

## SECTION 1 – Practice information

This section has up-to 14 questions about your primary practice location and current experience providing vaccinations and vaccine recommendations to your patients.

**Q1: Which of the following statements best describes your patient population?**

- My patients are primarily adults (ages 18 and over)
- My patients are primarily children and adolescents (up-to age 17)
- My patients include children, adolescents and adults (all ages)

**Q2: Which of the following best describes your current primary practice location?**

- Urban = 1
- Suburban = 2
- Rural = 3

**Q3. Is your primary practice located in a designated health professional shortage area?**

Yes/No/Don't know

**Q4: Which of the following best describes your current primary practice location? (please check one) [Qs and scoring are the same as the EQ]**

- 1-In solo private practice
- 2-In private practice, 2-4 dentists total
- 3-In private practice, 5 or more dentists total
- 4-Managed care or preferred provider organization
- 5-Dental school, academic dental institution or facility staffed by the dental school
- 6-Corporate dentistry
- 7-Armed forces
- 8-Federal government facility (e.g., VA, Public Health Service, etc.)
- 9-Public health practice, community health center, or publicly funded clinic (but not a federal facility)
- 10-Hospital

**Q5. Dentists in my state are currently authorized to provide vaccinations for the following diseases.**

- |                                     |                   |
|-------------------------------------|-------------------|
| a. COVID-19                         | Yes/No/Don't know |
| b. Shingles (herpes zoster)         | Yes/No/Don't know |
| c. Seasonal flu                     | Yes/No/Don't know |
| d. HPV (human papillomavirus)       | Yes/No/Don't know |
| e. Other vaccines (e.g., Tdap, MMR) | Yes/No/Don't know |

**Q6. Dental hygienists (or therapists) in my state are currently authorized to provide vaccinations for the following diseases.**

- |             |                   |
|-------------|-------------------|
| a. COVID-19 | Yes/No/Don't know |
| b. Shingles | Yes/No/Don't know |

- |                                     |                   |
|-------------------------------------|-------------------|
| c. Seasonal flu                     | Yes/No/Don't know |
| d. HPV                              | Yes/No/Don't know |
| e. Other vaccines (e.g., Tdap, MMR) | Yes/No/Don't know |

**Q7. I am adequately indemnified against liability for my practice to provide vaccines to my patients as long as it is within the scope of dental licensure in my state.**

Yes/No/Don't know

**Q8. During the past 12 months, how frequently have you or one of your dental team recommended vaccinations to your patients (or their parents) against any of the following conditions? (please provide an answer to each)**

- |  |   |
|--|---|
| a. COVID-19                                | Never, rarely, sometimes, often, always |
| b. Shingles                                | Never, rarely, sometimes, often, always |
| c. Seasonal flu                            | Never, rarely, sometimes, often, always |
| d. HPV                                     | Never, rarely, sometimes, often, always |
| e. Other vaccine-preventable<br>Conditions | Never, rarely, sometimes, often, always |

**Q9. Currently, have you received training and become certified to provide any of the following vaccinations?**

- |                               |        |
|-------------------------------|--------|
| a. COVID-19                   | Yes/No |
| b. Shingles                   | Yes/No |
| c. Seasonal flu               | Yes/No |
| d. HPV                        | Yes/No |
| e. Other recommended vaccines | Yes/No |

***[If Q9a, Q9b, ...Q9e is yes, ask the corresponding Q10, Q10b,...Q10e, and Q11a, Q11b,... Q11e; Otherwise skip to Q12]***

**Q10. During the past 12 months, have you personally provided any of the following vaccinations at your dental office? (please check yes or no to each)**

- |                               |        |
|-------------------------------|--------|
| a. COVID-19                   | Yes/No |
| b. Shingles                   | Yes/No |
| c. Seasonal flu               | Yes/No |
| d. HPV                        | Yes/No |
| e. Other recommended vaccines | Yes/No |

**Q11. During the past 12 months, have you personally provided any of the following vaccinations as part of a community-based program (paid or unpaid)?**

- |                 |        |
|-----------------|--------|
| a. COVID-19     | Yes/No |
| b. Shingles     | Yes/No |
| c. Seasonal flu | Yes/No |
| d. HPV          | Yes/No |

e. Other recommended vaccines                      Yes/No

**Please rate how much you disagree or agree with the following statements about your willingness to provide vaccinations given the following conditions.**

**Q12. I am willing to provide approved vaccines (such as flu, shingles, HPV) to my patients if allowed by state practice acts and if provided appropriate training, resources, and compensation.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**Q13. I am willing to participate in future local emergency efforts to minimize the spread of new COVID-19 variants and other emerging infectious diseases, including...**

