

Survey of Dental Caries Prevention: Medical Assistants

Thank you for taking time to complete this survey. Your confidential answers will be used by the HealthEfficient team to develop continuing education and other intervention programs for medical team members to improve the oral/dental health of the public.

1. In the past year, has your clinic had child patients 6 months to 3 years of age present with tooth decay, sometimes referred to as early childhood caries (ECC)?
 - Yes
 - No
 - Don't Know

2. In your opinion, what are **three** main challenges a practitioner experiences with a child patient 6 months to 3 years of age who has tooth decay? **(Select THREE)**
 - Child is in pain at visit
 - Child has difficult behavioral issues
 - Child does not return for follow-up care
 - Child (parent) is frequently a no-show
 - Parent/caregiver does not follow my instructions
 - Child's teeth always needs cleaning
 - Parent/caregiver does not seem to care about child's oral health
 - Parent/caregiver continues to give sweet drinks in child's bottle or sippy cup
 - Parent/caregiver will not accept the recommended fluoride regimen
 - Other, please explain _____

3. How effective do you think each of the following is for preventing tooth decay in children 6 months to 3 years of age?

Effectiveness for Children Age 6 months to 3 years of age	Not Effective	Somewhat Effective	Effective	Very Effective	Don't Know
Community Water Fluoridation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietary fluoride drop/tablets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluoride dentifrices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluoride varnish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning infant's mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toothbrushing without a fluoride dentifrice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routine dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional prophylaxis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flossing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infrequent sugar consumption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Silver diamine fluoride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Does your clinic provide/recommend fluoride products (tablets, drops, toothpaste,) for patients 6 months to 3 years of age for their home use?
- Yes
 - No
 - Don't know
5. Do you or someone on your team ask the source of drinking water for your patients 6 months to 3 years of age?
- Yes
 - No
 - Don't know
6. Do you or someone on your team recommend your child patients 6 months to 3 years of age drink tap water?
- Yes
 - No
 - Don't know
7. Do you or someone on your team routinely assess risk factors for tooth decay for your patients 6 months to 3 years of age?
(If no, skip to question 9)
- Yes
 - No
 - Don't know
8. Which of the following risk factors for tooth decay do you or someone on your team use for your patients 6 months to 3 years of age? **(Select all that apply.)**
- Frequency of dental visits
 - Child has special health care needs
 - Child's exposure to fluoride
 - Child has tooth decay
 - Times per day child's teeth are brushed
 - Socio-economic status of child's parents
 - Mother's history of tooth decay
 - Daily between-meal exposures to cavity producing food
 - Visible plaque
 - Presence of enamel demineralization
 - New lesions since last visit
 - Don't know
 - Other, please explain _____
9. Do you or someone on your team discuss with pregnant patients or women of child-bearing age the importance of good oral/dental health and how it may impact the health of their newborn?
- Yes
 - No
 - Don't know

10. Do you or someone on your team discuss oral/dental care for a newborn infant with your pregnant patients?
- Yes
 - No
 - Don't know
11. Do you or someone on your team provide education about preventing tooth decay to parents/caregivers of children 6 months to 3 years of age? (If no, skip to question 13)
- Yes
 - No
 - Don't know
12. How frequently do you or someone on your team provide education about preventing tooth decay to parents/caregivers of children 6 months to 3 years of age?
- At initial visit
 - As needed
 - At every visit
 - Don't know
 - Other, please explain _____
13. What topics do or your team you include in education about preventing tooth decay for parents/caregivers of children 6 months to 3 years of age?

