Dear Colleague:

As part of a major study about dental health and dental care conducted by the University of Florida and the National Institute of Dental Research, we would greatly appreciate it if you would complete this survey.

This is a study of national importance! Many publications have resulted from this study already, and we believe that this dental practice component will be very important.

This ongoing project, which began in 1993, is called the "Florida Dental Care Study". We have 873 subjects in the study, at least one of whom has identified you as one of their dentists, and who has given us written permission to abstract information from his or her dental record. Each of these persons was selected by chance.

We estimate that completing this survey will take about 30 minutes. As a token of our appreciation, upon receipt of a completed survey, we will send you a voucher toward any continuing education course offered by the University of Florida, regardless of its location.

This project has been reviewed and approved by the University of Florida Health Science Center Institutional Review Board for investigations involving human subjects. As such, we are required to keep your answers confidential. Results will be reported only as statistical summaries.

THANK YOU! If you have any questions, please call the Research Coordinator for the project, whose card is attached, or call me at (352) 392-2674.

With regards,

Gregg H. Gilbert, DDS
Associate Professor
Claude Pepper Center for Research on Oral Health in Aging

check out the FDCS's Internet page! http://www.nerdc.ufl.edu/~gilbert
So that we can send you the continuing education voucher, please fill in your name, office address, telephone number, and today’s date. Be assured that results will be reported only as statistical summaries, with no personal identifiers.

Name: Dr._______________________________________________________

Office address: __________________________________________________________
______________________________________________________________________
______________________________________________________________________

Office telephone number: __________________________________________________________

Today’s date: __________________________________________________________

1. **Do you practice as a general dentist or as a specialist?** Please circle the appropriate answer.
   1. General Practitioner
   2. Oral/Maxillofacial Surgeon
   3. Periodontist
   4. Prosthodontist
   5. Endodontist
   6. other, please specify ________________________

2. **What is your current age?**
   _____ years old

3. **Are you male or female?**
   1. Male
   2. Female

4. **What is your racial or ethnic identification?**
   1. White, not of Hispanic origin
   2. White, of Hispanic origin
   3. Black, not of Hispanic Origin
   4. Black, of Hispanic Origin
   5. American Indian
   6. Asian or Pacific Islander
   7. Other (please specify) ________________________
5. What year did you graduate from dental school?
   19____

6. Which one of the following BEST describes your practice arrangement?

   1. Employed by another dentist
   2. Self-employed without partners and without sharing of income, costs, or office space (one type of solo practice)
   3. Self-employed without partners but share costs of office and/or assistants, etc (but with no income-sharing arrangements; another type of solo practice)
   4. Self-employed as a partner in a complete partnership (both income and expenses shared)
      Including you the dentist, how many partners are there in the practice? _____ partners in the practice
   5. Other: ____________________

7. At how many dental practices, clinics, or hospitals do you (the dentist) care for patients at least once each week?

   1. One
   2. Two
   3. Three
   4. More than three

NOTE: IF YOU PRACTICE AT MORE THAN ONE LOCATION, PLEASE INCLUDE ALL THESE LOCATIONS WHEN ANSWERING THE FOLLOWING QUESTIONS.

8. Do you practice full-time or part-time, including all the locations at which you practice?

   1. full-time (32 or more hours per week)
   2. part-time (less than 32 hours per week)

9. How many hours do you personally (the dentist) spend per week in direct patient care, as opposed to management responsibilities?

   ________ hours in direct patient care
10. **How many people, including yourself, work full-time and how many work part-time in your part of the practice?** (e.g., if you and another dentist share equally a receptionist, then count that employee as ½ of an employee)

<table>
<thead>
<tr>
<th></th>
<th>full-time employees</th>
<th>part-time employees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(32 + hours/week)</td>
<td>(less than 32 hours/week)</td>
</tr>
<tr>
<td>dental hygienists</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dental assistants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>lab technicians</td>
<td></td>
<td></td>
</tr>
<tr>
<td>office manager, receptionist, other office personnel</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. **How many dental chairs do you, your assistant(s), and hygienist(s) use regularly in your part of the practice?**

__________ dental chairs

12. **How many patient visits do you personally (the dentist; NOT including your hygienist's patients) have during a typical work week?**

__________ patient visits in a typical week

13. **Approximately what percentage of the patients in your practice scheduled with you (the dentist) are ... ?**

Children & Teenagers (1 to 18 years) _____%

Young adults (19 to 44 years) _____%

Middle aged adults (45 to 64 years) _____%

Elderly (65 or older) _____%

[please check that this adds to 100%]

14. **Approximately what percentage of the patients in your practice scheduled with you (the dentist) are... ?**

White, not of Hispanic origin _____%

Black, not of Hispanic origin _____%

Hispanic _____%

Asian descent _____%

Other, please specify _____%

[please check that this adds to 100%]
15. **Approximately what percentage of the patients in your practice scheduled with you (the dentist) are ... ?**

   Covered by a private insurance program that pays for some or all of their dental care? _____%

   Covered by a public program that pays for some or all of their dental care? _____%

   Not covered by any third party and pay their own bills? _____%

   Not covered by any third party and receive free care or for a fee that you reduce substantially? [please check that this adds to 100%]

16. **Approximately what percentage of revenues are derived from different payment sources?** If you do not accept certain payment procedures below, please record 0% in the column.

