



2006 Colorado Dentist Workforce Survey

*Codebook and Variable Frequencies
Report – Public Use File*

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TABLE OF CONTENTS

| | |
|--|----|
| INTRODUCTION | I |
| 2006 Colorado Dentist Workforce Survey | I |
| Methods..... | I |
| Response rate | I |
| Survey limitations | I |
| PUBLIC USE DATA FILE | 2 |
| Technical information | 2 |
| Codebook structure..... | 2 |
| 2006 DENTIST SURVEY FORM | 4 |
| LISTING OF VARIABLES..... | 6 |
| CODEBOOK AND FREQUENCIES | 10 |
| Created Variables..... | 50 |
| APPENDIX A: BUSINESS RULES FOR DATA CLEANING | 55 |
| APPENDIX B: DEMOGRAPHIC MATRIX..... | 57 |

INTRODUCTION

The Colorado Health Institute (CHI) serves as an independent, nonpartisan source of health information and policy analysis. With funding from The Colorado Trust, CHI is building a comprehensive health professions database for the purpose of informing health workforce policy in Colorado.

A series of profession-specific workforce databases is being constructed to complement existing health professions workforce data. From these data, CHI is developing a set of indicators that will document changes in health care workforce supply and demand as well as practice patterns that exist in Colorado communities over time. A database download function is being developed to enable visitors to the CHI Web site to download health professions data and customize reports by profession and geographic location.

2006 COLORADO DENTIST WORKFORCE SURVEY

Methods

The survey was administered in two waves by mail and Internet beginning on March 15, 2006. The first wave was a cover letter and survey questionnaire sent to the 4,427 dentists identified in the state's licensing database. The survey forms were mailed to the contact address in each licensee's file at the Colorado Department of Regulatory Agencies (DORA). This address may have been the dentist's home or practice location.

On April 14, 2006, a second mailing went out that included a cover letter and questionnaire

Response rate

CHI received survey responses from 1,125 dentists as a result of the first mailing of questionnaires which ended April 16, 2006. The second questionnaire mailing yielded an additional 701 completed surveys. In total, CHI received survey responses from 1,826 dentists or 42 percent of those who were mailed a survey form. The following table shows the final disposition of surveys by response category.

| Final Disposition | Number |
|--|---------------|
| Surveys mailed to Colorado dentist population | 4,427 |
| Undeliverable | 33 |
| Eligible sample | 4,394 |
| Returned completed questionnaires (1 st wave) | 1,125 |
| Returned completed questionnaires (2 nd wave) | 701 |
| Return Rate | 41.6% |

Data from the paper questionnaires returned to CHI were entered into an electronic database (N=1,666). In addition, 160 forms were electronically submitted to CHI via an online option on the internet. With the paper forms, CHI randomly selected 59 (5%) questionnaires for data entry validation. Data entry was 99+ percent accurate across all survey variables entered. Data verification and cleaning were conducted with a series of quality checks to ensure data completeness and adherence to formatting protocols [See Appendix A for Data Cleaning Business Rules].

Survey limitations

The degree to which findings of the survey sample can be generalized to the total Colorado dentist population is not known because of the following limitations:

- The survey sample was not randomly drawn from the dentist population,
- The response rate was 42 percent, and

- Nonresponders could not be tracked on enough dimensions to examine responder bias. Therefore, the data could not be weighted to account for the nonresponse rate.

Because of these limitations, it is not possible to generalize the survey findings to Colorado's dentist population. Yet, in spite of the potential biases introduced by those who chose to return a completed survey form versus those who did not, it is still the case that 1,826 dentists licensed in Colorado chose to participate in the 2006 survey.

As a point of reference, Appendix B (p. 57) displays a matrix that delineates a series of demographic findings gleaned from the 2006 Dentist Survey, and also demographic findings from the licensure database of the Department of Regulatory Agencies.

To minimize potential biases in the future, the dentist survey will be mailed to a smaller, stratified random sample of dentists licensed to practice in Colorado. By limiting the number surveyed, the anticipated response rate would be greater due to more aggressive follow up and better tracking of population characteristics such as dentists practicing in rural areas of the state. This strategy will minimize bias and maximize the representativeness of the sample to the entire licensed dentist population in Colorado.

PUBLIC USE DATA FILE

This codebook specifies the variables contained in the 2006 CHI Colorado Dentist Workforce Survey public use file (PUF). The file contains 1,826 records, one for each respondent, and includes a weight variable. The PUF contains 124 variables. [See the list of variables on p. 6-9 for the variables contained in the PUF].

The PUF is available for anyone to analyze. To minimize any risk of indirect identification and ensure confidentiality of survey respondents, sub-state geographic identifiers such as county, city and ZIP Code, and other sensitive variables such as graduation year, are removed or rolled up into categorical variables. Users of the PUF must fill out a registration form.

All users of the data must include the following citation in any public release of the data or its subsequent analysis: "Source: The 2006 Dentist Workforce Survey, Colorado Health Institute."

In addition, CHI requests that interested individuals and organizations using the database share their analysis and findings with CHI by contacting Christine Demont-Heinrich at 720.382.7093, or by e-mail at demont-heinrich@coloradohealthinstitute.org.

Technical information

The PUF is released as SAS, comma-delimited, Excel and SPSS files. In addition, a sampling and response summary by strata is provided in Appendix B.

Codebook structure

The codebook lists variable labels in the order in which they appear on the questionnaire. Each variable includes a name, description and any appropriate technical notes. The last 13 variables in the codebook were created from survey questions and re-coded to protect the confidentiality of survey respondents.

For each variable, an unweighted and weighted frequency is provided. The unweighted sum for each variable totals 1,826, that is, the number of survey respondents.

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2006 DENTISTS SURVEY

Survey Form Number _ _ _ _

To complete form online . . .

Open your internet browser and type: <http://www.ColoradoHealthInstitute.org/dentist2006.html> → Type the number shown at the top of this sheet → Complete survey online → Click "submit" button when you are finished.

This survey is a joint project, for workforce research purposes, between the Colorado Health Institute (CHI), the Colorado Dental Association, and the University of Colorado School of Dentistry. Your name is not on the form and answers are confidential.

Please complete the form online, or return the questionnaire in the provided envelope or fax it to 303.831.4247. Thank you for your assistance in this important survey. If you have any questions, please contact Pamela F. Dinkfelter, PhD, at CHI at 303.831.4200, ext. 218, or via email at dinkfelp@coloradohealthinstitute.org.

SECTION A. EDUCATION

1. Print name of dental school attended, year graduated, and state in which dental school is located:

DENTAL SCHOOL _____

YEAR GRADUATED _____ STATE _____ (COUNTRY IF NOT US) _____

2. Indicate degrees completed: (mark all that apply)

☐ DDS ☐ DMD ☐ MD ☐ PHD

- 3a. After graduation from dental school, did you complete specialty training? ☐ YES ☐ NO (Skip to Section B)

- 3b. Print city and state of training, and year completed:

CITY _____

STATE _____ COUNTRY IF NOT US _____ YEAR COMPLETED _____

SECTION B. LICENSING/ CERTIFICATION

1. Indicate all healthcare licenses you have ever held (mark all that apply):

☐ DENTAL HYGIENE ☐ DENTAL ☐ MEDICAL
☐ OTHER (SPECIFY) _____

2. As of March 2006, list all states in which you are actively licensed in dentistry (indicate all that apply):

STATE _____ STATE _____ STATE _____ STATE _____ STATE _____ STATE _____

3. As of March 2006, indicate specialties in which you are board certified (mark all that apply):

☐ ENDODONTICS ☐ DENTAL PUBLIC HEALTH
☐ ORTHODONTICS ☐ ORAL AND MAXILLOFACIAL PATHOLOGY
☐ PEDIATRIC DENTISTRY ☐ ORAL AND MAXILLOFACIAL RADIOLOGY
☐ PERIODONTICS ☐ ORAL AND MAXILLOFACIAL SURGERY
☐ PROSTHODONTICS

SECTION C. EMPLOYMENT

- 1a. Were you licensed in dentistry two years ago – in March 2004?

☐ YES ☐ NO (Skip to 3a)

- 1b. If yes, were you working in dentistry in March 2004?

☐ YES ☐ NO (Skip to 3a)

2. Print the zip code of the work site of your primary dentistry position in March 2004:

ZIP CODE _____ COUNTRY IF NOT US _____

- 3a. Are you currently working in dentistry (as of March 2006)?

☐ YES (Skip to 4) ☐ NO

- 3b. If no, are you? (mark one):

☐ UNEMPLOYED / LOOKING ☐ RETIRED / NOT LOOKING
☐ UNEMPLOYED / NOT LOOKING ☐ WORKING IN ANOTHER FIELD

- 3c. If no, what are the reasons you are not working in dentistry? (mark all that apply)

☐ DIFFICULT TO FIND A DENTISTRY POSITION
☐ HOURS MORE CONVENIENT IN OTHER FIELD
☐ BETTER SALARIES IN OTHER FIELD
☐ POOR OR NO HEALTH BENEFITS
☐ FIND OTHER POSITION MORE REWARDING
☐ CONCERN ABOUT SAFETY IN HEALTH CARE ENVIRONMENT
☐ WORK-RELATED ALLERGY (SPECIFY): _____
☐ WORK-RELATED INJURY (SPECIFY): _____
☐ DISABILITY / HEALTH REASONS
☐ HOME/FAMILY
☐ RETIREMENT
☐ OTHER (SPECIFY): _____

If you are not currently working in dentistry, skip to Section D

4. As of March 2006, indicate the number of different locations you currently work in dentistry: ☐ 1 ☐ 2 ☐ 3 ☐ 4 OR MORE

5. As of March 2006, indicate zip code and percentage of time worked at your current primary location and, if applicable, your secondary location:

PRIMARY LOCATION

ZIP CODE _____

% TIME _____

SECONDARY LOCATION

ZIP CODE _____

% TIME _____

- 6a. Is the location of your primary dental work site in Colorado?