Topic	Children ages 0-18 months	Children ages 19-36 months
Toothbrushing instruction	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning infant's mouth/gums	<input type="checkbox"/>	<input type="checkbox"/>
Flossing instruction	<input type="checkbox"/>	<input type="checkbox"/>
Use of fluoride varnish	<input type="checkbox"/>	<input type="checkbox"/>
Fluoride drops/tablets	<input type="checkbox"/>	<input type="checkbox"/>
Preventing tooth decay	<input type="checkbox"/>	<input type="checkbox"/>
Community water fluoridation	<input type="checkbox"/>	<input type="checkbox"/>
Mechanism of fluoride action	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition/sugar reduction	<input type="checkbox"/>	<input type="checkbox"/>
Use of fluoride dentifrice	<input type="checkbox"/>	<input type="checkbox"/>
Home fluoride rinses	<input type="checkbox"/>	<input type="checkbox"/>
Use of silver diamine fluoride	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify _____	<input type="checkbox"/>	<input type="checkbox"/>

14. Is it your clinic policy to provide motivational interviewing to families of young patients?
- Yes
 - No
 - Don't know

15. Is it your clinic policy to set oral/dental self-management goals with families of young patients?

- Yes
- No
- Don't know

16. During a typical workweek, how often do you use the following communication techniques with your patients?

	Always	Most of the time	Occasionally	Rarely	Not Applicable
Ask patients to repeat back information or instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak slowly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limit the number of concepts presented at a time to 2-3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask patients to tell you what they will do at home to follow instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use simple language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand out printed materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underline key points on print materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write or print out instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Draw pictures or use printed illustrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refer patients to the internet or other sources of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask assistant or other office staff to follow-up with patients for post-care instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use video or DVD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. When treating pregnant women, our team asks her whether she has had a dental appointment during her pregnancy.

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Always | Most of the time | Occasionally | Rarely | Don't know |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

18. When our medical team learns a patient is pregnant, we ask when her last dental appointment was.

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Always | Most of the time | Occasionally | Rarely | Don't Know |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

19. When a pregnant patient explains she has not had a dental visit, we:

(Select all that apply.)

- Explain to her that dental visits are important for her health and her baby's health
- Refer her to a dentist for an appointment
- Help her make an appointment with the dentist
- Don't know
- Other, please explain _____

20. Our team recommends women with infants 2 to 3 years of age take their child for dental visits.

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Always | Most of the time | Occasionally | Rarely | Don't know |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

21. We consult with prenatal providers regarding mutual patients.

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Always | Most of the time | Occasionally | Rarely | Don't know |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

22. We have established relationships and a referral process with dental providers.

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Always | Most of the time | Occasionally | Rarely | Don't know |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Tell us about you.

23. Excluding medical assisting school, have you ever taken a course on communication skills?

- Yes
- No

24. How would you rate your medical assisting school training regarding preventing tooth decay?

- Very good
- Good
- Poor
- Very poor
- Not sure

25. Where did you receive your medical assisting education?

- In the United States
- Outside the United States

26. How many years has it been since you graduated from medical assisting school?

- Less than 5 years
- 6-10 years
- 11-20 years
- More than 20 years

27. What is your gender?
- Female
 - Male
 - Other, please specify _____
28. Are you Hispanic/Latino?
- Yes
 - No
29. What is your race ethnicity? **(Select all that apply.)**
- American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian/Other Pacific Islander
 - White
 - Unknown

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Survey of Dental Caries Prevention: Medical Assistants Scoring Rubric

This document describes how to score the Dental Survey.

- The survey has 29 questions.
- The demographic and informational questions are not scored.
 - Demographic and informational questions: 1, 2, 23-29
- The scoring for each question is explained below the question.
- The correct answer for each question is high-lighted in yellow.

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Thank you for taking time to complete this survey. Your confidential answers will be used by the HealthEfficient team to develop continuing education and other intervention programs for medical team members to improve the oral/dental health of the public.

1. In the past year, has your clinic had child patients 6 months to 3 years of age present with tooth decay, sometimes referred to as early childhood caries (ECC)?
 - Yes
 - No
 - Don't Know

NOT Scored (informational)

2. In your opinion, what are **three** main challenges a practitioner experiences with a child patient 6 months to 3 years of age who has tooth decay? **(Select THREE)**
 - Child is in pain at visit
 - Child has difficult behavioral issues
 - Child does not return for follow-up care
 - Child (parent) is frequently a no-show
 - Parent/caregiver does not follow my instructions
 - Child's teeth always needs cleaning
 - Parent/caregiver does not seem to care about child's oral health
 - Parent/caregiver continues to give sweet drinks in child's bottle or sippy cup
 - Parent/caregiver will not accept the recommended fluoride regimen
 - Other, please explain _____

NOT Scored (informational)

3. How effective do you think each of the following is for preventing tooth decay in children 6 months to 3 years of age?

