

Vermont Dental Hygienists Census 2017

Identification

- 1) **First Name*** _____
- 2) **Middle Name (if any)** _____
- 3) **Last Name*** _____
- 4) **Vermont Dental Hygienist License Number*** _____

Demographics

5) **Date of birth (M/D/YYYY)*** _____

6) **Gender:** Male Female Other

7) **How would you classify your race (check all that apply):**

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

Other - please specify: _____*

Prefer not to answer

8) **Are you Hispanic, Latino/a, or of Spanish origin?**

Yes No Prefer not to answer

Education & Training

9) **What is your highest dental hygiene degree? (Select One)**

Associate degree

Bachelor's degree

Master's degree

Doctoral degree

Other: _____*

10) **In what state did you complete your highest earned degree related to this license?** _____

11) **If completed outside the U.S. please specify country:**

12) **Do you have an Expanded Functions endorsement?**

Yes No

[if yes:] Are you utilizing your Expanded Functions endorsement in your current position? Yes No

13) **Do you have a Local Anesthesia endorsement?**

Yes No

[if yes:] Are you utilizing your Local Anesthesia endorsement in your current position? Yes No

License & Practice

14) In what year did you first start working as a Dental Hygienist? _____

15) In what state(s) (other than Vermont) are you currently working as a dental hygienist, if any? ____ ____ ____

16) What is your employment status? (Select all that apply)*

Working IN VERMONT in a position that requires a dental hygiene license

Working outside Vermont in a position that requires a dental hygiene license

Working in a position that does not require a dental hygiene license

Not currently working

Retired

[if not working in Vermont:]

18) Are you planning to start (or resume) work in Vermont as a dental hygienist in the next 12 months?

Yes No Unsure

[skip to “final comments” page]

Vermont Practice

19) In what year did you first work in Vermont as a Dental Hygienist? _____

20) Are you currently working as many hours as you would like in dental hygiene? Yes No

[if no:] 21) How many ADDITIONAL hours a week would you like to be working in dental hygiene? _____

22) What are your plans for the next 12 months regarding practice in Vermont?

Continue as you are

Increase hours

Decrease hours

Stop working in Vermont

Seek employment in another field

Retire

Unknown

Please enter site information, separately FOR EACH LOCATION where you work as a dental hygienist IN VERMONT, including sites that are not a dental office, e.g., "Tooth Tutor". If you provide care at two locations in the same town, please enter a separate site for each. If you are a Tooth Tutor or PHDH, please enter each supervisory union or district office that you work in as one site.

Practice Site 1 (your primary Vermont practice site):

23) Name of Vermont TOWN within which this practice site is located (not a mailing address):* _____

24) Practice name: _____

25) Street Address of practice site (not a mailing address):

26) Zip code of practice site location:* _____

27) Phone number of this practice site:* _____

28) Which best describes the type of setting that most closely corresponds to this practice location(s): (select one)*

- Solo dentist practice
- Practice of 2 dentists
- Practice of 3 or more dentists
- School Health Service (**Tooth Tutors**, for example)
- Head Start (including Early HS)
- Hospital/Clinic
- Community Health Center or Federally Qualified Health Center
- Local Health Department (Public Health Dental Hygienist)

- Other Public Health / Community Health Setting
- Mobile Unit Dentistry
- Other setting (please specify): _____*

29) Which best describes the dentist(s) or organization for whom you work at this practice location? (select one)

- General practitioner
- Pediatric Dentistry
- Orthodontics
- Periodontics
- Oral and Maxillofacial Surgery
- Prosthodontics
- Endodontics
- Multi-specialty practice
- Public Health
- Other (please specify): _____*

30) Please enter the number of weeks in a year during which you work at this site. (48 weeks per year is considered "year-round")* _____

31) Please enter the average number of HOURS you work at this site in a working week, in activities including direct patient care, evaluation, education, research, administration, and case management or other activities at this site: * _____

32) Do you have a second practice site in Vermont?

Yes No

[if yes, same questions as for Site 1]

42) Do you have a third practice site in Vermont?

Yes No

[if yes, same questions as for Site 1]

52) Do you have a fourth practice site in Vermont?

Yes No

[if yes, same questions as for Site 1]

62) Do you have more than four practice sites in Vermont? yes no

[if yes:] Please describe your work at additional sites beyond the four you entered above, briefly, including locations, settings, and hours:

Final comments

63) Thank you. If there is anything else you want to tell us about your practice, or this census, please enter it here:
