but cease working in Virginia
		Increase patient care hours
		Decrease patient care hours
		Increase time spent teaching dentistry
		Decrease time spent teaching dentistry
		Pursue additional dentistry education
End of Questionnaire for active practitioners-Thank you!		

39)	If you did not practice, teach or otherwise work in dentistry within the past twelve months, did/are you . . . ?	<i>Check all that apply:</i>
		I am retired.
		Work occasionally for charity/consultation/special patients?
		Pursue dentistry education or certifications?
		Pursue education not related to dentistry?
		Work in another profession or field?
		Experience temporary voluntary unemployment (including for medical reasons)?
		Experience temporary involuntary unemployment?
40)	Do you provide any volunteer, mentoring or other services within dentistry in Virginia? If so, approximately how many hours in the past year?	<i>Dropdown:</i>
		None
		1-25 hours
		26-50 hours
		51-75 hours
		76-100 hours
		Over 100 hours
41)	Do you expect to begin working in dentistry in Virginia? If so, when?	<i>Dropdown:</i>
		Not currently planning to practice/work in Virginia
		Plan to practice/work in a volunteer capacity
		Yes, within the next year
		Yes, within 1-2 years
		Yes, within 3-5 years
		Yes, in more than 5 years
		Yes, do not know when
End of Questionnaire-Thank you!		