Effectiveness for Children Age 6 months to 3 years of age	Not Effective	Somewhat Effective	Effective	Very Effective	Don't Know
Community Water Fluoridation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dietary fluoride drop/tablets	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fluoride dentifrices	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fluoride varnish	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cleaning infant's mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Toothbrushing without a fluoride dentifrice	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routine dental care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional prophylaxis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Silver diamine fluoride	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SCORING: Each correct response is scored 1 point. For items 1-4 and 9, responses of either 'Effective' or 'Very Effective' are correct. Scores can range from 0-9.

4. Does your clinic recommend fluoride products (tablets, drops, toothpaste) for patients 6 months to 3 years of age for their home use?
- Yes
- No
- Don't know
- SCORE: Yes = 1; No = 0
5. Do you or someone on your team ask the source of drinking water for your patients 6 months to 3 years of age?
- Yes
- No
- Don't know
- SCORE: Yes = 1; No = 0
6. Do you or someone on your team recommend your child patients 6 months to 3 years of age drink tap water?
- Yes
- No
- Don't know
- SCORE: Yes = 1; No = 0
7. Do you or someone on your team routinely assess risk factors for tooth decay for your patients 6 months to 3 years of age? **(If no, skip to question 9)**
- Yes
- No
- Don't know
- SCORE: Yes = 1; No = 0
8. Which of the following risk factors for tooth decay do you or someone on your team use for your patients 6 months to 3 years of age? **(Select all that apply.)**
- Frequency of dental visits
- Child has special health care needs
- Child's exposure to fluoride
- Child has tooth decay
- Times per day child's teeth are brushed
- Socio-economic status of child's parents
- Mother's history of tooth decay
- Daily between-meal exposures to cavity producing food
- Visible plaque
- Presence of enamel demineralization
- Don't know
- Other, please explain _____
- SCORE: Each item selected is scored 1 point. 'Don't know' = 0; 'Other' = 0. Scores can range from 0-10.
9. Do you or someone on your team discuss with pregnant patients or women of child-bearing age the importance of good oral/dental health and how it may impact the health of their newborn?
- Yes
- No
- Don't know
- SCORE: Yes = 1; No = 0; Don't know = 0.

10. Do you or someone on your team discuss oral/dental care for a newborn infant with your pregnant patients?

- Yes
- No
- Don't know

SCORE: Yes = 1; No = 0; Don't know = 0.

11. Do you or someone on your team provide education about preventing tooth decay to parents/caregivers of children 6 months to 3 years of age? (If no, skip to question 13)

- Yes
- No
- Don't know

SCORE: Yes = 1; No = 0; Don't know = 0.

12. How frequently do you or someone on your team provide education about preventing tooth decay to parents/caregivers of children 6 months to 3 years of age?

- At initial visit
- As needed
- At every visit
- Don't know
- Other, please explain _____

SCORE: At every visit = 1; all other items = 0

13. What topics do you or someone on your team include in education about preventing tooth decay for parents/caregivers of children 6 months to 3 years of age?

Topic	Children ages 0-18 months		Children ages 19-36 months	
	<input type="checkbox"/>	Score	<input type="checkbox"/>	Score
Toothbrushing instruction	<input type="checkbox"/>	1	<input type="checkbox"/>	1
Clean infant's mouth/gums	<input type="checkbox"/>	1	<input type="checkbox"/>	0
Flossing instruction	<input type="checkbox"/>	0	<input type="checkbox"/>	0
Use of fluoride varnish	<input type="checkbox"/>	1	<input type="checkbox"/>	1
Fluoride drops/tablets	<input type="checkbox"/>	1	<input type="checkbox"/>	1
Prevention of early childhood caries	<input type="checkbox"/>	1	<input type="checkbox"/>	1
Community water fluoridation	<input type="checkbox"/>	1	<input type="checkbox"/>	1
Mechanism of fluoride action	<input type="checkbox"/>	1	<input type="checkbox"/>	1
Nutrition/sugar reduction	<input type="checkbox"/>	1	<input type="checkbox"/>	1
Use of fluoride dentifrice	<input type="checkbox"/>	1	<input type="checkbox"/>	1
Use of silver diamine fluoride	<input type="checkbox"/>	1	<input type="checkbox"/>	1
Other, please specify _____	<input type="checkbox"/>		<input type="checkbox"/>	