☐ YES (Skip to 7) ☐ NO

- 6b. If no, indicate reasons for working outside Colorado: (mark all that apply)

☐ PROFESSIONAL OPPORTUNITY ☐ BETTER PAY
☐ PROMOTION ☐ SCHOOL
☐ GEOGRAPHIC ENVIRONMENT ☐ COST OF LIVING
☐ FAMILY ☐ MILITARY
☐ OTHER (SPECIFY): _____

- 6c. If no, indicate reasons for maintaining a Colorado license: (mark all that apply)

☐ PERIODICALLY PRACTICE IN COLORADO
☐ EXPECT TO RETURN TO COLORADO TO LIVE
☐ PAPERWORK INVOLVED IN OBTAINING NEW COLORADO LICENSE
☐ COST OF OBTAINING NEW COLORADO LICENSE
☐ OTHER (SPECIFY): _____

7. Do you own your own practice?

PRIMARY ☐ YES ☐ NO **SECONDARY** ☐ YES ☐ NO

PLEASE TURN FORM OVER →

SECTION C. EMPLOYMENT (continued)

8. What best describes the **work setting** of your current primary and secondary dental positions (as of March 2006):

| | PRIMARY (mark one) | SECONDARY (mark one) |
|---------------------------------|--------------------------|--------------------------|
| SOLO DENTAL PRACTICE | <input type="checkbox"/> | <input type="checkbox"/> |
| GROUP DENTAL PRACTICE | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTI-SPECIALTY CLINIC | <input type="checkbox"/> | <input type="checkbox"/> |
| PUBLIC HEALTH AGENCY | <input type="checkbox"/> | <input type="checkbox"/> |
| COMMUNITY HEALTH AGENCY | <input type="checkbox"/> | <input type="checkbox"/> |
| VOLUNTEER CLINIC | <input type="checkbox"/> | <input type="checkbox"/> |
| LONG-TERM CARE / NURSING HOME | <input type="checkbox"/> | <input type="checkbox"/> |
| HOSPITAL | <input type="checkbox"/> | <input type="checkbox"/> |
| ACADEMIC / UNIVERSITY / COLLEGE | <input type="checkbox"/> | <input type="checkbox"/> |
| DENTAL-RELATED MANUFACTURING | <input type="checkbox"/> | <input type="checkbox"/> |
| MANAGED CARE / INSURANCE | <input type="checkbox"/> | <input type="checkbox"/> |
| OTHER (SPECIFY): _____ | <input type="checkbox"/> | <input type="checkbox"/> |

9. In your current dental positions, are you?

| | PRIMARY (mark one) | SECONDARY (mark one) |
|-------------------------------|--------------------------|--------------------------|
| IN THE MILITARY | <input type="checkbox"/> | <input type="checkbox"/> |
| FEDERAL OR STATE EMPLOYEE | <input type="checkbox"/> | <input type="checkbox"/> |
| EMPLOYEE OF ORGANIZATION | <input type="checkbox"/> | <input type="checkbox"/> |
| EMPLOYEE OF EMPLOYMENT AGENCY | <input type="checkbox"/> | <input type="checkbox"/> |
| SELF-EMPLOYED | <input type="checkbox"/> | <input type="checkbox"/> |

10. What **term(s)** best corresponds to the **title(s)** of your current dental positions:

| | PRIMARY (mark all that apply) | SECONDARY (mark all that apply) |
|------------------------|----------------------------------|------------------------------------|
| PRACTICING DENTIST | <input type="checkbox"/> | <input type="checkbox"/> |
| MANAGER / DIRECTOR | <input type="checkbox"/> | <input type="checkbox"/> |
| CONSULTANT | <input type="checkbox"/> | <input type="checkbox"/> |
| EDUCATOR / FACULTY | <input type="checkbox"/> | <input type="checkbox"/> |
| RESEARCHER | <input type="checkbox"/> | <input type="checkbox"/> |
| RESIDENT / FELLOW | <input type="checkbox"/> | <input type="checkbox"/> |
| OTHER (SPECIFY): _____ | <input type="checkbox"/> | <input type="checkbox"/> |

11. Indicate **focus areas** of your current dental-related work:

| | PRIMARY (mark all that apply) | SECONDARY (mark all that apply) |
|------------------------------|----------------------------------|------------------------------------|
| GENERAL DENTISTRY | <input type="checkbox"/> | <input type="checkbox"/> |
| COSMETIC | <input type="checkbox"/> | <input type="checkbox"/> |
| GERIATRICS | <input type="checkbox"/> | <input type="checkbox"/> |
| IMPLANTOLOGY | <input type="checkbox"/> | <input type="checkbox"/> |
| TEMPORAL MANDIBULAR DISORDER | <input type="checkbox"/> | <input type="checkbox"/> |
| ENDODONTICS | <input type="checkbox"/> | <input type="checkbox"/> |
| FORENSIC | <input type="checkbox"/> | <input type="checkbox"/> |
| ORAL PATHOLOGY | <input type="checkbox"/> | <input type="checkbox"/> |
| ORAL RADIOLOGY | <input type="checkbox"/> | <input type="checkbox"/> |
| ORAL SURGERY | <input type="checkbox"/> | <input type="checkbox"/> |
| ORTHODONTICS | <input type="checkbox"/> | <input type="checkbox"/> |
| PEDIATRICS | <input type="checkbox"/> | <input type="checkbox"/> |
| PERIODONTICS | <input type="checkbox"/> | <input type="checkbox"/> |
| PROSTHODONTICS | <input type="checkbox"/> | <input type="checkbox"/> |
| PUBLIC HEALTH | <input type="checkbox"/> | <input type="checkbox"/> |

12. Indicate **type of equipment** used in your work setting to remove amalgam particles from wastewater:

| | PRIMARY (mark all that apply) | SECONDARY (mark all that apply) |
|------------------------------------|----------------------------------|------------------------------------|
| CHAIR SIDE TRAP | <input type="checkbox"/> | <input type="checkbox"/> |
| CHAIR SIDE TRAP & SECONDARY FILTER | <input type="checkbox"/> | <input type="checkbox"/> |
| AMALGAM SEPARATOR | <input type="checkbox"/> | <input type="checkbox"/> |
| OTHER (SPECIFY): _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| NOT APPLICABLE | <input type="checkbox"/> | <input type="checkbox"/> |

13. Indicate **years/months** you have worked in your current dental positions:

| PRIMARY | SECONDARY |
|-------------------------|-------------------------|
| ____ YEARS, ____ MONTHS | ____ YEARS, ____ MONTHS |

14. Indicate **years** you plan to continue to work in dentistry: (mark one)

☐ LESS THAN 5 ☐ 6-10 ☐ 11-15 ☐ MORE THAN 15 ☐ UNKNOWN

- 15a. Do you currently have **health insurance** (March 2006)?

☐ YES ☐ NO

- 15b. Were you offered health insurance by your employer?

☐ YES ☐ NO (Skip to 16)

- 15c. Did you **accept** the health insurance offered by your employer?

☐ YES ☐ NO

16. What was your **gross annual salary** for **all dental-related employment** in calendar year **2005**? (mark one)

| | |
|--|---|
| <input type="checkbox"/> \$0 (DID NOT WORK IN DENTISTRY IN 2005) | <input type="checkbox"/> \$200,000 to \$249,999 |
| <input type="checkbox"/> LESS THAN \$50,000 | <input type="checkbox"/> \$250,000 to \$299,999 |
| <input type="checkbox"/> \$50,000 to \$99,999 | <input type="checkbox"/> \$300,000 to \$349,999 |
| <input type="checkbox"/> \$100,000 to \$149,999 | <input type="checkbox"/> \$350,000 OR MORE |
| <input type="checkbox"/> \$150,000 to \$199,999 | |

- 17a. Do you provide **free or charity care**? ☐ YES ☐ NO (Skip to 18)

- 17b. If yes, estimate the **average amount** you donate each **month**:

☐ UNDER \$500 ☐ \$501-\$1,000 ☐ \$1,001-\$1,500 ☐ MORE THAN \$1,500

18. **FOR ALL DENTAL POSITIONS COMBINED, IN A ONE-WEEK PERIOD, GENERALLY:**

- a. How many **total hours** do you work for pay?

