



Digital Toolkit.

Mental Health and Well-being in the dental workplace.

Mental Health and Well-being Survey

Adapted from the ADA 2021 Dentist Well-being Survey

Background and Demographic

1. In what year were you born?

2. In what year did you graduate from dental school?

3. In what state/region do you currently reside?

4. What is your gender?

Male

Female

Prefer to self-describe

Prefer not to answer

5. Are you of any ethnicity?

Yes

No

Prefer not to answer

Work Habits and Environment

6. Which of the following best describes your **current primary occupation**? (skip logic)

Private practice (Full or part time)

Dental school faculty

Federal dental services

State or local government employee

Hospital staff dentist

Dental student (end the survey if chosen)

Other non-dental occupation

Not currently employed (skip to next section if selected)

Retired (end the survey if chosen)

7. If you are in private dental practice, please indicate your current status in your primary practice: (use display logic from Q6)

A sole proprietor (i.e. the only owner)

A partner

An employee (on salary, commission, percentage, or associate basis)

An independent contractor

8. How satisfied are you with your current primary practice? (use display logic from Q6)

Very satisfied

Somewhat satisfied

Somewhat unsatisfied

Very unsatisfied

Not applicable

9. About how many hours per week do you usually spend in your primary occupation?

0-30

31-40

41-50

51-60

61 or more

10. Do you feel in control of your work environment?

Always

Almost always

Usually

Sometimes

Rarely

Never

11. Please indicate your level of agreement with each of the following statements describing your work experience, using the following scale (1 = strongly agree, 2 = agree, 3 = disagree, 4 = strongly disagree):

I think the people I work with respect me

I sometimes doubt my own competence

12. What was your 2020 net income before paying personal income taxes? *To be modified with country currency*

Less than \$75,000

\$75,000 – \$99,999

\$100,000 – \$124,999

\$125,000 – \$149,999

\$150,000 – \$174,999

\$175,000 – \$199,999

\$200,000 – \$224,999

\$225,000 – \$299,999

\$300,000 – \$399,999

\$400,000 or more

13. Do you currently treat patients? (skip logic)

Yes

No

14. Do you use dental lasers to treat patients? (skip logic from #13)

Yes

No

15. Do you wear eye protection while using dental lasers? (use display logic from Q14)

Yes

No

Sometimes

16. Do you use hearing protections when treating patients? (use display logic from #13)

Yes

No

Sometimes

Physical Health

17. For the conditions listed below, please indicate all that have been diagnosed or that apply to you:

None

Anxiety disorders

Arthritis (degenerative)

Attempted suicide

Back problems

Bipolar disorder

Bulimia

Cancer

Carpal tunnel syndrome

Chronic fatigue

Chronic pain

Compulsive gambling

Compulsive overeating

Depression

Dizziness

Diabetes

Domestic violence

Elevated cholesterol

Fibromyalgia

Headaches

Heart disease
Hyperthyroid
Neurodegenerative disease (e.g. Alzheimer's, Parkinson's)
Numbness/tingling, paresthesia, or muscle weakness
Obsessive-compulsive disorder
Osteoporosis
Other psychiatric disorder
Panic attacks
Post-partum depression (women only – use display logic)
Post-traumatic stress disorder (PTSD)
Premenstrual syndrome (PMS) or premenstrual dysphoric disorder (PMDD) – (women only – use display logic)
Repetitive stress injury
Rheumatoid arthritis
Ringing in ears
Sciatica
Sexual abuse
Significant traumatic event
Spinal stenosis
Stroke
Suicide ideation
Temporomandibular joint dysfunction (TMD)

18. Estimate how many hours per week you engage in some form of exercise.

0-2
3-5
6-8
9-11
11 or more

19. In the past year, indicate the level of discomfort you first noticed (while working) in any of the following areas: (skip logic)

Fingers
Wrist
Hands
Forearm
Elbow
Shoulders
Neck
Upper back
Lower back
Chest
Lower extremities
I have no pain/discomfort

20. Has the pain/discomfort interfered with your work? (display logic from #19)

- No
- Some, but no interference
- Some interference
- Had to take off work

21. Have you sought any of the following treatments for your pain/discomfort? (display logic from #19)

- No treatment
- Chiropractic
- Physiatry/physical medicine and rehabilitation
- Physical/occupational therapy
- Other type of specialist treatment (non-surgical)
- Surgery