**a. Recommending approved vaccines to my patients (or their parents) when available.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**b. Volunteering to deliver approved vaccines as part of local public health campaigns.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**c. Providing approved vaccinations to patients at my dental office.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**Q14. I would be more likely to consider providing vaccinations at my dental office for new COVID-19 variants and other emerging vaccine-preventable conditions if...**

**a. Appropriate training, continuing education, and support were easily accessible.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**b. There was adequate compensation or reimbursement for providing vaccines.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**c. Public health campaigns specifically recommended patients receive vaccinations from dental practitioners.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**d. My state or local public health department requested that my practice deliver approved vaccines at my dental office.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

## SECTION 2 – Opinions about vaccines

This section **EXCLUDES COVID-19 vaccinations**. We will cover COVID-19 vaccinations separately in Section 5.

***This section includes 14 questions. Some relate to your professional opinions about vaccinations as a dental practitioner. These include your perspective about the dental profession’s role in vaccine delivery and your individual practice’s role, which may be different.***

***We also ask about your personal opinions as a vaccine recipient or a parent of a potential vaccine recipient.***

***Please rate how much you disagree or agree with the following statements regarding your own beliefs about receiving vaccinations***

***Please rate how much you disagree or agree with the following statements regarding your professional beliefs and decisions as a dental practitioner about recommending or providing vaccinations to your patients.***

**Q15. It is very important for dental practitioners and staff to be vaccinated against infectious diseases.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**Q16. Patients are more likely to get vaccinations if they are recommended by their dental care provider.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**Q17. Patients are more likely to get recommended vaccinations if they know their dental care providers have received these vaccinations.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**Q18. Dental practitioners can have an important role in the public health effort to reduce the spread of infectious diseases, including...**

**a. Screening and documenting patient’s vaccination status.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**b. Recommending vaccinations to unvaccinated patients.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**c. Providing vaccinations outside the dental office through local organizations.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**d. Providing vaccinations at their dental office.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**Q19. Dental professional-administered vaccines, especially for oral health-related diseases like HPV, can have a positive impact on increasing vaccination rates and improving population health.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**Q20. Having dentists administer vaccines in their communities can relieve some of the burden on the current vaccine provider network.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**Q21. Dental practitioners are capable of providing vaccines at dental offices if given appropriate training, resources, and compensation.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**Q22. I am confident that vaccines are safe.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**Q23. Vaccinations are effective.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**Q24. Regarding vaccines, I am confident that public authorities decide in the best interest of the community.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**Q25. Everyday stress prevents me from getting vaccinated.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**Q26. Vaccination is unnecessary because vaccine-preventable diseases are not common anymore.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**Q27. When I think about getting vaccinated, I weigh benefits and risks to make the best decision possible.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**Q28. When everyone is vaccinated, I don't have to get vaccinated too.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

### SECTION 3 - Recommending vaccines to patients

This section **EXCLUDES COVID-19 vaccinations**. We will cover COVID-19 vaccinations separately in Section 5.

This section includes 12 questions related to your opinions and experiences with recommending vaccinations to your patients (or their parents) during dental visits, and your perceptions of your patients' beliefs about vaccinations based on your experience.

*Please rate how much you disagree or agree with the following statements*

**Q29. I don't feel comfortable recommending the vaccines to patients (or their parents).**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**Q30. I fear that I may lose patients if I recommend vaccinations.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**Q31. I am unsure if patients (or their parents) would get a vaccination that I recommended.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**Q32. There is inadequate time to discuss vaccines with patients (or their parents).**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**Q33. Currently, reimbursement for providing vaccine advice/counseling is inadequate.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	I don't know
X	X	X	X	X	X

**Q34. I believe that most of my patients (or their parents) are confident that vaccines are safe.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**Q35. I believe that most of my patients (or their parents) consider vaccines to be effective.**

Strongly	Neither agree	Strongly
----------	---------------	----------



disagree	Disagree	or disagree	Agree	agree
X	X	X	X	X

**Q36. Regarding vaccines, I believe most of my patients (or their parents) are confident that public authorities decide in the best interest of the community.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**Q37. When my patients (or their parents) discuss vaccination, I believe that most weigh benefits and risks to make the best decision possible.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**Q38. When my patients (or their parents) discuss vaccination, only a small percentage say that vaccination is unnecessary because vaccine-preventable diseases are not common anymore.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**Q39. When my patients (or their parents) discuss vaccination, only a small percentage of say that when everyone is vaccinated, they don't have to get vaccinated too.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**Q40. I would be more likely to recommend vaccinations with patients (or their parents) if...**

**a. A sufficient number of my patients expressed interest in discussing vaccines at my dental practice.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**b. If my team or I had sufficient time to discuss vaccines with patients.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**c. Appropriate training and continuing education were easily accessible.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**d. My organization/employer supported vaccinate counseling.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	Not applicable
X	X	X	X	X	X

**e. There was adequate compensation or reimbursement for recommending vaccines.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

## SECTION 4 – Vaccine delivery

This section **EXCLUDES COVID-19 vaccinations**. We will cover COVID-19 vaccinations separately in Section 5.

