APPENDIX 4

Questionnaire

Please fill in this questionnaire. ☐☐☐

Demography

1. Age: ☐☐ years

2. Sex: Female ☐ Male ☐

3. Which race group do you belong to?

Asian ☐ Black ☐ White ☐ Coloured ☐

4. Where are you employed

Gauteng Province ☐

KwaZulu - Natal ☐

Years

5. For how long have you been employed in the public service? ☐☐

6. At what level are you employed:

Junior ☐

Senior ☐

Chief ☐

Control/Assistant Director ☐

7. Are you employed: Part-time ☐ OR Fulltime ☐

8. Are you qualified with a Degree ☐ Dilpoma ☐

9. Do you have training in Expanded Functions? Yes ☐ No ☐

10. Community and Clinical services

Please indicate the number of patients or sessions that you provide for each of the services in a week and use the alphabets from legend provided at the bottom of the table to indicate ***where*** these services are being provided. Please choose more than one option if necessary. ***Sessions*** refers to the morning or afternoon that equals 2 sessions per day.

Please note: Clinical services are related to the observation and treatment of the patient at dental facility whilst community refers to providing treatment and prevention of dental disease within the community or outside the dental clinic.

Example:

Type of Service	**Clinical Services (no. of patients per wk)**	**Where**	**Community Services (no. of sessions per wk)**	**Where**
Examination and charting	10	**j**	2	**a**
Root planing	2	**j**	none	
Brushing programs	None		4	**a, d**

Type of Service	Clinical Services (no. of patients per wk)	Where	Community Services (no. of sessions per wk)	Where
Examination and charting				
Scaling and Polishing				
Root planing				
Fissure Sealants				
Topical fluoride treatments				
Fluoride varnishes				
Temporary recement of crowns and bridges				
Glass ionomer restorations (ART)				
Temporary restorations				
Administration of local anesthesia				
Taking of radiographs				
Taking of impressions				
Orthodontics				
Oral Hygiene Instructions: Individual				
Oral Health Education				
Oral Health Promotion				
Diet counselling				
HIV/Aids related work				
Brushing and fluoride programs				
Brushing programs				
Management (decision making or supervision of colleagues)				
Administration (keeping records, writing reports, etc)				

a = Schools **b** = Mobile Units **c** = Handicapped/disabled **d** = Orphanages

e = Antenatal Clinics **f** = Perinatal Clinics **g** = Old Age Homes **h** = HIV institutions

i = Creches **j** = Dental clinics **k** = Other

Constraints/Barriers Experienced

11. Please tick **yes** or **no** and if your response is **yes**, please provide details in the last column provided

Problems	Yes	No	What specifically
Lack of human resources (staff)			
Lack of finances			
Problems with management			
Low staff morale			
Poor salaries			
Availability of transport facilities			
Availability of mobile units			
Poor accessibility to materials for specific programs			
Time management			
Conflict			
Other			

Job Satisfaction

12. What are your reasons for working in the public sector

To provide a service to the community ☐

Competitive Salary ☐

Professional Satisfaction ☐

Unavailability of employment in the private sector ☐

Job security ☐

Other: Specify: …….. ☐

Further study

13. Would you like to study any further? Yes ☐ No ☐

14. What field of study would you be interested in pursuing?

……

15. If you were to study further how would you prefer to register as a student?

Correspondence ☐ Part-time ☐ Fulltime ☐

16. Are there opportunities for promotion in your current position?

Yes ☐ No ☐

17. Would you like an increase in your salary if you acquire additional qualifications? Yes ☐ No ☐

18. Do you have any other comments that you would like to make?

……
……
……

Thank you for your time and co-operation!