



# INDIANA UNIVERSITY

SCHOOL OF MEDICINE

Bowen Center for Health Workforce Research and Policy

## 2017 Dental Hygienist Re-Licensure Survey Instrument

1. Sex

DROP DOWN

- a. Male
- b. Female

2. What is your race? Mark one or more boxes.

MULTI CHECK BOX

- a. White
- b. American Indian or Alaska Native
- c. Native Hawaiian/Pacific Islander
- d. Black or African American
- e. Asian
- f. Some Other Race

3. Are you of Hispanic or Latino origin?

RADIO BUTTONS

- a. Yes
- b. No

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

DROP-DOWN LIST OR RADIO BUTTONS

- a. Vocational/Practical certificate – dental hygiene
- b. Diploma – dental hygiene
- c. Associate degree – dental hygiene
- d. Baccalaureate degree – dental hygiene
- e. Master's degree – dental hygiene
- f. 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?

DROP DOWN LIST

- a. Indiana
- b. Michigan
- c. Illinois
- d. Kentucky
- e. Ohio
- f. Another State (not listed)
- g. 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?

RADIO BUTTONS

- a. Actively working in a position that requires a dental hygiene license
- b. Actively working in a dental hygiene related field that does not require a dental hygiene license
- c. Actively working in a field that does not require a dental hygiene license
- d. Not currently working, disabled
- e. Not currently working, seeking work in a position that requires a dental hygiene license
- f. Not currently working, seeking work in a position that does not require a dental hygiene license
- g. Student
- h. Leave of absence or Sabbatical
- i. Retired

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

DROP-DOWN LIST OR RADIO BUTTONS

- a. I did not work in dental hygiene in the past year.
- b. Less than 3 months.
- c. More than 3 months but less than 6 months
- d. More than 6 months but less than 9 months
- e. More than 9 months, up to 12 months

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

DROP-DOWN LIST OR RADIO BUTTONS

- a. Direct Patient Care – dental hygiene
- b. Direct Patient Care – other
- c. Research – dental hygiene
- d. Research – other
- e. Education – dental hygiene
- f. Education – other
- g. Administration – dental hygiene
- h. Administration – other
- i. Other

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

DROP-DOWN LIST OR RADIO BUTTONS

- a. Yes
- b. No

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

DROP-DOWN LIST OR RADIO BUTTONS

- a. Less than 8 additional hours per week
- b. Between 9 and 16 additional hours per week
- c. Between 17 and 24 additional hours per week
- d. Between 25 and 32 additional hours per week
- e. Between 33 and 40 additional hours per week
- f. More than 40 additional hours per week

12. What are your employment plans for the next 12 months?

DROP-DOWN LIST OR RADIO BUTTONS

- 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. Is your primary practice located in the state of Indiana (*the position in which you spend the majority of your time*)?

RADIO BUTTON

- a. Yes
- b. No

14. If located in Indiana, what is the county of your primary practice location?

\_\_\_\_\_ (*free text*)

15. If located in Indiana, what is the zip code of your primary practice location?

\_\_\_\_\_ (*free text*)

16. How many hours do you spend in direct care per week at your principal practice site?

DROP-DOWN LIST OR RADIO BUTTONS

- 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

17. Which best describes the type of setting that most closely corresponds to your principal direct patient care practice site:

DROP-DOWN LIST OR RADIO BUTTONS

- 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

18. If you hold more than one position in dental hygiene, is your secondary practice located in the state of Indiana?

RADIO BUTTON

- c. Yes
- d. No

19. If located in Indiana, what is the county of your secondary practice location?

\_\_\_\_\_ (free text)

20. If located in Indiana, what is the zip code of your secondary practice location?

\_\_\_\_\_ (free text)

21. 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.

DROP-DOWN LIST OR RADIO BUTTONS

- 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

22. 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.)

DROP-DOWN LIST OR RADIO BUTTONS

- 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)
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