** A = alpha, N = numeric

NATIONAL SAMPLE SURVEY OF NURSE PRACTITIONERS

Authority of the federal agency, HRSA, to collect the information requested, the purpose and use of this information and the voluntary nature of participation, the extent to which information provided will be treated as private or confidential appears in the first communications with potential participants (in advance letters, brochures, and instruments), whether conveyed verbally and/or in written form.

Section I. NP Education, Licensure and Workforce Participation

1. Do you have a current certification, licensure, or other legal recognition from a State Board of Nursing to practice as a Nurse Practitioner (NP)?

Q1
- [1] Yes
- [2] No → If No go to #52 on page 8

2. In which state(s) do you currently have certification/licensure/recognition to practice as an NP? *List up to 3*

Q2A	Q2B	Q2C

3. Which educational program(s) did you complete for your NP preparation? *Check all that apply.*

- Q3A (0,[1]) Certificate Program (no master's degree)
- Q3B (0,[1]) Master's degree
- Q3C (0,[1]) Post Master's Certificate
- Q3D (0,[1]) Doctor of Nursing Practice degree
- Q3E (0,[1]) Other *(specify)*

Q3EOS   100 A/N

4. In what year did you complete your initial NP education program?

Q4 [ ][ ][ ][ ]

5. In which area(s) have you ever received certification from a national certifying organization for NPs? Check all that apply.

- Q5A (0 [1]) Acute care adult
- Q5B (0 [1]) Acute care pediatric
- Q5C (0 [1]) Adult
- Q5D (0 [1]) Gerontology
- Q5E (0 [1]) Family
- Q5F (0 [1]) Pediatric
- Q5G (0 [1]) Neonatal
- Q5H (0 [1]) Psych/mental health
- Q5I (0 [1]) Women's health
- Q5J (0 [1]) Other *(specify)*

Q5JOS   100 A/N

- Q5K (0 [1]) None

6. Are you employed in any positions that require state certification/licensure/recognition to practice as an NP?

Q6
- [1] Yes → If Yes go to #8
- [2] No

7. If you are not working as an NP, what are the reasons? Check all that apply.

- Q7A (0,[1]) Overall lack of NP jobs/practice opportunities
- Q7B (0,[1]) Lack of NP jobs/practice opportunities in desired location
- Q7C (0 [1]) Lack of NP jobs/practice opportunities in desired type of facility
- Q7D (0 [1]) Lack of NP jobs/practice in desired specialty
- Q7E (0 [1]) Limited scope of practice for NPs in the state where practice is desired
- Q7F (0 [1]) Denied NP job due to lack of experience or qualification
- Q7G (0 [1]) Inadequate salary/compensation
- Q7H (0 [1]) Working outside the nursing field *(describe)*

Q7HOS   100 A/N

- Q7I (0 [1]) Maternity/parenting/family leave
- Q7J (0 [1]) Poor health or disability
- Q7K (0 [1]) Choose not to work at this time
- Q7L (0 [1]) Retired
- Q7M (0 [1]) Other *(specify)*

Q7MOS   100 A/N

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8. Q8 **Do you volunteer as an NP?**

  1 Yes

  2 No → If No go to #10

9. **How many hours per month do you volunteer as an NP?**

  Q9 [ ][ ][ ]

Section II. All Nursing Employment

10. **Do you work for pay in nursing, as a Registered Nurse (RN) or as an NP?**

  Q10

  1 Yes

  2 No → If No go to #52 on page 8

11. **Your principal position is the RN or NP position in which you work the most hours per week. Please report only nursing positions for which you are paid. Do not include volunteer positions or adjunct faculty status.
Describe your principal position. *Check only one.***

  NP position

  Q11_1 1 NP in clinical practice

  Q11_2 2 Faculty requiring an NP credential

  Q11_3 3 Researcher requiring an NP credential

  Q11_4 4 Administrator requiring an NP credential

  Q11_5 5 Other *(specify)*

  [Q11OS_5   100 A/N]

  Nursing position not requiring NP credential

  Q11_6 6 RN staff nurse

  Q11_7 7 Faculty

  Q11_8 8 Administrator/Manager

  Q11_9 9 Patient care coordinator

  Q11_10 10 Other APRN role *(specify)*

  [Q11OS_10   100 A/N]

  Q11_11 11 Researcher

  Q11_12 12 Consultant

  Q11_13 13 Other *(specify)*

  [Q11OS_13   100 A/N]

12. **In what type of setting do you work in your principal position? *Check only one.***

  Ambulatory Settings

  Q12_1 1 Private physician office/practice

  Q12_2 2 Private NP office/practice

  Q12_3 3 Nurse Managed clinic

  Q12_4 4 Retail based clinic

  Q12_5 5 Urgent care clinic

  Q12_6 6 Ambulatory surgery center

  Q12_7 7 Federal clinic (FQHC, VA, Military, NIH, IHS)

  Hospital Settings

  Q12_8 8 Hospital inpatient unit

  Q12_9 9 Hospital outpatient clinic (not an ED)

  Q12_10 10 Hospital emergency department

  Q12_11 11 Hospital-other *(specify)*

  [Q12OS_11   100 A/N]