TOTAL HOURS: ____

- b. What **percentage** of your **work time** do you spend in the following area

DIRECT PATIENT CARE ____

DENTAL-RELATED ACADEMIC TEACHING / RESEARCH ____

ATTENDING DENTAL-RELATED TRAINING INCLUDING CONTINUING ED. ____

OTHER DENTAL-RELATED ACTIVITIES (E.G., ADMINISTRATIVE DUTIES) ____

TOTAL (PERCENTAGE MUST TOTAL 100%). **100%**

19. **Rate** each statement as it applies to your work in dentistry as of **March 2006** [1=disagree → 5=agree]: (mark **one** box per statement)

- a. IF I WERE BEGINNING COLLEGE TODAY, I WOULD CHOOSE DENTISTRY 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

- b. I WOULD RECOMMEND DENTISTRY TO A FRIEND OR FAMILY MEMBER 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

20. **Mark yes, no, or not applicable (N/A)** as it applies to primary and secondary worksites:

| | PRIMARY | SECONDARY |
|--------------------------------------|---|---|
| a. ACCEPT NEW PATIENTS | YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> |
| b. PROVIDE CARE TO MEDICAID PATIENTS | YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> |
| c. ACCEPT NEW MEDICAID PATIENTS | YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> |
| d. PROVIDE CARE TO CHP PATIENTS | YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> |
| e. ACCEPT NEW CHP PATIENTS | YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> |

SECTION D. GENERAL INFORMATION

1. In what **state** did you grow up? (please print)

STATE _____ COUNTRY IF NOT US _____

2. The **community** in which you grew up was: (mark one)

☐ URBAN ☐ SUBURBAN ☐ RURAL

- 3a. Do you **speak** a language in addition to English? ☐ YES ☐ NO (Skip to 4)

- 3b. If yes, indicate **language(s)**: (Mark **all** that apply):

☐ FRENCH ☐ SPANISH ☐ SIGN LANGUAGE
☐ OTHER (SPECIFY): _____

4. **Ethnicity/Race** (mark **all** that apply)

☐ AMERICAN INDIAN OR ALASKA NATIVE
☐ ASIAN
☐ BLACK OR AFRICAN AMERICAN
☐ HISPANIC OR LATINO
☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
☐ WHITE

5. **Gender:** ☐ FEMALE ☐ MALE

6. **Year of Birth:** ____

7. **Current home zip code:** ____

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LISTING OF VARIABLES

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|------------------------|---|
| A1 | GRAD_YR_GRP | Year graduated from dental school |
| A1 | GRAD_STATE_CO | State where dental school is located |
| A2 | DEGR_DDS | Educational degree completed: DDS |
| A2 | DEGR_DMD | Educational degree completed: DMD |
| A3a | POSTGRAD_SPEC | Specialty training completed after dental school graduation |
| A3b | POSTGRAD_SPEC_STATE_CO | State of post-graduate specialty training |
| A3b | POSTGRAD_SPEC_YR_GRP | Year post-graduate specialty training completed |
| B1 | LIC_DH | License ever held: Dental hygiene |
| B1 | LIC_DENT | License ever held: Dentist |
| B1 | LIC_OTHER | License ever held: Other |
| B2 | STATE1_LIC_CO | As of March 2006, state in which actively licensed – First state |
| B2 | STATE2_LIC_CO | As of March 2006, state in which actively licensed – Second state |
| B2 | STATE3_LIC_CO | As of March 2006, state in which actively licensed – Third state |
| B3 | BCERT_ENDO | As of March 2006, board certified: Endodontics |
| B3 | BCERT_ORTHO | As of March 2006, board certified: Orthodontics |
| B3 | BCERT_PEDS | As of March 2006, board certified: Pediatric dentistry |
| B3 | BCERT_PERIO | As of March 2006, board certified: Periodontics |
| B3 | BCERT_OMS | As of March 2006, board certified: Oral/Maxillofacial Surgery |
| C1a | TWOYRS_LIC | Licensed in dentistry in March 2004 |
| C1b | TWOYRS_WORKED | Working in dentistry in March 2004 |
| C3a | WORK_CURRENT | Currently working in dentistry as of March 2006 |
| C3b | EMPL_STATUS_GRP | Employment status, grouped |
| C3c | RSN_NOTWRK_DISABLE | Reason not working as dentist: Disability/health reasons |
| C3c | RSN_NOTWRK_RETIRE | Reason not working as dentist: Retirement |
| C3c | RSN_NOTWRK_OTHER | Reason not working as dentist: Other |
| C4 | LOCATION_COUNT | Number of different work locations in March 2006 |
| C5 | PRIMARY_PCT_GRP | Percent of time worked at current primary location, grouped |
| C5 | SECONDARY_PCT_GRP | Percent of time worked at current secondary location, grouped |
| C6a | PRIMARY_CO | Location of primary dental site in Colorado |
| C6b | RSN_OUTCO_PROF | Reason for working outside Colorado: Professional opportunity |
| C6b | RSN_OUTCO_GEOG | Reason for working outside Colorado: Geographic environ |
| C6b | RSN_OUTCO_FAMILY | Reason for working outside Colorado: Family |
| C6b | RSN_OUTCO_PAY | Reason for working outside Colorado: Better pay |
| C6b | RSN_OUTCO_COST | Reason for working outside Colorado: Cost of living |
| C6b | RSN_OUTCO_MILITARY | Reason for working outside Colorado: Military |
| C6b | RSN_OUTCO_OTHER | Reason for working outside Colorado: Other |
| C6c | RSN_COLIC_RETURN | Reason for maintaining a Colorado license: Expect to return to Colorado to live |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|------------------------------|---|
| C6c | RSN_COLIC_PAPERWORK | Reason for maintaining a Colorado license: Paperwork involved in obtaining new Colorado license |
| C6c | RSN_COLIC_COST | Reason for maintaining a Colorado license: Cost of obtaining new Colorado license |
| C6c | RSN_COLIC_OTHER | Reason for maintaining a Colorado license: Other |
| C7 | OWNPRAC_PRIMARY | Own practice at primary location |
| C8 | FACILITY_PRIMARY_GRP | Work setting of current primary dental position |
| C8 | FACILITY_SECONDARY_GRP | Work setting of current secondary dental position |
| C9 | CATEGORY_PRIMARY_GRP | Category of current primary dental position |
| C9 | CATEGORY_SECONDARY_GRP | Category of current secondary dental position |
| C10 | TITLE_PRIMARY_PRACDENT | Title of primary dental position: Practicing dentist |
| C10 | TITLE_PRIMARY_MGRDIR | Title of primary dental position: Manager/Director |
| C10 | TITLE_PRIMARY_EDUC | Title of primary dental position: Educator/Faculty |
| C10 | TITLE_PRIMARY_CONSLT | Title of primary dental position: Consultant |
| C10 | TITLE_SECONDARY_PRACDENT | Title of secondary dental position: Practicing dentist |
| C10 | TITLE_SECONDARY_EDUC | Title of secondary dental position: Educator/Faculty |
| C11 | SPECIALTY_PRIMARY_GEN | Focus area of primary dental-related work: General dentistry |
| C11 | SPECIALTY_PRIMARY_COSM | Focus area of primary dental-related work: Cosmetic |
| C11 | SPECIALTY_PRIMARY_GER | Focus area of primary dental-related work: Geriatrics |
| C11 | SPECIALTY_PRIMARY_IMPLANT | Focus area of primary dental-related work: Implantology |
| C11 | SPECIALTY_PRIMARY_TMD | Focus area of primary dental-related work: Temporal Mandibular Disorder |
| C11 | SPECIALTY_PRIMARY_ENDO | Focus area of primary dental-related work: Endodontics |
| C11 | SPECIALTY_PRIMARY_ORALPATH | Focus area of primary dental-related work: Oral Pathology |
| C11 | SPECIALTY_PRIMARY_ORALRAD | Focus area of primary dental-related work: Oral Radiology |
| C11 | SPECIALTY_PRIMARY_ORALSURG | Focus area of primary dental-related work: Oral Surgery |
| C11 | SPECIALTY_PRIMARY_ORTHO | Focus area of primary dental-related work: Orthodontics |
| C11 | SPECIALTY_PRIMARY_PEDS | Focus area of primary dental-related work: Pediatrics |
| C11 | SPECIALTY_PRIMARY_PERIO | Focus area of primary dental-related work: Periodontics |
| C11 | SPECIALTY_PRIMARY_PROST | Focus area of primary dental-related work: Prosthodontics |
| C11 | SPECIALTY_PRIMARY_PUBH | Focus area of primary dental-related work: Public health |
| C11 | SPECIALTY_SECONDARY_GEN | Focus area of secondary dental-related work: General dentistry |
| C11 | SPECIALTY_SECONDARY_COSM | Focus area of secondary dental-related work: Cosmetic |
| C11 | SPECIALTY_SECONDARY_IMPLANT | Focus area of secondary dental-related work: Implantology |
| C11 | SPECIALTY_SECONDARY_ENDO | Focus area of secondary dental-related work: Endodontics |
| C11 | SPECIALTY_SECONDARY_ORALSURG | Focus area of secondary dental-related work: Oral Surgery |
| C11 | SPECIALTY_SECONDARY_ORTHO | Focus area of secondary dental-related work: Orthodontics |
| C11 | SPECIALTY_SECONDARY_PEDS | Focus area of secondary dental-related work: Pediatrics |
| C11 | SPECIALTY_SECONDARY_PERIO | Focus area of secondary dental-related work: Periodontics |
| C11 | SPECIALTY_SECONDARY_PROST | Focus area of secondary dental-related work: Prosthodontics |
| C12 | EQUIP_PRIMARY_CST | Equipment used for amalgam removal at primary work setting: Chair side trap |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|--------------------------|--|
| C12 | EQUIP_PRIMARY_CSTSF | Equipment used for amalgam removal at primary work setting: Chair side trap and secondary filter |
| C12 | EQUIP_PRIMARY_AMALSEP | Equipment used for amalgam removal at primary work setting: Amalgam separator |
| C12 | EQUIP_PRIMARY_OTHER | Equipment used for amalgam removal at primary work setting: Other |
| C12 | EQUIP_PRIMARY_NA | Equipment used for amalgam removal at primary work setting: Not applicable |
| C12 | EQUIP_SECONDARY_CST | Equipment used for amalgam removal at secondary work setting: Chair side trap |
| C12 | EQUIP_SECONDARY_CSTSF | Equipment used for amalgam removal at secondary work setting: Chair side trap and secondary filter |
| C12 | EQUIP_SECONDARY_AMALSEP | Equipment used for amalgam removal at secondary work setting: Amalgam separator |
| C12 | EQUIP_SECONDARY_NA | Equipment used for amalgam removal at secondary work setting: Not applicable |
| C12 | TOTYRS_PRIM_GRP | Total years at primary position, grouped |
| C12 | TOTYRS_SEC_GRP | Total years at secondary position, grouped |
| C14 | CONT_WORK_RANGE | Years plan to continue working in dentistry |
| C15a | HLTH_INS | Health insurance as of March 2006 |
| C15b | HLTH_INS_OFFER | Offered health insurance by employer |
| C15c | HLTH_INS_ACCEPT | Accepted health insurance offered by employer |
| C16 | INCOME_GRP | Gross annual salary for all dental-related employment in 2005, grouped |
| C17a | CHARITY | Provide free or charity care |
| C18a | ONEWK_HRS_GRP | Hours worked for pay in a one-week period |
| C18b | PCT_CARE_GRP | Percent of time in direct patient care |
| C18b | PCT_TEACH_RES_GRP | Percent of time in dental-related academic teaching/research |
| C18b | PCT_TRAIN_EDUC_GRP | Percent of time attending dental-related training |
| C18b | PCT_ACTVT_GRP | Percent of time in other dental-related activities |
| C19a | RATE_BEG_COLLEGE | Beginning college today, respondent would choose dentistry |
| C19b | RATE_RECOMMEND | Respondent would recommend dentistry to friend or family member |
| C20b | SERVE_MCAID_PRIMARY | Primary worksite: Provide care to Medicaid patients |
| C20b | ACCEPT_NEW_MCAID_PRIMARY | Primary worksite: Accept new Medicaid patients |
| C20b | SERVE_CHP_PRIMARY | Primary worksite: Provide care to CHP+ patients |
| C20b | ACCEPT_NEW_CHP_PRIMARY | Primary worksite: Accept new CHP+ patients |
| D1 | GREWUP_STATE_CO | State where respondent grew up, grouped |
| D1 | GREWUP_CTRY_USA | Country where respondent grew up, grouped |
| D2 | GREWUP_LOCATION | Community where respondent grew up |
| D3a | LANG | Speak language in addition to English |
| D3b | LANG_FRENCH | Additional language: French |
| D3b | LANG_SPANISH | Additional language: Spanish |
| D3b | LANG_OTHER | Additional language: Other |
| D4 | WHITE | Race/ethnicity, grouped |
| D5 | GENDER | Gender |
| D6 | BIRTH_YR_GRP | Year of birth, grouped |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|----------------------------|--------------------------|---|
| CREATED VARIABLE | GRAD_NUMYRS_GRP | Years since graduating from dental school, grouped |
| CREATED VARIABLE | GRAD_AGE_GRP | Age at graduation from dental school, grouped |
| CREATED VARIABLE | PGSPEC_NUMYRS_GRP | Years since completed specialty training, grouped |
| CREATED VARIABLE | PGSPEC_AGE_GRP | Age at completion of specialty training, grouped |
| CREATED VARIABLE | TWOYRS_URBAN_FROM_ZIP | Urban/rural classification of 2004 practice location ZIP Code |
| CREATED VARIABLE | TWOYRS_STATE_CO | State licensed to practice as dentist in March 2004 (from ZIP Code) |
| CREATED VARIABLE | PRIMARY_URBAN_FROM_ZIP | Urban/rural classification of primary location ZIP Code |
| CREATED VARIABLE | PRIMARY_STATE_CO | State of primary dental position in March 2006 (from ZIP Code) |
| CREATED VARIABLE | SECONDARY_URBAN_FROM_ZIP | Urban/rural classification of secondary location ZIP Code |
| CREATED VARIABLE | SECONDARY_STATE_CO | State of secondary dental position in March 2006 (from ZIP Code) |
| CREATED VARIABLE | AGE_GRP | Age in 2006, grouped |
| CREATED VARIABLE | HOME_URBAN_FROM_ZIP | Urban/rural classification of home ZIP Code |
| CREATED VARIABLE | HOME_STATE_CO | State of residence in 2006 (from ZIP Code) |