22. Estimate how many hours you sleep in a typical night:

- Less than 4
- 4-7
- 8-11
- More than 11

23. Do you use an electric sleep device (CPAP, etc.)?

- Yes
- No

24. Have you noticed any signs that you are having hearing problems? (skip logic)

- Yes
- No

25. How long ago did you first notice signs of hearing loss? (use display logic from #24)

- 0-2 years ago
- 3-5 years ago
- 6-8 years ago
- 9 or more years ago

26. Since you noticed hearing loss, have your symptoms: (use display logic from #24)

- Worsened?
- Remained the same?
- Improved?

27. Have you been evaluated by an audiologist? (use display logic from #24)

- Yes
- No

28. Do you use a hearing aid? (use display logic from #24)

Yes

No

Emotional Health

29. What is your current relationship status? (use skip logic)

Single, never married

Married

Widowed

Divorced

Separated

Member of an unmarried couple

30. How would you rate your satisfaction with your relationship with your spouse or domestic partner? (use display logic from #29)

Very satisfied

Somewhat satisfied

Somewhat unsatisfied

Very unsatisfied

31. Have you taken a leave of absence from your career as a dentist for any of the following reasons?

Yes/No

Pursue further study

Personal illness

Family illness

Child rearing

Family problems

Financial problems

Mental health illness

Substance abuse treatment

Other, please specify

32. What is your **daily stress** at home and at work? (answer separately for each)

Severe

Moderate

Light

33. Estimate how many **hours per week** you spend in activities that are religious or spiritual in nature?

0-2

3-5

6-8

More than 8

34. During the **past month**, for how many days did poor physical or mental health keep you from your usual activities?

0-5

6-10

11-15

16-20

20 or more

35. During the **past month**, how often have you: (For each question answer using the following scale: 1 = always, 2 = sometimes, 3 = rarely, 4 = never)

Been feeling low in energy?

Been blaming yourself for things?

Had a poor appetite?

Had difficulty falling asleep or staying asleep?

Had difficulty concentrating or making decisions?

Been feeling blue?

Had no interest in things?

Had feelings of worthlessness?

Been feeling hopeless about the future?

Thought about or wanted to commit suicide?

36. Have you ever sought professional help (counselling or psychotherapy) for a personal problem?

Yes

No

Substance Use

37. Are you currently in recovery from alcoholism? (skip logic)

Yes

No

38. Have you ever... (Use display logic from #37)

Yes/No

Felt that you should cut down on your drinking?

Been annoyed by other people criticizing your drinking?

Felt bad or guilty about your drinking?

Had a drink first thing in the morning to steady your nerves or to get rid of a hangover?

39. Are you currently in recovery from drug addiction? (skip logic)

Yes

No

40. Have you ever... (Use display logic from #39)

Yes/No

Felt that you should cut down on your drug use?

Been annoyed by other people criticizing your drug use?

Felt bad or guilty about your drug use?

Used drugs first thing in the morning to steady your nerves or to get rid of a hangover?

41. Which of the following over-the-counter medications do you use on a regular basis?

MD prescribed/Self-prescribed or obtained

NSAIDS

Antidepressants

Anxiolytic medications

Diuretics

Laxatives

Sleeping pills

Analgesics

Opiates

Herbal medications

Marijuana

Allergy medication

Weight loss drugs

Other stimulants

Nitrous oxide

Other, please specify _____

42. Have you ever used a vaping device? (skip logic)

Yes

No

43. If so, which of the following substances do you use or have you tried with a vaping device? (use display logic from #42)

None

Marijuana

Nicotine

Alcohol

Ecstasy

Hallucinogens

Prescription pain medicines

Cocaine

Herbs

Other drugs, please list _____

44. How could the National Dental Association better support the personal well-being of dentists?

Thank you for sharing your expertise. If you have any concerns or questions about this research, please contact *[insert contact info]*. If you have any questions concerning your rights as a research subject, you may contact the *[insert relevant contact info]*.

FDI World Dental Federation acknowledges the support of the American Dental Association, for sharing their ADA 2021 Dentist Well-being Survey.