**This section includes 19 questions related to your opinions and experiences with providing vaccinations to your patients at dental care facilities or as part of a community program outside your dental practice.**

**Please rate how much you agree or disagree with each statement, *even if you do not currently provide vaccines.***

**Q41. Currently, my practice can (or could if necessary)...**

**a. Obtain and efficiently manage vaccine storage and supplies.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	I don't know
X	X	X	X	X	X

**b. Receive and store vaccines in a freezer between -25°C and -15°C (-13°F to 5°F) for up to 2 weeks prior to mixing.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	I don't know
X	X	X	X	X	X

**c. Efficiently integrate vaccine delivery into dental office workflow.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	I don't know
X	X	X	X	X	X

**d. Effectively manage any required electronic documentation and reporting of vaccines provided to patients.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	I don't know
X	X	X	X	X	X

**Q42. I feel under pressure by my patients (or their parents) to provide vaccines.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**Q43. I feel under pressure by my organization/employer to provide vaccines to my patients.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	Not applicable
----------------------	----------	------------------------------	-------	-------------------	-------------------

X X X X X X

**Q44. I feel under pressure by state or national dental professional organizations to provide vaccines to my patients.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**Q45. Other dental offices in my community routinely provided vaccinations.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

***Please rate how much you agree or disagree with each statement, even if you already provide vaccines.***

**Q46. I would be more likely to provide vaccinations to patients at my dental practice if...**

**a. I knew more about the process for becoming certified to deliver vaccines.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**b. A sufficient number of my patients expressed interest in receiving vaccines at my dental practice.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**c. If my team or I had sufficient time to discuss vaccine safety and effectiveness with patients.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**d. Appropriate training and continuing education were easily accessible.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**e. Documentation and electronic reporting requirements were simple and required minimal administrative time.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**f. My practice could access vaccine supplies with minimal requirements for in-office storage and refrigeration.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**g. Scope of practice regulations in my state enabled dental hygienists and/or dental assistants to provide vaccinations with dentist supervision.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**h. My organization/employer supported vaccination delivery at dental visits.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	Not applicable
X	X	X	X	X	X

**i. Patients in my community had limited access to vaccines.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**j. Vaccines could be provided seasonally or periodically during the year instead of on demand at any time.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**k. Adequate reimbursement was provided for vaccine delivery.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

## SECTION 5 - COVID-19 vaccination

This last section includes up-to 13 questions that focus on your opinions and experiences as they relate specifically to the COVID-19 pandemic and possible future pandemics.

*Please rate how much you agree or disagree with each statement.*

**Q47. Dental practitioners can have an important role in the public health effort to reduce the spread and health effects of SARS-CoV-2 and other novel viruses.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**Q48. It is important for dental practitioners and staff to be vaccinated against COVID-19 the disease caused by SARS-CoV-2.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**Q49. I am confident that the following COVID-19 vaccines are safe.**

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
a. Pfizer	X	X	X	X	X
b. Moderna	X	X	X	X	X
c. Johnson & Johnson	X	X	X	X	X

**Q50. The following COVID-19 vaccines are effective.**

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
a. Pfizer	X	X	X	X	X
b. Moderna	X	X	X	X	X
c. Johnson & Johnson	X	X	X	X	X

**Q51. Do you currently discuss the COVID-19 vaccines with your patients or their parents?**

Yes/No

**[If no to Q51, ask Q52 and Q53, but skip Q54a-b and Q55 below]**

**Q52. I don't feel comfortable discussing the COVID-19 vaccines with patients (or their parents).**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
----------------------	----------	------------------------------	-------	-------------------

X X X X X

**Q53. I fear that I may lose patients if I recommend COVID-19 vaccinations.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**Q54. When discussing COVID-19 vaccines, most of my patients (or their parents)...**

**a. Are confident that the COVID-19 vaccines are safe.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	Not applicable
X	X	X	X	X	X

**b. Consider COVID-19 vaccinations to be effective.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	Not applicable
X	X	X	X	X	X

**Q55. I am confident discussing with my patients the difference between mRNA vaccines (like Pfizer and Moderna) and adenovirus vaccines (like Johnson & Johnson).**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**Q56. I feel under pressure by my patients (or their parents) to discuss COVID-19 vaccine safety and effectiveness.**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**Q57. I feel under pressure by my organization/employer to recommend COVID-19 vaccinations to my patients (or their parents).**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	Not applicable
X	X	X	X	X	X