CODEBOOK AND FREQUENCIES

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|------------------|-----------------------------------|
| A1 | GRAD_YR_GRP | Year graduated from dental school |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 8 |
| -8 | Not Applicable | 5 |
| 1 | 1969 or before | 225 |
| 2 | 1970-1979 | 561 |
| 3 | 1980-1989 | 576 |
| 4 | 1990-1999 | 285 |
| 5 | 2000 or after | 166 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|------------------|--------------------------------------|
| A | GRAD_STATE_CO | State where dental school is located |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 21 |
| 0 | Non-Colorado | 1504 |
| 1 | Colorado | 301 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|------------------|-----------------------------------|
| A2 | DEGR_DDS | Educational degree completed: DDS |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 213 |
| 1 | Yes | 1613 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|------------------|-----------------------------------|
| A2 | DEGR_DMD | Educational degree completed: DMD |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 1616 |
| 1 | Yes | 210 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|------------------|---|
| A3a | POSTGRAD_SPEC | Specialty training completed after dental school graduation |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 40 |
| -8 | Not Applicable | 3 |
| 0 | No | 1213 |
| 1 | Yes | 570 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|------------------------|---|
| A3b | POSTGRAD_SPEC_STATE_CO | State of post-graduate specialty training |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 46 |
| -8 | Not Applicable | 1216 |
| 0 | Non-Colorado | 502 |
| 1 | Colorado | 62 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|----------------------|---|
| A3b | POSTGRAD_SPEC_YR_GRP | Year post-graduate specialty training completed |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 58 |
| -8 | Not Applicable | 1217 |
| 1 | 1969 or before | 24 |
| 2 | 1970-1979 | 136 |
| 3 | 1980-1989 | 180 |
| 4 | 1990-1999 | 132 |
| 5 | 2000 or after | 79 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|---------------|-----------------------------------|
| B1 | LIC_DH | License ever held: Dental hygiene |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 1803 |
| 1 | Yes | 23 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|---------------|----------------------------|
| B1 | LIC_DENT | License ever held: Dentist |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 22 |
| 1 | Yes | 1804 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|------------------|--------------------------|
| B1 | LIC_OTHER | License ever held: Other |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 1782 |
| 1 | Yes | 44 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|------------------|--|
| B2 | STATE1_LIC_CO | As of March 2006, state in which actively licensed – First state |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 20 |
| 0 | Non-Colorado | 464 |
| 1 | Colorado | 1342 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|------------------|---|
| B2 | STATE2_LIC_CO | As of March 2006, state in which actively licensed – Second state |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 1111 |
| 0 | Non-Colorado | 411 |
| 1 | Colorado | 304 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|------------------|--|
| B2 | STATE3_LIC_CO | As of March 2006, state in which actively licensed – Third state |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 1554 |
| 0 | Non-Colorado | 184 |
| 1 | Colorado | 88 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|------------------|--|
| B3 | BCERT_ENDO | As of March 2006, board certified: Endodontics |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 1789 |
| 1 | Yes | 37 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|------------------|---|
| B3 | BCERT_ORTHO | As of March 2006, board certified: Orthodontics |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 1750 |
| 1 | Yes | 76 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|------------------|--|
| B3 | BCERT_PEDS | As of March 2006, board certified: Pediatric dentistry |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 1777 |
| 1 | Yes | 49 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|------------------|---|
| B3 | BCERT_PERIO | As of March 2006, board certified: Periodontics |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 1779 |
| 1 | Yes | 47 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|------------------|---|
| B3 | BCERT_OMS | As of March 2006, board certified: Oral and maxillofacial surgery |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 1760 |
| 1 | Yes | 66 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|------------------|-------------------------------------|
| C1a | TWOYRS_LIC | Licensed in dentistry in March 2004 |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 6 |
| 0 | No | 95 |
| 1 | Yes | 1725 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|------------------|------------------------------------|
| C1b | TWOYRS_WORKED | Working in dentistry in March 2004 |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 41 |
| -8 | Not Applicable | 95 |
| 0 | No | 52 |
| 1 | Yes | 1638 |
| TOTAL | | 8126 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|------------------|---|
| C3a | WORK_CURRENT | Currently working in dentistry as of March 2006 |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 11 |
| 0 | No | 94 |
| 1 | Yes | 1721 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|------------------|----------------------------|
| C3b | EMPL_STATUS_GRP | Employment status, grouped |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-------------------------------------|-----------|
| -9 | Missing/Unknown | 15 |
| -8 | Not Applicable | 1721 |
| 1 | Unemployed | 23 |
| 2 | Retired or working in another field | 67 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|--------------------|--|
| C3c | RSN_NOTWRK_DISABLE | Reason for not working as dentist: Disability/health reasons |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 85 |
| -8 | Not Applicable | 1721 |
| 1 | Yes | 20 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|-------------------|---|
| C3c | RSN_NOTWRK_RETIRE | Reason not working as dentist: Retirement |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 61 |
| -8 | Not Applicable | 1721 |
| 1 | Yes | 44 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|------------------|--------------------------------------|
| C3c | RSN_NOTWRK_OTHER | Reason not working as dentist: Other |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 81 |
| -8 | Not Applicable | 1721 |
| 1 | Yes | 24 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|----------------|--|
| C4 | LOCATION_COUNT | Number of different work locations in March 2006 |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 35 |
| -8 | Not Applicable | 94 |
| 1 | 1 | 1382 |
| 2 | 2 | 228 |
| 3 | 3 | 50 |
| 4 | 4 or more | 37 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|-----------------|--|
| C5 | PRIMARY_PCT_GRP | Percentage of time worked at current primary location, grouped |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 85 |
| -8 | Not Applicable | 95 |
| 1 | 0-50 percent | 89 |
| 2 | 51-75 percent | 90 |
| 3 | 76-99 percent | 160 |
| 4 | 100 percent | 1307 |
| TOTAL | | 1826 |

