

(THIS PAGE IS FOR SURVEY RESEARCH TRACKING AND FILING PURPOSES ONLY)

SURVEY OF OLMSTED COUNTY DENTAL PROVIDERS

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CODING CHECK:

INCLUDE:

*Olmsted County
Dental Provider Survey*

Dentist Name Address Phone Number ID Code created by programmer that links those at same address.

Please enter above any missing information or change any that is incorrect.

INSTRUCTIONS: PLEASE CHECK THE APPROPRIATE BOX OR FILL IN THE BLANK AS INDICATED.

Today's Date: __ __ / __ __ / __ __ __ __
 Month Day Year

- | | Very
interested | Somewhat
interested | Not at all
interested |
|---|----------------------------|----------------------------|----------------------------|
| 1. Please respond to the following phrases by marking the box corresponding to your own interest level in participating in the following kinds of research. | | | |
| Research that focuses on the impact of oral/dental health on general health. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Research that examines patient-assessed outcomes of oral/dental care. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Research that examines decision-making in dental care. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Research that examines oral health needs and access to dental care. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Disease-specific studies relying on chart review rather than direct participant contact | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Research that examines the impact of regular dental care on successful aging. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Research that assesses the influence of dental care in children on health outcomes. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Research that examines the impact of tooth replacements on overall health care utilization. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Research in which you (your practice) are collecting primary data (e.g., x-rays, surveys, specimen collection, etc.) from your patients. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Research in which you provide access to dental charts and records but do not collect any primary data. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

- | 2. Please indicate your level of interest for each of the following research activities. | Very interested
▼ | Somewhat interested
▼ | Not at all interested
▼ |
|--|----------------------------|----------------------------|----------------------------|
| Recruiting participants into others' studies. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Developing research ideas to share or implement. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Participating in the design and/or conduct of others' studies (i.e., be a collaborator or co-investigator). | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Running an occasional study in an area that interests me. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Running a sustainable program of research in a specific area of investigation. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Reviewing others' research proposals to provide constructive and practical feedback. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

3. If you marked "Very interested" or "Somewhat interested" to any of the activities above, please describe the main reason why you are interested in doing so.

4. If you marked "Not at all interested" to any of the activities above, please describe the main reason why you are NOT interested in doing so.

5. If you marked "Not at all interested" to any of the activities above, please describe any changes in our program that would make your participation possible. Mark this box if there are NO changes that could be made to make participation possible. → 1

RESEARCH INTERESTS

6. Have you ever participated in research studies in the following capacity?
- | | No
▼ | Yes
▼ |
|--|----------------------------|----------------------------|
| Helped recruit participants to clinical research studies. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Collaborated or been a co-investigator in clinical research. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Been the principal investigator for or led clinical research studies. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Other, please specify below: | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
- _____
- _____
- _____

7. Please indicate what, if any, expectations you have with regard to participation in collaborative research with a medical care provider such as Mayo Clinic or Olmsted Medical Center.

8. Please describe or list specific areas of dental care that you have a research or scholarly interest in (i.e., impact of periodontal disease on DM, oral cancer screening).

ABOUT YOUR PRACTICE

9. Do you practice as a general dentist?

1 No 2 Yes



If no, please mark the specialty you practice. (Mark all that apply.)

- | | |
|---|---|
| 1 <input type="checkbox"/> Endodontics | 1 <input type="checkbox"/> Periodontics |
| 1 <input type="checkbox"/> Oral surgery | 1 <input type="checkbox"/> Prosthodontics |
| 1 <input type="checkbox"/> Orthodontics | 1 <input type="checkbox"/> Other, please specify: _____ |

10. Which of the following best describes your practice? (Mark one.)

- 1 Employed by another DDS
- 2 Self-employed without partner(s) — with or without sharing costs
- 3 Self-employed with partner(s) — with or without sharing costs

→ **How many partners do you have?**
__ __ Number of partners

11. With full time being greater than 32 hours per week, are you in full time practice?

- 1 No
- 2 Yes

12. For each of the following, please indicate how many full time equivalents (FTEs) are in your practice:

Assistants: __ __ Office Managers: __ __
Hygienists: __ __ Receptionists: __ __
Lab Technicians: __ __

13. How many hours per week are you in direct patient care? __ __ Hours

14. How many chairs/operatories do you use at your primary practice? __ __ Chairs

15. Does your practice...

No Yes
▼ ▼

Utilize computers? 1 2

Have internet access? 1 2

Utilize electronic billing? 1 2

Utilize an electronic dental record? ... 1 2

→ **Is it modem or cable?**
1 Modem 2 Cable

→ **What is the name of the software you use?**

ABOUT YOUR PATIENTS

16. How many patient visits per week do you normally see?

___ ___ Patient visits per week

17. Approximately what percentage of patients seen per week is covered by insurance?

- 1 Less than 1%
- 2 1% to 10%
- 3 11% to 25%
- 4 26% to 50%
- 5 51% to 75%
- 6 Greater than 75%

18. What is the racial and ethnic mix of your patients?

	Less than 1%	2% to 10%	11% to 25%	26% to 50%	Greater than 50%
White	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Black	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Asian	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Other	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

19. What age group mix makes up your practice?

	Less than 1%	2% to 10%	11% to 25%	26% to 50%	Greater than 50%
10 years old or younger	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
11 to 17 years old	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
18 to 25 years old	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
26 to 45 years old	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
46 to 65 years old	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
66 years old or older	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

20. Do you have an active recall system?

- 1 No 2 Yes

21. How many patients per week do your hygienists normally see?

__ __ Patients per week

22. What percentage of your patients have periodontal disease?

- 1 Less than 1%
2 1% to 10%
3 11% to 25%
4 26% to 50%
5 51% to 75%
6 Greater than 75%

23. What percentage of your patients do you refer for management of their periodontal disease?

- 1 Less than 1%
2 1% to 10%
3 11% to 25%
4 26% to 50%
5 51% to 75%
6 Greater than 75%

24. What mix of procedures do you provide? (Mark all that apply.)

- 1 Periodontal
1 Endodontic
1 Fixed
1 Removable — Complete
1 Removable — Partial
1 Restorative
1 Implants
1 TMJ

25. What percentage of patients is provided the following services per week?

	Less than 1%	2% to 10%	11% to 25%	26% to 50%	Greater than 50%
Periodontal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Endodontic	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Fixed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Removable — complete	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Removable — partial	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Restorative	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Implants	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
TMJ	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

26. What percentage of your practice time is devoted to esthetic dentistry?

- 1 Less than 1%
- 2 1% to 10%
- 3 11% to 25%
- 4 26% to 50%
- 5 51% to 75%
- 6 Greater than 75%

Thank you for taking the time to complete the survey!