<table>
<thead>
<tr>
<th>payment source</th>
<th>% of practice revenue from source</th>
</tr>
</thead>
<tbody>
<tr>
<td>dental insurance</td>
<td>_____%</td>
</tr>
<tr>
<td>self-pay</td>
<td>_____%</td>
</tr>
<tr>
<td>unpaid bills</td>
<td>_____%</td>
</tr>
<tr>
<td>other</td>
<td>_____%</td>
</tr>
<tr>
<td>(please specify _____________)</td>
<td>[please check that this adds to 100%]</td>
</tr>
</tbody>
</table>

17. **What proportion of visits in your part of the practice are...?**

   Scheduled more than one day in advance _____%

   Emergency visits _____% [please check that this adds to 100%]
18. **Approximately what percentage of your patients have extended payment schedules?** If you do not accept extended payment schedules, please record 0% in the column.

_____% of patients on extended payment schedules (e.g., monthly payments)

19. **On average, how long does a patient in your practice have to wait:**
   
   for a new patient exam appointment _____ days
   for a restorative dentistry appointment _____ days
   in the waiting room after arriving for an appointment _____ minutes

20. **Which of the following best describes your part of the practice during the past 12 months?**

   1. Too busy to treat all people requesting appointments
   2. Provided care to all who requested appointments, but the practice was **overburdened**
   3. Provided care to all who requested appointments, and the practice was **not** overburdened
   4. Not busy enough - the practice could have treated more patients

21. **Please record what percent of patient contact time you (the dentist, not your hygienist or other office staff) spend in a typical month performing the following procedures.** If you always refer these procedures to other practitioners, please record 0%.

   Non-implant restorative (amalgams, composites, crowns, bridges, posts, foundations, etc.) _____%

   Implants (prosthetic and surgical procedures for implants) _____%

   Removable Prosthetics (full and partial dentures) _____%

   Extractions (surgical and non-surgical) _____%

   Periodontal therapy (surgical and non-surgical; includes scaling/root planing that you personally do) _____%

   Endodontic therapy (root canals and endo surgery) _____%

   Other (occlusal sealants, periodic & hygiene examinations, preventive dentistry, diagnostic, or other please specify ________________) _____%

   [please check that this adds to 100%]
22. Please record what your typical fee is for a ...  

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Fee</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-surface amalgam (ADA 2150)</td>
<td>$____</td>
<td></td>
</tr>
<tr>
<td>3-canal molar root canal (ADA 3310)</td>
<td>$____</td>
<td></td>
</tr>
<tr>
<td>Single uncomplicated extraction (ADA 7110)</td>
<td>$____</td>
<td></td>
</tr>
<tr>
<td>Cast partial denture (ADA 5213 or 5214)</td>
<td>$____</td>
<td></td>
</tr>
<tr>
<td>Full denture (ADA 5110 or 5120)</td>
<td>$____</td>
<td></td>
</tr>
<tr>
<td>Porcelain-to-metal crown (average of ADA 2750, 2751, 2752)</td>
<td>$____</td>
<td></td>
</tr>
</tbody>
</table>

Please check below if you do not do this procedure

23. How many of your patients have dental extractions in a typical MONTH, or patients whom you refer for extractions?

________ patients per MONTH

24. For extractions that you do or recommend, other than wisdom teeth, deciduous teeth, or for orthodontic reasons, what percent are replaced eventually by a ...?

fixed bridge? _____% 

removable partial or full denture? _____% 

dental implant? _____% 

not replaced? _____% 

other (please specify_________) _____% 

[please check that this adds to 100%]
25. **What percent of these procedures do you (the dentist) refer to other dentists?**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>% Procedures Referred to Another Dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Periodontal surgery</td>
<td>____ % procedures referred to another dentist</td>
</tr>
<tr>
<td>Prosthetic crowns &amp; bridges (other than implants)</td>
<td>____ % procedures referred to another dentist</td>
</tr>
<tr>
<td>Implant surgery</td>
<td>____ % procedures referred to another dentist</td>
</tr>
<tr>
<td>Implant restorations</td>
<td>____ % procedures referred to another dentist</td>
</tr>
<tr>
<td>Full dentures</td>
<td>____ % procedures referred to another dentist</td>
</tr>
<tr>
<td>Removable partial dentures</td>
<td>____ % procedures referred to another dentist</td>
</tr>
<tr>
<td>Anterior tooth root canals</td>
<td>____ % procedures referred to another dentist</td>
</tr>
<tr>
<td>Molar tooth root canals</td>
<td>____ % procedures referred to another dentist</td>
</tr>
<tr>
<td>Endodontic surgery</td>
<td>____ % procedures referred to another dentist</td>
</tr>
<tr>
<td>Non-surgical extractions</td>
<td>____ % procedures referred to another dentist</td>
</tr>
<tr>
<td>Surgical extractions</td>
<td>____ % procedures referred to another dentist</td>
</tr>
<tr>
<td>Orthodontics</td>
<td>____ % procedures referred to another dentist</td>
</tr>
</tbody>
</table>
26. Please indicate how true these statements are of the patients you personally (the dentist) see.

