OHSU PROH Network Survey
(Practice-based Research in Oral Health)

Please fill out this short survey if you are interested in participating or learning more about participating as a member dentist in the PROH network. This demographic information is needed to help identify practices most appropriate for various research studies. The information you provide will remain confidential. Thank you for your interest and support: Thomas J. Hilton, DMD, MS, PROH Director and Jack L. Ferracane, PhD

Please provide contact information:
Name: __________________________________________________________________________
Address: ________________________________________
City: ___________________________ State: ___________ Zip: ___________
Phone #: ___________________________ Fax #: ___________________________
Email address: _____________________________________________________________________

1. How many dentists are in your practice?
   ___ 1   ___ 2   ___ 3   ___ 4   ___ 5 or more

2. Please indicate the number of the following staff members you have in your practice:
   ___ Assistants   ___ Business personnel   ___ Hygienists
   ___ Other (please specify) ____________________________

3. How many years have you practiced dentistry?
   ___ Less than 2   ___ 2-5   ___ 6-10   ___ 11-20   ___ 20 +

4. Do you belong to a dental study club?
   ___ No   ___ Yes – Which one? ____________________________________________

5. If you have previously been involved in dental research, check all that apply:
   ___ Practice-based studies   ___ Controlled clinical trials   ___ Laboratory/basic science studies

6. Do you treat patients in the following age groups:
   0-12 years ___ Yes ___ No   19-65 years ___ Yes ___ No
   13-18 years ___ Yes ___ No   Over 65 years ___ Yes ___ No

7. Approximately how many patient visits does your practice have per month?
   ___ Less than 100   ___ 100-150   ___ 151-200   ___ over 200

8. Which of the following payment methods do you routinely accept?
   ___ Private insurance
   ___ Public insurance (e.g., Oregon Health Plan, Medicare, Medicaid, etc.)
   ___ Workers’ Compensation
   ___ Patient pays entire fee

9. What approximate percent of your patients are considered members of underrepresented groups (i.e. African American, Hispanic, American Indian)? ____%
10. Please indicate the types of technology routinely used in your practice. (Check all that apply)

___ Digital radiography
___ Intraoral photography
___ Caries detection equipment (i.e. Diagnodent, QLF, etc.)
___ Air abrasion for tooth preparation
___ Laser for tooth preparation/tissue surgery
___ Computer design/machining of restorations
___ Laser or PAC curing light
___ Other (please explain) ___________________________________________________

11. Please indicate the functions that are computerized in your practice. (Check all that apply)

___ Bookkeeping/accounting
___ Scheduling
___ Recording of charting and treatment services
___ Inventory control of materials/supplies
___ Partial electronic patient record
___ Complete electronic patient record

12. If the Internet is utilized in your office, what type of service do you have?

___ Dial up modem ___ Cable modem ___ DSL ___ Satellite
___ Other (please explain)____________________________________________________

13. Do you place the following types of restorations?

<table>
<thead>
<tr>
<th></th>
<th>Anterior Teeth</th>
<th>Posterior Teeth</th>
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<tbody>
<tr>
<td></td>
<td>Often</td>
<td>Rarely</td>
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<tr>
<td>Cast gold - full coverage</td>
<td></td>
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<tr>
<td>Cast gold – partial coverage</td>
<td></td>
<td></td>
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<tr>
<td>Amalgam</td>
<td></td>
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<tr>
<td>Composite</td>
<td></td>
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<tr>
<td>All ceramic – full coverage</td>
<td></td>
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</tr>
<tr>
<td>All ceramic – partial coverage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glass ionomer/resin modified glass ionomer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Porcelain fused to metal crowns</td>
<td></td>
<td></td>
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</tbody>
</table>

14. Which of the following activities are you routinely engaged in:

___ Maintenance of periodontal patients in your practice
___ Referral of periodontal patients to a specialist
___ Performance of periodontal surgery
___ Placement of local antibiotics (e.g., Arestin, Atridox, Perio-chip)
___ Referral of oral surgery patients to a specialist
___ Assistance in smoking cessation

15. How many hours of training in research methodologies would you be willing to attend as a member of the PROH network?

___ 4     ___ 8     ___ 12     ___ 16

16. Please use the back of this page to describe any ideas you have for research studies that you think would help you in your practice and you would like to see conducted by the PROH network.

Please fax to 1.541.323.1064