



**Commonwealth of Pennsylvania
Department of Health
2015 Survey of Dental Hygienists**

License #: DH _____

**Required to avoid duplication*

**Anonymous & aggregate reporting only*

IF YOU HAVE ALREADY SUBMITTED YOUR RENEWAL SURVEY ONLINE DO NOT MAIL THIS SURVEY

The Department of Health, with the support of the Department of State, requests that you complete this survey to assist in understanding and describing the dental hygienist workforce. Strict controls are placed upon information when shared for the production of statistical reports and analysis. This information, when released to the public, will be in aggregate form only. To view past dental hygienist workforce reports, visit www.health.state.pa.us/workforce. Thank you for your cooperation!

1. Year of Birth 2. Sex Male Female 3. Hispanic or Latino Origin Yes No
4. Race (*check one*) American Indian/Alaska Native Asian Black/African American
 Native Hawaiian/Other Pacific Islander White/Caucasian Other _____
5. State of Residence (*state abbreviation*) Non-US (*check*) 5a. County of Residence (*codes on page 3*)
6. In which state did you graduate from dental hygiene school? (*state abbreviation*) Non-US (*check*)
 6a. In what year did you obtain this degree?
7. What is your highest level of dental hygiene education completed? (*check one*)
 Certificate Associate Bachelor Master
8. If applicable, what is your highest level of non-dental hygiene education completed? (*check one*)
 Associate Bachelor Master Doctoral Not applicable
9. Are you currently enrolled in any of the following higher education programs? (*check one*)
 Dental hygiene associate degree Dental hygiene bachelor degree Dental hygiene master degree
 Other non degree Other bachelor degree Other master degree Not enrolled
10. Are you certified in Pennsylvania as an expanded function dental assistant? Yes No
 10a. Do you perform as an expanded function dental assistant in your primary job? Yes No
11. Do you hold a Pennsylvania school hygienist certificate? Yes No
 11a. Do you perform as a Pennsylvania school hygienist in your primary job? Yes No
12. Do you hold a Pennsylvania dental hygiene local anesthesia permit? Yes No
 12a. Do you administer local anesthesia as a dental hygienist in your primary job? Yes No
13. Are you licensed as a public health dental hygiene practitioner (PHDHP)? Yes No >> *if 'No', skip to question 14*
 13a. Do you perform as a PHDHP in your primary job? Yes No >> *if 'No', skip to question 15*
 13b. In which county do you primarily practice as a PHDHP? (*codes on page 3*)
 13c. What type of practice site do you primarily practice at as a PHDHP? (*check one*)
 Correctional facility Domiciliary care facility Federally Qualified Health Center (FQHC)
 Health care facility Older adult daily living center Public/private federal/state institution
 Personal care home School
14. Do you intend to apply for a PHDHP license? Yes No Already licensed as a PHDHP
15. In the last year, did you volunteer your services (unpaid) as a dental hygienist in Pennsylvania? Yes No
 >> *if 'No', skip to question 16*
 15a. In which location did you provide most of these unpaid services as a dental hygienist in Pennsylvania? (*check one*)
 Dental school clinic Private office practice
 Dental van School (K-12)
 Federally Qualified Health Center (FQHC) or health center Other: _____

16. Select the employment status that most closely resembles your current employment status? (*check one*)
- | | |
|---|---|
| <input type="checkbox"/> Employed in dental hygiene | <input type="checkbox"/> Unemployed, disabled |
| <input type="checkbox"/> Employed not in dental hygiene | <input type="checkbox"/> Unemployed, not seeking work in dental hygiene |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Unemployed, seeking work in dental hygiene |
| <input type="checkbox"/> Student, leave of absence, or sabbatical | |

If employed in dental hygiene continue to question 17.

If employed not in dental hygiene, retired, student, leave of absence, sabbatical or unemployed, you have finished the survey. Thank you!!

17. What type of position do you hold in your primary job? (*check one*)
- | | | | |
|--|--|-----------------------------------|---|
| <input type="checkbox"/> Administration/management | <input type="checkbox"/> Direct patient care | <input type="checkbox"/> Educator | <input type="checkbox"/> Not employed as a dental hygienist |
| <input type="checkbox"/> Other non-patient care | <input type="checkbox"/> Researcher/consultant | | |

- 17a. If not in direct patient care, do you plan to return to direct patient care in the next 5 years? Yes No N/A

18. Indicate the approximate number of hours you spent providing direct patient care each week in Pennsylvania during the last year (including all positions and volunteer hours). Note: For the purpose of this report, direct patient care includes the amount of time a dental hygienist spends directly with patients in a dental practice setting and patient-specific office work.
- Zero 1-10 hours 11-19 hours 20-30 hours 31-40 hours More than 40 hours

If your answer to question 18 was “zero”, do not provide direct patient care in Pennsylvania, END survey here.

19. In how many positions are you employed as a dental hygienist? 1 2 3 or more

20. Identify the setting that most closely represents your primary job. (*check one*)
- | | |
|--|--|
| <input type="checkbox"/> Clinic or center | <input type="checkbox"/> Retail/industry/business site |
| <input type="checkbox"/> Private practice partnership (excluding retail site) | <input type="checkbox"/> School health (K-12/college/university) |
| <input type="checkbox"/> Private practice solo (excluding retail site) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Mobile dental unit or community setting using portable dental equipment | |

- 20a. In which state is your primary job located? (*state abbreviation*)

- 20b. In which county is your primary job located? (*codes on page 3*)

- 20c. Indicate the number of hours you work in your primary job per week?
- 1-10 hours 11-19 hours 20-30 hours 31-40 hours More than 40 hours

21. What is the youngest age that you regularly see children? (*check one*)
- 1 year 2 years 3 years 4 years 5 years and over Do not see children

22. In the past 6 months, were you able to communicate with patients in a language other than English without using an interpreter?

Yes No >> **If ‘No’, skip to question 23**

- 22a. In which languages, other than English, did you communicate with patients without using an interpreter? (*check all that apply*)

- | | | | | | |
|-------------------------------------|--------------------------------------|----------------------------------|--|----------------------------------|----------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Chinese | <input type="checkbox"/> French | <input type="checkbox"/> German | <input type="checkbox"/> Hindi | <input type="checkbox"/> Italian |
| <input type="checkbox"/> PA Dutch | <input type="checkbox"/> Polish | <input type="checkbox"/> Russian | <input type="checkbox"/> Sign Language | <input type="checkbox"/> Spanish | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other _____ | | | | |

23. How satisfied are you with your current primary job?
- Very Satisfied Satisfied Dissatisfied Very Dissatisfied

24. How satisfied are you with dental hygiene as a career?
- Very Satisfied Satisfied Dissatisfied Very Dissatisfied

25. How long have you been a dental hygienist in Pennsylvania?
- Less than 3 years 3 to less than 6 years 6 to less than 11 years 11 to less than 16 years 16+ years

