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?

	Anterior Teeth			**Posterior Teeth**		
	Often	Rarely	Never	Often	Rarely	Never
Cast gold - full coverage						
Cast gold – partial coverage						
Amalgam						
Composite						
All ceramic – full coverage						
All ceramic – partial coverage						
Glass ionomer/resin modified glass ionomer						
Porcelain fused to metal crowns						

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