**Q58. I feel under pressure by state or national dental professional organizations to recommend COVID-19 vaccinations to my patients (or their parents).**

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
X	X	X	X	X

**We have one last question.**

**Q59. As of today, how likely are you to participate in a vaccine delivery implementation study if offered through the National Dental Practice-Based Research Network?**

Not at all likely/Somewhat unlikely/Neutral/Somewhat likely/Very likely

**Thank you for completing this survey!**

**Your responses will help use better understand the willingness and readiness of National Dental PBRN practitioners to participate in vaccine delivery.**

**Please press submit. You will then be asked to complete the remuneration form.**



## SECTION 6 – Payment info

### **PRACTITIONER PARTICIPANT PAYMENT INFORMATION**

*Below are the questions to be displayed to a practitioner following their completion of a questionnaire. This information will ascertain if a practitioner is willing and able to accept compensation for their participation and will also ensure the information needed to complete that process is collected and accurate. This information is being collected solely for compensation purposes and is not intended to be part of the study's data collection.*

Programmer Instructions: Display the following for all practitioners.

1. [If practitioner's GroupPracticeID  $\neq$  1] **Are you employed at [INSERT NAME OF GROUP PRACTICE]?**

- Yes
- No

[If 1 = "Yes"] END [INSERT END OF SURVEY LANGUAGE DEFINED BY THE STUDY]

2. [If practitioner does not have a group ID or 1 = "No"] **To help us determine if you are eligible for individual compensation for your participation in this questionnaire, are you employed in any of the following dental firms? If so, please check your organization (please select one).**

- HealthPartners
- Park Dental
- Permanente Dental Associates
- Veterans Affairs Dental Services
- I am not employed by any of the above.

[If 2  $\neq$  "I am not employed by any of the above."] END [INSERT END OF SURVEY LANGUAGE DEFINED BY THE STUDY]

3. [If 2 = "I am not employed by any of the above."] **Do you want to be compensated for your participation?**

- Yes
- No

[If 3 = "No"] END [INSERT END OF SURVEY LANGUAGE DEFINED BY THE STUDY]

Programmer Instructions: [If 3 = "Yes"] Display the following information in a non-editable format. The information should be derived from the Practitioner Load Form. If there is no

address information available from the Practitioner Load Form, proceed to question 5 to display the fields for the practitioner to enter their information.

4. [If 3 = “Yes” and address information is available from Practitioner Load Form] **Below is your Network enrollment information. For you to receive payment, we need to know if you would like to receive payment using the address, name, and phone number listed below or if you would like to provide updated information. Please review the information below and indicate your preference.**

- i) **First name**  
**Middle name or initial, if available**  
**Last name**

- I would like to receive payment using this information.  
 I would like to receive payment for this questionnaire under a different name.

- ii) **Mailing address**

- I would like to receive payment using this information.  
 I would like to receive payment for this questionnaire at a different address.

- iii) **Primary Phone number**

- I would like to receive payment using this information.  
 I would like to receive payment for this questionnaire using a different phone number.

[If 4.i, 4.ii, and 4.iii = “I would like to receive payment using this information”] END **[INSERT END OF SURVEY LANGUAGE DEFINED BY THE STUDY]**

5. [If 4.i = “I would like to receive payment for this questionnaire under a different name” or address is missing on Practitioner Load Form] **Please provide the name under which you would like to receive payment.**

First name  
Middle name or initial  
Last name

6. [If no address information is available from Practitioner Load Form or 4.ii = “I would like to receive payment for this questionnaire at a different address”] **Please provide the address information you would like to use for payment.**

Address line 1  
Address line 2 [optional]

City  
State  
ZIP code

7. [If 4.iii = "I would like to receive payment for this questionnaire using a different phone number." or no phone number is available on the Practitioner Load Form] **Please provide the phone number you would like to use for payment.**

Primary Phone number

8. [If 4.i, 4.ii, and 4.111 =/= "I would like to receive payment using this information." and 5, 6, or =/= Null] **Do you want to update your Network information on file with the contact information you have provided?**

Yes, please update my enrollment information.

No, I do not wish to update my enrollment information at this time.

**END [INSERT END OF SURVEY LANGUAGE DEFINED BY THE STUDY]**

Programming Instructions: If the study is using ClinCards or eClinCards display the following question for individual practitioners (i.e., do not display for group practitioners). Information for whether a study is using a ClinCard or eClinCard is derived from the Practitioner Load Form.

- 9. Please provide your date of birth to receive study compensation.**

MM/DD/YYYY

**END [INSERT END OF SURVEY LANGUAGE DEFINED BY THE STUDY]**