**SN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This section should be answered by all dental practitioners working in the facility.**

1. Highest professional qualifications:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. HA | 1. DT | 1. ADO | 1. DDS | 1. Others:\_\_\_\_\_\_\_\_\_\_\_\_\_ |

2. On a scale of **0-10**, where **“0”** is **“not comfortable at all”** and **“10”** is **“extremely comfortable”**, how do you rate your competency if performing the following services and restorations using the following materials?

|  |  |
| --- | --- |
| **Dental Material** | **Perceived competency** |
| 1. Tooth extraction |  |
| 1. Dental amalgam restoration |  |
| 1. Conventional resin composite (light cure) |  |
| 1. Packable resin composite (cold cure) |  |
| 1. Glass Ionomer cement |  |
| 1. Zinc Oxide/ Zinc phosphate |  |
| 1. Calcium hydroxide application |  |

3. Do you have the following items in your facility and what is their status?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **Availability of utilities when you require them in order to work** | | | | |
| **Not available(0)** | **Rarely available (1)** | **Sometimes (2)** | **Most of the time (3)** | **Always (4)** |
| 1. Electricity |  |  |  |  |  |
| 1. Tap water |  |  |  |  |  |

4. On a scale of **0-10**, whereby **“0”** is **“highly unfavourable”** and **“10”** is **“highly favourable”**, how do you generally rate the availability of utilities towards enabling you to carry out restorative services? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. In the last 1 month, have you:

1. Performed an extraction 1. Yes 2. No
2. Performed any kind of filling 1. Yes 2. No