_____ % of my patients: Seek care soon enough.
_____ % of my patients: Fear dentists.
_____ % of my patients: Visit dentists more often than necessary.
_____ % of my patients: Complain about waiting.
_____ % of my patients: Pay their bills.
_____ % of my patients: Follow advice about oral hygiene.
_____ % of my patients: Show for appointments as scheduled.
_____ % of my patients: Take responsibility for their oral health.
_____ % of my patients: Treat me with the respect that I deserve.
_____ % of my patients: Want to know details about the condition of their mouth.
_____ % of my patients: Want to know details about their treatment options.
_____ % of my patients: Use credit cards to pay for their dental treatment in my practice.

27. To what extent do you agree or disagree with each item below? [Please put your answer (1-6) beside each statement.]

<table>
<thead>
<tr>
<th>Very Strongly Disagree</th>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
<th>Very Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

Patients should seek second opinions for their treatment options. ______

Patients are better off not knowing all the facts about their oral problems. ______

Dentists should present all treatment options to patients. ______

If a patient opposes the dentist's recommended treatment, the dentist should try to convince the patient to accept it. ______

If a patient does not accept the dentist's recommended treatment, the patient should be dismissed from the practice. ______
28. *On approximately what percent of patients do you or your staff do the following services at some time while they are patients in your practice?*

_____ % of my patients get: Dental X-rays

_____ % of my patients get: Diet counseling

_____ % of my patients get: Blood pressure screening

_____ % of my patients get: Oral cancer screening examination

_____ % of my patients get: Oral hygiene instruction

_____ % of my patients get: In-office fluoride application

_____ % of my patients get: Fluoride gel/rinse prescribed or recommended for home use

_____ % of my patients get: Patient education from written pamphlets

_____ % of my patients get: Patient education from videos or slides

_____ % of my patients get: Intraoral photographs taken (conventional, non-video photography)

_____ % of my patients get: Intraoral video images taken (usually done with fiberoptic)

*PLEASE CONTINUE ON THE NEXT PAGE*
29. Suppose a 50-year-old healthy female patient comes to your office wanting a new lower partial denture. Her existing lower partial denture was placed three years ago as a temporary denture, and is retained with two wire clasps on the first premolars, but has no incisal or lingual rests. She wears a maxillary full denture that needs no modification. She has had a full periodontal work-up as described below. Occlusion does not contribute to tooth mobility. She reports that her teeth were not as loose five years ago. Radiographs from five years ago show that she has had about 10% additional bone loss on each tooth since that time.

She has the following teeth left:

<table>
<thead>
<tr>
<th>Tooth number:</th>
<th>29</th>
<th>28</th>
<th>27</th>
<th>26</th>
<th>25</th>
<th>24</th>
<th>23</th>
<th>22</th>
<th>21</th>
<th>20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worst pocket depth (mm):</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Mobility:</td>
<td>1=none; 2=mild (&lt; 1mm); 3=moderate (&gt; 1mm, but &lt; 2mm); 4=severe (&gt; 2mm)</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Assuming the patient has the ability to pay for any of the options below, and that the patient expresses no treatment preferences, please rank all of the following options or combination of options in the order that you would recommend them.

---

**Would do these procedures, in this order**

**Would do first**

---

**Would do last**

---

**Procedure #1:** No treatment

**Procedure #2:** Do a new lower partial denture

**Procedure #3:** Do a full lower denture

**Procedure #4:** Scale and root plane teeth

**Procedure #5:** Extract the following teeth:

(please specify tooth numbers)

**Procedure #6:** Do or refer for periodontal surgery on these teeth:

(please specify tooth numbers)

**Procedure #7:** Do a fixed bridge on these teeth:

(please specify tooth numbers)

**Procedure #8:** Place implants for the following teeth:

(please specify tooth numbers)

**Procedure #9:** Do a splint on these teeth:

(please specify tooth numbers)

**Procedure #10:** Other, please specify
We are learning a great deal from the Florida Dental Care Study.

THANK YOU FOR PARTICIPATING!

Is there anything important that we overlooked? Please use the space below for any additional comments that you would like to make about your dental practice.