| | | |
|----------------------------|--------------------------|--|
| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
| C5 | SECONDARY_PCT_GRP | Percentage of time worked at current secondary location, grouped |

| | |
|-------------|---------------|
| TYPE | LENGTH |
| Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 58 |
| -8 | Not Applicable | 1477 |
| 1 | 0-10 percent | 80 |
| 2 | 11-20 percent | 79 |
| 3 | 21-40 percent | 88 |
| 4 | 41-100 percent | 44 |
| TOTAL | | 1826 |

| | | |
|----------------------------|--------------------------|---|
| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
| C6a | PRIMARY_CO | Location of primary dental site in Colorado |

| | |
|-------------|---------------|
| TYPE | LENGTH |
| Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 30 |
| -8 | Not Applicable | 100 |
| 0 | No | 505 |
| 1 | Yes | 1191 |
| TOTAL | | 1826 |

| | | |
|----------------------------|--------------------------|---|
| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
| C6b | RSN_OUTCO_PROF | Reason for working outside Colorado: Professional opportunity |

| | |
|-------------|---------------|
| TYPE | LENGTH |
| Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 326 |
| -8 | Not Applicable | 1285 |
| 1 | Yes | 215 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|----------------|---|
| C6b | RSN_OUTCO_GEOG | Reason for working outside Colorado: Geographic environment |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 467 |
| -8 | Not Applicable | 1285 |
| 1 | Yes | 74 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|------------------|---|
| C6b | RSN_OUTCO_FAMILY | Reason for working outside Colorado: Family |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 306 |
| -8 | Not Applicable | 1285 |
| 1 | Yes | 235 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|---------------|---|
| C6b | RSN_OUTCO_PAY | Reason for working outside Colorado: Better pay |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 498 |
| -8 | Not Applicable | 1285 |
| 1 | Yes | 43 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|------------------|---|
| C6b | RSN_OUTCO_COST | Reason for working outside Colorado: Cost of living |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 509 |
| -8 | Not Applicable | 1285 |
| 1 | Yes | 32 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|--------------------|---|
| C6b | RSN_OUTCO_MILITARY | Reason for working outside Colorado: Military |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 484 |
| -8 | Not Applicable | 1285 |
| 1 | Yes | 57 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|------------------|--|
| C6b | RSN_OUTCO_OTHER | Reason for working outside Colorado: Other |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 445 |
| -8 | Not Applicable | 1285 |
| 1 | Yes | 96 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|------------------|---|
| C6c | RSN_COLIC_RETURN | Reason for maintaining a Colorado license: Expect to return to Colorado to live |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 262 |
| -8 | Not Applicable | 1285 |
| 1 | Yes | 279 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|---------------------|---|
| C6c | RSN_COLIC_PAPERWORK | Reason for maintaining a Colorado license: Paperwork involved in obtaining new Colorado license |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 385 |
| -8 | Not Applicable | 1285 |
| 1 | Yes | 156 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|----------------|---|
| C6c | RSN_COLIC_COST | Reason for maintaining a Colorado license: Cost of obtaining new Colorado license |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 420 |
| -8 | Not Applicable | 1285 |
| 1 | Yes | 121 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|-----------------|--|
| C6c | RSN_COLIC_OTHER | Reason for maintaining a Colorado license: Other |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 398 |
| -8 | Not Applicable | 1285 |
| 1 | Yes | 143 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|-----------------|----------------------------------|
| C7 | OWNPRAC_PRIMARY | Own practice at primary location |
| | TYPE | TYPE |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 1583 |
| -8 | Not Applicable | 94 |
| 0 | No | 46 |
| 1 | Yes | 103 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|----------------------|---|
| C8 | FACILITY_PRIMARY_GRP | Work setting of current primary dental position |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|--|-----------|
| -9 | Missing/Unknown | 31 |
| -8 | Not Applicable | 94 |
| 1 | Solo dentist practice | 1017 |
| 2 | Group dental practice or multi-specialty clinic | 478 |
| 3 | Public health or community health agency or volunteer clinic | 61 |
| 4 | Academic/university/college | 48 |
| 5 | Other | 97 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|------------------------|---|
| C8 | FACILITY_SECONDARY_GRP | Work setting of current secondary dental position |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|--|-----------|
| -9 | Missing Unknown | 58 |
| -8 | Not Applicable | 1476 |
| 1 | Solo dentist practice | 93 |
| 2 | Group dental practice or multi-specialty clinic | 108 |
| 3 | Public health or community health agency or volunteer clinic | 26 |
| 4 | Academic/university/college | 22 |
| 5 | Other | 43 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|----------------------|---|
| C9 | CATEGORY_PRIMARY_GRP | Category of current primary dental position |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|---|-----------|
| -9 | Missing/Unknown | 54 |
| -8 | Not Applicable | 94 |
| 1 | Military or state/federal government | 130 |
| 2 | Employee of organization or employment agency | 229 |
| 3 | Self-employed | 1319 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|------------------------|---|
| C9 | CATEGORY_SECONDARY_GRP | Category of current secondary dental position |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|---|-----------|
| -9 | Missing/Unknown | 66 |
| -8 | Not Applicable | 1476 |
| 1 | Military or state/federal government | 39 |
| 2 | Employee of organization or employment agency | 82 |
| 3 | Self-employed | 163 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|------------------------|--|
| C10 | TITLE_PRIMARY_PRACDENT | Title of primary dental position: Practicing dentist |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 100 |
| -8 | Not Applicable | 94 |
| 1 | Yes | 1632 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|----------------------|--|
| C10 | TITLE_PRIMARY_MGRDIR | Title of primary dental position: Manager/director |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 1546 |
| -8 | Not Applicable | 94 |
| 1 | Yes | 186 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|----------------------|--|
| C10 | TITLE_PRIMARY_CONSLT | Title of primary dental position: Consultant |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 1708 |
| -8 | Not Applicable | 94 |
| 1 | Yes | 24 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|--------------------|--|
| C10 | TITLE_PRIMARY_EDUC | Title of primary dental position: Educator/faculty |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 1658 |
| -8 | Not Applicable | 94 |
| 1 | Yes | 74 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|--------------------------|--|
| C10 | TITLE_SECONDARY_PRACDENT | Title of secondary dental position: Practicing dentist |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 94 |
| -8 | Not Applicable | 1476 |
| 1 | Yes | 256 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|----------------------|--|
| C10 | TITLE_SECONDARY_EDUC | Title of secondary dental position: Educator/Faculty |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 317 |
| -8 | Not Applicable | 1476 |
| 1 | Yes | 33 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|-----------------------|--|
| C11 | SPECIALTY_PRIMARY_GEN | Focus area of primary dental-related work: General dentistry |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 452 |
| -8 | Not Applicable | 94 |
| 1 | Yes | 1280 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|------------------------|---|
| C11 | SPECIALTY_PRIMARY_COSM | Focus area of primary dental-related work: Cosmetic |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 1207 |
| -8 | Not Applicable | 94 |
| 1 | Yes | 525 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|-----------------------|---|
| C11 | SPECIALTY_PRIMARY_GER | Focus area of primary dental-related work: Geriatrics |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 1538 |
| -8 | Not Applicable | 94 |
| 1 | Yes | 194 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|---------------------------|---|
| C11 | SPECIALTY_PRIMARY_IMPLANT | Focus area of primary dental-related work: Implantology |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 1375 |
| -8 | Not Applicable | 94 |
| 1 | Yes | 357 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|-----------------------|---|
| C11 | SPECIALTY_PRIMARY_TMD | Focus area of primary dental-related work: Temporal mandibular disorder |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 1537 |
| -8 | Not Applicable | 94 |
| 1 | Yes | 195 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|------------------------|--|
| C11 | SPECIALTY_PRIMARY_ENDO | Focus area of primary dental-related work: Endodontics |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 1324 |
| -8 | Not Applicable | 94 |
| 1 | Yes | 408 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|----------------------------|---|
| C11 | SPECIALTY_PRIMARY_ORALPATH | Focus area of primary dental-related work: Oral pathology |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 1665 |
| -8 | Not Applicable | 94 |
| 1 | Yes | 67 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|---------------------------|---|
| C11 | SPECIALTY_PRIMARY_ORALRAD | Focus area of primary dental-related work: Oral radiology |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 1670 |
| -8 | Not Applicable | 94 |
| 1 | Yes | 62 |
| TOTAL | | 1826 |

**QUESTION
NUMBER**

C11

**VARIABLE
NAME**

SPECIALTY_PRIMARY_ORALSURG

DESCRIPTION

Focus area of primary dental-related work: Oral surgery

TYPE

Numeric

LENGTH8

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 1379 |
| -8 | Not Applicable | 94 |
| 1 | Yes | 353 |
| TOTAL | | 1826 |

**QUESTION
NUMBER**

C11

**VARIABLE
NAME**

SPECIALTY_PRIMARY_ORTHO

DESCRIPTION

Focus area of primary dental-related work: Orthodontics

TYPE

Numeric

LENGTH8

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 1529 |
| -8 | Not Applicable | 94 |
| 1 | Yes | 203 |
| TOTAL | | 1826 |

