**ENGL301 99A: Assignment 2:3 Interview & Survey Questions**

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**Interview questions:**

1. How long have you been working as a dental professional and what is your specific job title?
2. Out of the known musculoskeletal health issues that arise for dental professionals, which do you think is the most common?
3. Have you experienced any physical pain since starting this career? Please explain.
4. What are some of the ways you have managed physical pain since starting your career?
5. What are some the factors that add stress to the staff working in a dental office?
6. What are some ways to reduce stress in the workplace?
7. In your opinion, why do you think most dental offices do not provide health benefits?
8. What are the pros and cons of having health benefits for dental professionals?
9. What are some ergonomically designed dental equipment options to implement at a dental office?
10. Out of the ergonomically designed dental equipment on the market, what do you think would be the most beneficial for the dental team?

**Survey Introduction:**

I am an undergraduate student at UBC engaged in a technical writing project. The purpose of this survey is to obtain primary data for an analysis and**investigation that aims to provide recommendations for improving** ergonomics and pain management for dental professionals. **The final formal report will be addressed to** Viewmount Dental Centre staff and other dental professionals. Together with the information available from publications, the data I gather from **this survey will serve the ultimate purpose of providing recommendations for** improving ergonomics, career longevity and overall well-being for dental professionals.**The survey contains 17 questions, and it should take about than 5 minutes of your time. Your responses are voluntary and anonymous. Thank you, I appreciate your generous participation in my survey.**

**Survey questions:**

1. What is your job title?   
   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How long have you had this job title?  
   \_\_\_ 0-3 years \_\_\_ 4-7 years \_\_\_ 8-10 years \_\_\_ 10-15 years \_\_\_ 15+ years
3. Since you have been working in this field have you thought about alternate career opportunities?  
   \_\_\_ yes (Please briefly describe why.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   \_\_\_ no
4. Number of employees at your office. (please check one.)  
   \_\_\_0-4 \_\_\_5-10 \_\_\_10-15 \_\_\_\_15-20 \_\_\_20+
5. What type of pain have you experienced due to your job?   
   (label by frequency: daily/weekly/monthly/never)  
   \_\_\_\_\_\_ back pain \_\_\_\_\_ hip/knee pain \_\_\_\_none   
   \_\_\_\_\_\_ neck pain \_\_\_\_\_ headaches   
   \_\_\_\_\_\_ wrist/hand pain \_\_\_\_\_ migraines   
   \_\_\_\_\_\_ carpel tunnel \_\_\_\_\_ shoulder pain
6. Please rank the severity of physical pain you experience due to your job (from 1-10, 10 being the worst)  
   \_\_\_\_
7. Does your employer provide health benefits?  
   \_\_\_ yes \_\_\_ no
8. If yes, what service do you use the most often?   
   \_\_\_ chiropractor \_\_\_ massage therapy \_\_\_ physiotherapy \_\_\_ acupuncture \_\_n/a
9. Has your office implemented any ergonomically designed equipment? Please describe.   
   \_\_\_ yes (Please describe briefly.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   \_\_\_ no
10. Has this ergonomically designed equipment helped with improving muscle/joint pain?  
    \_\_\_ no \_\_\_ somewhat \_\_\_ yes
11. Please list the reasons why ergonomically designed equipment have not been introduced to your office.   
    \_\_\_ cost   
    \_\_\_ lack of product knowledge (which one to get)  
    \_\_\_ unsure of where to buy it from   
    \_\_\_ not needed
12. How many hours do you work each day of the week?   
    Mon:\_\_\_\_ Tues:\_\_\_\_ Wed:\_\_\_\_ Thurs:\_\_\_\_ Fri:\_\_\_\_ Sat:\_\_\_\_ Sun:\_\_\_\_
13. On an average shift, how many breaks do you get and how long are they?   
    # of breaks: \_\_\_\_  
    length of breaks: \_\_\_\_   
    no breaks: \_\_\_\_
14. If you work a 12-hour shift do you get more breaks than if you work an 8-hour shift?  
    \_\_\_ yes \_\_\_ no
15. Please check the pain management techniques you use to help reduce work related pain:   
    \_\_\_ chiropractor   
    \_\_\_ massage therapy   
    \_\_\_ physiotherapy   
    \_\_\_ acupuncture   
    \_\_\_ exercise   
    \_\_\_ yoga   
    \_\_\_ stretching  
    \_\_\_ over-the-counter pain medication   
    \_\_\_ prescription pain medication   
    \_\_\_ other (please describe.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
16. On a scale of 1-10 please rank how mentally and physically exhausted you are at the end of your shift (10 being extreme exhaustion).  
    Physically exhausted \_\_\_  
    Mentally exhausted \_\_\_
17. My mental health has been affected by my work-related physical pain.  
    \_\_\_Strongly disagree  
    \_\_\_ Disagree   
    \_\_\_ Somewhat agree   
    \_\_\_ Agree  
    \_\_\_ Strongly Agree