SCORE: Correct responses are indicated in the score column. Score each correct response as one point. 'Other' is not scored. Scores can range from 0 to 22. For item #5 (fluoride drops/tablets), we will need to know if the clinic is in an area with community water fluoridation (CWF). If respondent practices in an area with CWF, not checking this item is correct. If respondent practices in an area without CWF, the item should be checked. Scores can range from 0-22.

14. Is it your clinic policy to provide motivational interviewing to families of young patients?

- Yes
- No
- Don't know

SCORE: Yes = 1; No = 0; Don't know = 0.

15. Is it your clinic policy to set oral/dental self-management goals with families of young patients?

- Yes
- No
- Don't know

SCORE: Yes = 1; No = 0; Don't know = 0.

16. During a typical workweek, how often do you use the following communication techniques with your patients?

	Always	Most of the time	Occasionally	Rarely	Not Applicable
Ask patients to repeat back information or instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak slowly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limit the number of concepts presented at a time to 2-3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask patients to tell you what they will do at home to follow instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use simple language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand out printed materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underline key points on print materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write or print out instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Draw pictures or use printed illustrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refer patients to the internet or other sources of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask assistant or other office staff to follow-up with patients for post-care instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use video or DVD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score each response as follows: Always = 3; Most of the time = 2, Occasionally = 1; Rarely = 0; Not Applicable = 0. Scores can range from 0 to 36.

17. When treating pregnant women, our team asks her whether she has had a dental appointment during her pregnancy.

- Always
- Most of the time
- Occasionally
- Rarely
- Don't know

Score each response as follows: Always = 3; Most of the time = 2, Occasionally = 1; Rarely = 0; Don't know = 0.

18. When our medical team learns a patient is pregnant, we ask when her last dental appointment was.

Always	Most of the time	Occasionally	Rarely	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score each response as follows: Always = 3; Most of the time = 2, Occasionally = 1; Rarely = 0; Don't know = 0.

19. When a pregnant patient explains she has not had a dental visit, we:

(Select all that apply.)

- Explain to her that dental visits are important for her health and her baby's health
- Refer her to a dentist for an appointment
- Help her make an appointment with the dentist
- Don't know
- Other, please explain _____

For the first three items, score each selected item as 1 point. 'Don't know = 0; 'Other' = 0.

20. Our team recommends women with infants 2 to 3 years of age take their child for dental visits.

Always	Most of the time	Occasionally	Rarely	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score each response as follows: Always = 3; Most of the time = 2, Occasionally = 1; Rarely = 0; Don't know = 0.

21. We consult with prenatal providers regarding mutual patients.

Always	Most of the time	Occasionally	Rarely	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score each response as follows: Always = 3; Most of the time = 2, Occasionally = 1; Rarely = 0; Don't know = 0.

22. We have established relationships and a referral process with dental providers.

Always	Most of the time	Occasionally	Rarely	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score each response as follows: Always = 3; Most of the time = 2, Occasionally = 1; Rarely = 0; Don't know = 0.

Tell us about you.

These demographic questions are not scored.

23. Excluding medical assisting school, have you ever taken a course on communication skills?

- Yes
- No

24. How would you rate your medical assisting school training regarding preventing tooth decay?

- Very good
- Good
- Poor
- Very poor
- Not sure

25. Where did you receive your medical assisting education?

- In the United States
- Outside the United States

26. How many years has it been since you graduated from medical assisting school?

- Less than 5 years
- 6-10 years
- 11-20 years
- More than 20 years

27. What is your gender?

- Female
- Male
- Other, please specify _____

28. Are you Hispanic/Latino?

- Yes
- No

29. What is your race ethnicity? **(Select all that apply.)**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian/Other Pacific Islander
- White
- Unknown

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