**QUESTION
NUMBER**

C11

**VARIABLE
NAME**

SPECIALTY_PRIMARY_PEDS

DESCRIPTION

Focus area of primary dental-related work: Pediatrics

TYPE

Numeric

LENGTH8

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 1429 |
| -8 | Not Applicable | 94 |
| 1 | Yes | 303 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|-------------------------|---|
| C11 | SPECIALTY_PRIMARY_PERIO | Focus area of primary dental-related work: Periodontics |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 1448 |
| -8 | Not Applicable | 94 |
| 1 | Yes | 284 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|-------------------------|---|
| C11 | SPECIALTY_PRIMARY_PROST | Focus area of primary dental-related work: Prosthodontics |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 1321 |
| -8 | Not Applicable | 94 |
| 1 | Yes | 411 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|------------------------|--|
| C11 | SPECIALTY_PRIMARY_PUBH | Focus area of primary dental-related work: Public health |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 1678 |
| -8 | Not Applicable | 94 |
| 1 | Yes | 54 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|-------------------------|--|
| C11 | SPECIALTY_SECONDARY_GEN | Focus area of secondary dental-related work: General dentistry |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 229 |
| -8 | Not Applicable | 1476 |
| 1 | Yes | 121 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|--------------------------|---|
| C11 | SPECIALTY_SECONDARY_COSM | Focus area of secondary dental-related work: Cosmetic |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 315 |
| -8 | Not Applicable | 1476 |
| 1 | Yes | 35 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|-----------------------------|---|
| C11 | SPECIALTY_SECONDARY_IMPLANT | Focus area of secondary dental-related work: Implantology |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 311 |
| -8 | Not Applicable | 1476 |
| 1 | Yes | 39 |
| TOTAL | | 1826 |

| | | |
|----------------------------|--------------------------|--|
| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
| C11 | SPECIALTY_SECONDARY_ENDO | Focus area of secondary dental-related work: Endodontics |

| | |
|-------------|---------------|
| TYPE | LENGTH |
| Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 310 |
| -8 | Not Applicable | 1476 |
| 1 | Yes | 40 |
| TOTAL | | 1826 |

| | | |
|----------------------------|------------------------------|---|
| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
| C11 | SPECIALTY_SECONDARY_ORALSURG | Focus area of secondary dental-related work: Oral surgery |

| | |
|-------------|---------------|
| TYPE | LENGTH |
| Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 294 |
| -8 | Not Applicable | 1476 |
| 1 | Yes | 56 |
| TOTAL | | 1826 |

| | | |
|----------------------------|---------------------------|---|
| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
| C11 | SPECIALTY_SECONDARY_ORTHO | Focus area of secondary dental-related work: Orthodontics |

| | |
|-------------|---------------|
| TYPE | LENGTH |
| Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 297 |
| -8 | Not Applicable | 1476 |
| 1 | Yes | 53 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|--------------------------|---|
| C11 | SPECIALTY_SECONDARY_PEDS | Focus area of secondary dental-related work: Pediatrics |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 305 |
| -8 | Not Applicable | 1476 |
| 1 | Yes | 45 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|---------------------------|---|
| C11 | SPECIALTY_SECONDARY_PERIO | Focus area of secondary dental-related work: Periodontics |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 312 |
| -8 | Not Applicable | 1476 |
| 1 | Yes | 38 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|---------------------------|---|
| C11 | SPECIALTY_SECONDARY_PROST | Focus area of secondary dental-related work: Prosthodontics |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 317 |
| -8 | Not Applicable | 1476 |
| 1 | Yes | 33 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|-------------------|---|
| C12 | EQUIP_PRIMARY_CST | Equipment used for amalgam removal at primary work setting: Chair side trap |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 807 |
| -8 | Not Applicable | 94 |
| 1 | Yes | 925 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|---------------------|--|
| C12 | EQUIP_PRIMARY_CSTSF | Equipment used for amalgam removal at primary work setting: Chair side trap and secondary filter |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 917 |
| -8 | Not Applicable | 94 |
| 1 | Yes | 815 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|-----------------------|---|
| C12 | EQUIP_PRIMARY_AMALSEP | Equipment used for amalgam removal at primary work setting: Amalgam separator |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 1426 |
| -8 | Not Applicable | 94 |
| 1 | Yes | 306 |
| TOTAL | | 1826 |

| | | |
|----------------------------|--------------------------|---|
| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
| C12 | EQUIP_PRIMARY_OTHER | Equipment used for amalgam removal at primary work setting: Other |

| | |
|-------------|---------------|
| TYPE | LENGTH |
| Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 1711 |
| -8 | Not Applicable | 94 |
| 1 | Yes | 21 |
| TOTAL | | 1826 |

| | | |
|----------------------------|--------------------------|--|
| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
| C12 | EQUIP_PRIMARY_NA | Equipment used for amalgam removal at primary work setting: Not applicable |

| | |
|-------------|---------------|
| TYPE | LENGTH |
| Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 1447 |
| -8 | Not Applicable | 94 |
| 1 | Yes | 285 |
| TOTAL | | 1826 |

| | | |
|----------------------------|--------------------------|---|
| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
| C12 | EQUIP_SECONDARY_CST | Equipment used for amalgam removal at secondary work setting: Chair side trap |

| | |
|-------------|---------------|
| TYPE | LENGTH |
| Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 241 |
| -8 | Not Applicable | 1476 |
| 1 | Yes | 109 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|-----------------------|--|
| C12 | EQUIP_SECONDARY_CSTSF | Equipment used for amalgam removal at secondary work setting: Chair side trap and secondary filter |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 269 |
| -8 | Not Applicable | 1476 |
| 1 | Yes | 81 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|-------------------------|---|
| C12 | EQUIP_SECONDARY_AMALSEP | Equipment used for amalgam removal at secondary work setting: Amalgam separator |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 316 |
| -8 | Not Applicable | 1476 |
| 1 | Yes | 34 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|--------------------|--|
| C12 | EQUIP_SECONDARY_NA | Equipment used for amalgam removal at secondary work setting: Not applicable |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 250 |
| -8 | Not Applicable | 1476 |
| 1 | Yes | 100 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|------------------|--|
| C13 | TOTYRS_PRIM_GRP | Total years at primary position, grouped |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|--------------------|-----------|
| -9 | Missing/Unknown | 34 |
| -8 | Not Applicable | 94 |
| 1 | 0-5 years | 428 |
| 2 | 6-15 years | 390 |
| 3 | 16-25 years | 451 |
| 4 | More than 25 years | 429 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|------------------|--|
| C13 | TOTYRS_SEC_GRP | Total years at secondary position, grouped |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|--------------------|-----------|
| -9 | Missing/Unknown | 85 |
| -8 | Not Applicable | 1476 |
| 1 | 0-2 years | 92 |
| 2 | 3-5 years | 45 |
| 3 | 6-10 years | 61 |
| 4 | More than 10 years | 67 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|------------------|---|
| C14 | CONT_WORK_RANGE | Years plan to continue working in dentistry |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|--------------------|-----------|
| -9 | Missing/Unknown | 20 |
| -8 | Not Applicable | 94 |
| 1 | Less than 5 years | 281 |
| 2 | 6-10 years | 490 |
| 3 | 11-15 years | 342 |
| 4 | More than 15 years | 471 |
| 5 | Unknown | 128 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|------------------|--|
| C15a | HLTH_INS | Have health insurance as of March 2006 |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 22 |
| -8 | Not Applicable | 94 |
| 0 | No | 32 |
| 1 | Yes | 1678 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|------------------|--------------------------------------|
| C15b | HLTH_INS_OFFER | Offered health insurance by employer |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 317 |
| -8 | Not Applicable | 94 |
| 0 | No | 684 |
| 1 | Yes | 731 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|-----------------|---|
| C15c | HLTH_INS_ACCEPT | Accepted health insurance offered by employer |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 337 |
| -8 | Not Applicable | 778 |
| 0 | No | 108 |
| 1 | Yes | 603 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|---------------|---|
| C16 | INCOME_GRP | Gross annual salary for all dental-related employment in 2005 |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|--|-----------|
| -9 | Missing/Unknown | 117 |
| -8 | Not Applicable | 94 |
| 1 | Less than \$50,00 or did not work as dentist | 89 |
| 2 | \$50,000-\$149,999 | 627 |
| 3 | \$150,000-\$249,999 | 492 |
| 4 | \$250,000-\$349,999 | 213 |
| 5 | \$350,000 or more | 194 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|---------------|-------------------------------|
| C17a | CHARITY | Provides free or charity care |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 18 |
| -8 | Not Applicable | 94 |
| 0 | No | 372 |
| 1 | Yes | 1342 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|---------------|---|
| C18a | ONEWK_HRS_GRP | Hours worked for pay in a one-week period |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|--------------------|-----------|
| -9 | Missing/Unknown | 40 |
| -8 | Not Applicable | 107 |
| 1 | 0-32 hours | 702 |
| 2 | 33-40 hours | 771 |
| 3 | More than 40 hours | 206 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|---------------|--|
| C18b | PCT_CARE_GRP | Percent of time in direct patient care |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 36 |
| -8 | Not Applicable | 207 |
| 1 | 0-60 percent | 102 |
| 2 | 61-80 percent | 362 |
| 3 | 81-90 percent | 483 |
| 4 | 91-100 percent | 636 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|-------------------|--|
| C18b | PCT_TEACH_RES_GRP | Percent of time in dental-related academic teaching/research |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 1228 |
| -8 | Not Applicable | 207 |
| 1 | 0 percent | 171 |
| 2 | 1-10 percent | 144 |
| 3 | 11-20 percent | 27 |
| 4 | 21-100 percent | 49 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|--------------------|---|
| C18b | PCT_TRAIN_EDUC_GRP | Percent of time attending dental-related training |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 715 |
| -8 | Not Applicable | 207 |
| 1 | 0 percent | 29 |
| 2 | 1-5 percent | 686 |
| 3 | 6-10 percent | 150 |
| 4 | 11-100 percent | 39 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|------------------|--|
| C18b | PCT_ACTVT_GRP | Percent of time in other dental-related activities |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 563 |
| -8 | Not Applicable | 207 |
| 1 | 0-10 percent | 681 |
| 2 | 11-20 percent | 261 |
| 3 | 21-40 percent | 84 |
| 4 | 41-100 percent | 30 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|------------------|--|
| C19a | RATE_BEG_COLLEGE | Beginning college today, respondent would choose dentistry |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|------------------------|-----------|
| -9 | Missing/Unknown | 21 |
| -8 | Not Applicable | 94 |
| 1 | Disagree | 177 |
| 2 | Somewhat Disagree | 142 |
| 3 | Neither Disagree/Agree | 249 |
| 4 | Somewhat Agree | 357 |
| 5 | Agree | 786 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|------------------|---|
| C19b | RATE_RECOMMEND | Respondent would recommend dentistry to a friend or family member |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|------------------------|-----------|
| -9 | Missing/Unknown | 24 |
| -8 | Not Applicable | 94 |
| 1 | Disagree | 168 |
| 2 | Somewhat Disagree | 137 |
| 3 | Neither Disagree/Agree | 261 |
| 4 | Somewhat Agree | 380 |
| 5 | Agree | 762 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|--------------------|---------------------|---|
| C20b | SERVE_MCAID_PRIMARY | Primary worksite: Provide care to Medicaid patients |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 82 |
| -8 | Not Applicable | 94 |
| 0 | No | 1092 |
| 1 | Yes | 411 |
| 2 | N/A-Response | 147 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|--------------------------|--|
| C20c | ACCEPT_NEW_MCAID_PRIMARY | Primary worksite: Accept new Medicaid patients |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 91 |
| -8 | Not Applicable | 94 |
| 0 | No | 1088 |
| 1 | Yes | 330 |
| 2 | N/A-Response | 223 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|-------------------|--|
| C20d | SERVE_CHP_PRIMARY | Primary worksite: Provide care to CHP patients |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 131 |
| -8 | Not Applicable | 94 |
| 0 | No | 812 |
| 1 | Yes | 431 |
| 2 | N/A-Response | 358 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|------------------------|---|
| C20e | ACCEPT_NEW_CHP_PRIMARY | Primary worksite: Accept new CHP patients |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 135 |
| -8 | Not Applicable | 94 |
| 0 | No | 802 |
| 1 | Yes | 402 |
| 2 | N/A-Response | 393 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|-----------------|---|
| D1 | GREWUP_STATE_CO | State where respondent grew up, grouped |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 36 |
| -8 | Not Applicable | 1 |
| 0 | Non-Colorado | 1350 |
| 1 | Colorado | 439 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|-----------------|--|
| D1 | GREWUP_CTRY_USA | Country in which respondent grew up, grouped |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 36 |
| 0 | Non-USA | 31 |
| 1 | USA | 1759 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|-----------------|------------------------------------|
| D2 | GREWUP_LOCATION | Community where respondent grew up |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 23 |
| 1 | Urban | 444 |
| 2 | Suburban | 866 |
| 3 | Rural | 493 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|---------------|---------------------------------------|
| D3a | LANG | Speak language in addition to English |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 21 |
| 0 | No | 1366 |
| 1 | Yes | 439 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|---------------|-----------------------------|
| D3b | LANG_FRENCH | Additional language: French |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 399 |
| -8 | Not Applicable | 1366 |
| 1 | Yes | 61 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|---------------|------------------------------|
| D3b | LANG_SPANISH | Additional language: Spanish |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 188 |
| -8 | Not Applicable | 1366 |
| 1 | Yes | 272 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|---------------|----------------------------|
| D3b | LANG_OTHER | Additional language: Other |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 284 |
| -8 | Not Applicable | 1366 |
| 1 | Yes | 176 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|---------------|-------------------------|
| D4 | WHITE | Ethnicity/Race, grouped |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 63 |
| 0 | Non-white | 114 |
| 1 | White | 1649 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|-----------------|---------------|---------------|
| D5 | GENDER | Gender |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 9 |
| 1 | Male | 1535 |
| 2 | Female | 282 |
| TOTAL | | 1826 |

| QUESTION NUMBER | VARIABLE NAME | DESCRIPTION |
|----------------------------|--------------------------|------------------------|
| D6 | BIRTH_YR_GRP | Year of birth, grouped |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|--------------|--------------------|------------------|
| -9 | Missing/Unknown | 22 |
| 1 | 1941 or before | 156 |
| 2 | 1942-1951 | 587 |
| 3 | 1952-1961 | 609 |
| 4 | 1962-1971 | 307 |
| 5 | 1972 or after | 145 |
| TOTAL | | 1826 |

| DERIVED VARIABLE | VARIABLE NAME | DESCRIPTION |
|------------------|-----------------|--|
| | GRAD_NUMYRS_GRP | Years since graduating from dental school, grouped |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|------------------|-----------|
| -9 | Missing/Unknown | 13 |
| 1 | 5 years or less | 141 |
| 2 | 6-15 years | 284 |
| 3 | 16-25 years | 533 |
| 4 | 26-35 years | 590 |
| 5 | 36 years or more | 265 |
| TOTAL | | 1826 |

| DERIVED VARIABLE | VARIABLE NAME | DESCRIPTION |
|---------------------|------------------|---|
| | GRAD_AGE_GRP | Age at graduation from dental school, grouped |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|---------------------|-----------|
| -9 | Missing/Unknown | 32 |
| 1 | 25 years or younger | 382 |
| 2 | 26-30 years | 1161 |
| 3 | 31-35 years | 195 |
| 4 | 36 years or older | 56 |
| TOTAL | | 1826 |

| DERIVED VARIABLE | VARIABLE NAME | DESCRIPTION |
|---------------------|-------------------|---|
| | PGSPEC_NUMYRS_GRP | Years since completed specialty training, grouped |
| TYPE | LENGTH | |
| Numeric | 8 | |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|------------------|-----------|
| -9 | Missing/Unknown | 62 |
| -8 | Not Applicable | 1213 |
| 1 | 5 years or less | 69 |
| 2 | 6-15 years | 130 |
| 3 | 16-25 years | 175 |
| 4 | 26-35 years | 149 |
| 5 | 36 years or more | 28 |
| TOTAL | | 1826 |

| DERIVED VARIABLE | VARIABLE NAME | DESCRIPTION |
|---------------------|------------------|--|
| | PGSPEC_AGE_GRP | Age at completion of specialty training, grouped |
| TYPE | LENGTH | |
| Numeric | 8 | |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|---------------------|-----------|
| -9 | Missing/Unknown | 67 |
| -8 | Not Applicable | 1213 |
| 1 | 30 years or younger | 262 |
| 2 | 31-40 years | 253 |
| 3 | 41 years or older | 31 |
| TOTAL | | 1826 |

| DERIVED VARIABLE | VARIABLE NAME | DESCRIPTION |
|------------------|-----------------------|---|
| | TWOYRS_URBAN_FROM_ZIP | Urban/rural classification of 2004 practice location ZIP Code |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|--------------------------------|-----------|
| -9 | Missing/Unknown | 54 |
| -8 | Not Applicable | 173 |
| 0 | Colorado: Rural Classification | 267 |
| 1 | Colorado: Urban Classification | 1332 |
| TOTAL | | 1826 |

| DERIVED VARIABLE | VARIABLE NAME | DESCRIPTION |
|------------------|-----------------|---|
| | TWOYRS_STATE_CO | State of primary dentistry position in March 2004 (from ZIP Code) |
| | TYPE | LENGTH |
| | Character | 2 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 54 |
| -8 | Not Applicable | 160 |
| 0 | Non-Colorado | 520 |
| 1 | Colorado | 1092 |
| TOTAL | | 1826 |

| DERIVED VARIABLE | VARIABLE NAME | DESCRIPTION |
|------------------|------------------------|---|
| | PRIMARY_URBAN_FROM_ZIP | Urban/rural classification of primary location ZIP Code |
| | TYPE | LENGTH |
| | Numeric | 8 |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|--------------------------------|-----------|
| -9 | Missing/Unknown | 49 |
| -8 | Not Applicable | 123 |
| 0 | Colorado: Rural Classification | 279 |
| 1 | Colorado: Urban Classification | 1375 |
| TOTAL | | 1826 |

| DERIVED VARIABLE | VARIABLE NAME | DESCRIPTION |
|------------------|------------------|--|
| | PRIMARY_STATE_CO | State of primary dental position in March 2006 (from ZIP Code) |
| | | |
| TYPE | LENGTH | |
| Numeric | 8 | |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 49 |
| -8 | Not Applicable | 105 |
| 0 | Non-Colorado | 493 |
| 1 | Colorado | 1179 |
| TOTAL | | 1826 |

| DERIVED VARIABLE | VARIABLE NAME | DESCRIPTION |
|------------------|--------------------------|---|
| | SECONDARY_URBAN_FROM_ZIP | Urban/rural classification of secondary location ZIP Code |
| | | |
| TYPE | LENGTH | |
| Numeric | 8 | |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 76 |
| -8 | Not Applicable | 1484 |
| 0 | Rural | 60 |
| 1 | Urban | 206 |
| TOTAL | | 1826 |

| DERIVED VARIABLE | VARIABLE NAME | DESCRIPTION |
|------------------|--------------------|--|
| | SECONDARY_STATE_CO | State of secondary dental position in March 2006 (from ZIP Code) |
| | | |
| TYPE | LENGTH | |
| Character | 2 | |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 76 |
| -8 | Not Applicable | 1484 |
| 0 | Non-Colorado | 102 |
| 1 | Colorado | 164 |
| TOTAL | | 1826 |

| DERIVED VARIABLE | VARIABLE NAME | DESCRIPTION |
|------------------|---------------|----------------------|
| | AGE_GRP | Age in 2006, grouped |
| TYPE | LENGTH | |
| Numeric | 8 | |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|---------------------|-----------|
| -9 | Missing/Unknown | 22 |
| 1 | 34 years or younger | 145 |
| 2 | 35-44 years | 307 |
| 3 | 45-54 years | 609 |
| 4 | 55-64 years | 587 |
| 5 | 65 years or older | 156 |
| TOTAL | | 1826 |

| DERIVED VARIABLE | VARIABLE NAME | DESCRIPTION |
|------------------|---------------------|---|
| | HOME_URBAN_FROM_ZIP | Urban/rural classification of home ZIP Code |
| TYPE | LENGTH | |
| Numeric | 8 | |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|--------------------------------|-----------|
| -9 | Missing/Unknown | 23 |
| -8 | Not Applicable | 26 |
| 1 | Colorado: Rural Classification | 304 |
| 0 | Colorado: Urban Classification | 1473 |
| TOTAL | | 1826 |

| DERIVED VARIABLE | VARIABLE NAME | DESCRIPTION |
|------------------|---------------|--|
| | HOME_STATE_CO | State of residence in 2006 (from ZIP Code) |
| TYPE | LENGTH | |
| Numeric | 8 | |

| VALUE | VALUE LABEL | FREQUENCY |
|-------|-----------------|-----------|
| -9 | Missing/Unknown | 23 |
| -8 | Not Applicable | 9 |
| 0 | Non-Colorado | 530 |
| 1 | Colorado | 1264 |
| TOTAL | | 1826 |

APPENDIX A

BUSINESS RULES FOR DATA CLEANING

The Colorado Health Institute (CHI) used the following business rules to edit data obtained from the 2006 dentist survey. Numbers in parentheses are the question numbers as they appeared in the survey.

For more information, contact Rebecca Crepin at 720.382.7086 or at crepinr@coloradohealthinstitute.org.

General Rules

1. Questions that were skipped or left blank, without an instruction to do so, were coded as -9 (missing/unknown). Questions that were part of a skip pattern or that contained invalid or out-of-range values were coded as -8 (not applicable).
2. The data reflect differences between (1) a respondent specifying “N/A,” (2) an “N/A” value due to an enforced skip pattern, etc., or (3) a blank value.
3. If more than one form was received for a given respondent, the earliest form, based on the time stamp of a Web-entered survey or the date a paper form was received at CHI, was retained.
4. If respondent provided a two-digit number for a variable that requested a four-digit year (A1, A3b, D6), the 21st century was assumed if the value was “00” through “06”; otherwise, the 20th century was assumed (e.g., if “99” was entered, 1999 was assumed).
5. For questions requesting a state, ZIP Code or “Country if not US” (A1, A3b, C2, D1), the country was coded as “USA” if a valid state or ZIP Code was entered as the response to those variables.
6. For questions with instructions to “mark all that apply” (A2, B1, B3, C3c, C6b, C6c, C10, C11, C12, D3b, D4), because “No” was not given as a choice, all unmarked choices were set to -9 (missing/unknown) whether or not any of the choices were checked.
7. For questions that asked for free-text specification, if “Other” was **not** selected (B1, C3c, C6b, C6c, C8, C10, C12, D3b), but the respondent entered text in the associated text field, “Other” was recoded as selected. If “Other” was selected, but there was no text entered in the text field, it was coded as -9 (missing/unknown).
8. City name variables created from ZIP Codes (C2, C5, D7) are the USPS-designated “preferred” city name corresponding to that ZIP Code.
9. If a ZIP Code was entered but could not be matched to a code from Centrus and the corresponding state variable was left blank, the ZIP Code variable was recoded as -8 (not applicable).
10. One survey form was received with its form number removed and was coded during the data entry phase as number “9999.”
11. Two surveys had their survey form numbers misentered during the data entry (4729 was entered as 7429 and 3054 was entered as 8053). These errors were corrected.

Section A: Education

1. Because this survey was conducted in 2006, graduation from dental school (A1) in 2007 or later was considered an error and recoded as -8 (not applicable).
2. If the year of graduation from dental school (A1) was less than 18 years after year of birth (D6), the year of graduation from dental school was coded as -8 (not applicable).
3. If the year of completion of postgraduate specialty training (A3b) was less than 18 years after year of birth (D6), the year of training completion was coded as -8 (not applicable).
4. Because this survey was conducted in 2006, training completed in 2007 or later was assumed to have been prematurely reported and thus responses for A3a and A3b were coded as -8 (not applicable).
5. The response entered as 19900000 for A3b was recoded as 1990.

Section B: Licensing/Certification

1. If the code listed for a state of licensure (B2) did not match any of the standard two-letter abbreviations for a state, the District of Columbia or a U.S. territory, responses were recoded as -8 (not applicable).

Section C: Employment

1. If C1a was marked “No,” any subsequent responses for C1b or C2 were recoded to -8 (not applicable).
2. If C1b was marked “No,” any subsequent response for C2 was recoded to -8 (not applicable).
3. If C3a was marked “Yes,” any subsequent responses for C3b or C3c were recoded to -8 (not applicable).
4. If a respondent reported currently working in dentistry at only one location, responses to subsequent questions regarding a secondary location (C5, C7-C13, C20) were coded as -8 (not applicable). All primary location responses were retained.
5. If the sum for the percentage of time spent at a primary and a secondary location (C5) was greater than 100 percent, both percentages were recoded as -8 (not applicable).
6. If the ZIP Code entered for primary work location (C5) was **not in** Colorado, according to Centrus mapping, but the respondent indicated “Yes” for the primary work location being in Colorado (C6a), C6a was recoded as -8 (not applicable).
7. If the number of months was given but not years (C13), or vice versa, the missing value was coded as -9 (missing/unknown).
8. If a respondent entered that s/he was **not** offered health insurance (C15b), but indicated s/he had accepted his/her employer’s offer of health insurance (C15c), both C15b and C15c were recoded as -8 (not applicable).
9. If C17a was marked “No,” a subsequent response to C17b was recoded as -8 (not applicable).
10. Any response of greater than 100 for number of hours worked during a week was recoded as -8 (not applicable).
11. If the components summed to greater than 100 percent, all components of C18b were recoded as -8 (not applicable).

Section D: General Information

1. If D3a was marked “No,” but one or more languages were checked for D3b, then D3a was recoded as “Yes.”

APPENDIX B DEMOGRAPHIC MATRIX

| 2006 Dentist Survey (N=1,826) | | DORA Database ¹² (N=4,449) | |
|--|----------|--|-----|
| All | | | |
| Gender (N=1,817)³ | | Gender (N=4,291) | |
| Male | 84% | Male | 84% |
| Female | 16% | Female | 16% |
| Degree (N=1,822)⁴⁵ | | Degree (N=4,427) | |
| DDS | 88% | DDS | 90% |
| DMD | 11% | DMD | 10% |
| State (N=1,702)⁶ | | State (N=4,366)⁷ | |
| In state | 70% | In state | 73% |
| Out of state | 30% | Out of state | 27% |
| Colorado Dentists Only | | | |
| Gender (N=1,187)⁸ | | Gender (N=3,065)⁹ | |
| Male | 83% | Male | 84% |
| Female | 17% | Female | 16% |
| Degree (N=1,188)¹⁰¹¹ | | Degree (N=3,170) | |
| DDS | 88% | DDS | 90% |
| DMD | 11% | DMD | 10% |
| RUCA Regions (N=1,167)¹² | | RUCA Regions (N=3,182)¹³ | |
| Urban | 86% | Urban | 88% |
| Rural | 14% | Rural | 12% |
| Age (N=1,179)¹⁴ | | | |
| Average | 50 (±11) | | |
| Median | 51 | | |
| Mode | 54 | | |

1 Licensees with status "Active" only.

2 As of February 6, 2006.

3 Question D5.

4 Question A2.

5 One respondent reported holding both degrees.

6 Question C6a- Primary practice location in Colorado

7 Based on ZIP Code of mailing address. Hence, those with invalid ZIP Codes and addresses outside coverage of US Postal Service were excluded.

8 Questions D5 & C6a.

9 Guessed, based on algorithm that::

- Looks at first name. If high degree of confidence not had, we then,
- Look at middle name. If still not confident, we then,
- Look for a suffix (as virtually always a suffix (Jr, Sr, II, etc) suggests a male.

10 Questions A2 & C6a.

11 One respondent reported holding both degrees.

12 Excludes those for whom: While Question C6a indicates primary practice site is in Colorado, ZIP Code at C5 maps to another state.

13 Based on ZIP Code of mailing address.

14 Age is calculated by subtracting year of birth (Question D6) from 2006 (year of survey).