  Q12_12 12 Federal Hospital (Military, VA, NIH, IHS)

  Long Term and Elder Care

  Q12_13 13 Long-term care facility

  Q12_14 14 Hospice

  Q12_15 15 Home care agency

  Public or Community Health

  Q12_16 16 Community clinic

  Q12_17 17 Correctional facility

  Q12_18 18 Health department

  Q12_19 19 Mental health center

  Q12_20 20 Rural health clinic

  Other Settings

  Q12_21 21 Academic (university/college) education program

  Q12_22 22 Health maintenance organization/managed care

  Q12_23 23 Occupational/employee health

  Q12_24 24 School/college health service

  Q12_25 25 Other *(specify)*

  [Q12OS_25   100 A/N]

13. **What is the ZIP code where you practice in your principal position?**

  Q13 [ ][ ][ ][ ][ ]

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14. In your principal position do you <u>use</u> an electronic health record (EHR) or electronic medical record (EMR) system? Do not include billing record systems.

Q14
- [1] Yes
- [2] No
- [8] Don't know

15. In your principal position are there plans for installing a new EHR or EMR system within the next 18 months?

Q15
- [1] Yes
- [2] No
- [8] Don't know
- [3] Other *(specify)*

Q15OS   100 A/N

16. In a typical week, how many hours do you work in your principal position?

Q16 [ ][ ]

17. Please estimate your 2011 pre-tax annual earnings from your principal position. Include overtime, on-call earnings, and bonuses.

Q17
$[ ],[ ][ ][ ],[ ][ ][ ].[0][0] per year

18. Do you have a National Provider Identifier (NPI) number?

Q18
- [1] Yes
- [2] No → If No go to #20

19. Do you bill under your NPI number?

Q19
- [1] Yes
- [2] No

20. How satisfied are you with each of the following aspects of your principal position?

		Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Not Applicable
Proportion of time in patient care	Q20A	[1]	[2]	[3]	[4]	[5]
Patient load	Q20B	[1]	[2]	[3]	[4]	[5]
Patient mix	Q20C	[1]	[2]	[3]	[4]	[5]
Amount of paperwork required	Q20D	[1]	[2]	[3]	[4]	[5]
Level of autonomy	Q20E	[1]	[2]	[3]	[4]	[5]
Number of hours worked, including overtime	Q20F	[1]	[2]	[3]	[4]	[5]
Salary/benefits	Q20G	[1]	[2]	[3]	[4]	[5]
Sense of value for what you do	Q20H	[1]	[2]	[3]	[4]	[5]
Respect from physician colleagues	Q20I	[1]	[2]	[3]	[4]	[5]
Respect from other colleagues	Q20J	[1]	[2]	[3]	[4]	[5]
Amount of administrative support	Q20K	[1]	[2]	[3]	[4]	[5]
Opportunities for professional development	Q20L	[1]	[2]	[3]	[4]	[5]
Input into organizational/practice policies	Q20M	[1]	[2]	[3]	[4]	[5]

21. What is your overall level of satisfaction with your principal position?

Q21
- [1] Very Satisfied
- [2] Satisfied
- [3] Dissatisfied
- [4] Very Dissatisfied

22. Do you plan to leave your principal position?

Q22
- [1] Yes, will leave in 2012
- [2] Yes, will leave in 1-2 years
- [3] No plans to leave in next 2 years
- [4] Undecided

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23. Approximately when do you plan to retire from nursing and NP work?

Q23
- [1] In 2012
- [2] In 1-2 years
- [3] In 3-5 years
- [4] In 6-10 years
- [5] More than 10 years from now
- [6] Undecided

24. Aside from the principal position you just described, are you working for pay in any other nursing (RN or NP) positions?

Q24
- [1] Yes
- [2] No → If No go to #30

25. Your secondary position is the RN or NP position in which you work the second greatest number of hours per week. Please report only nursing positions for which you are paid. Do not include volunteer positions or adjunct faculty status.
Describe your secondary position.
Check only one.

NP position

- Q25_1 [1] NP in clinical practice
- Q25_2 [2] Faculty requiring an NP credential
- Q25_3 [3] Researcher requiring an NP credential
- Q25_4 [4] Administrator requiring an NP credential
- Q25_5 [5] Other *(specify)*

Q25OS_5   100 A/N

Nursing position not requiring NP credential

- Q25_6 [6] RN staff nurse
- Q25_7 [7] Faculty
- Q25_8 [8] Administrator/Manager
- Q25_9 [9] Patient care coordinator
- Q25_10 [10] Other APRN role *(specify)*

Q25OS_10   100 A/N

- Q25_11 [11] Researcher
- Q25_12 [12] Consultant
- Q25_13 [13] Other *(specify)*

Q25OS_13   100 A/N

26. In what type of setting do you work in your secondary position? *Check only one.*

Ambulatory Settings

- Q26_1 [1] Private physician office/practice
- Q26_2 [2] Private NP office/practice
- Q26_3 [3] Nurse Managed clinic
- Q26_4 [4] Retail based clinic
- Q26_5 [5] Urgent care clinic
- Q26_6 [6] Ambulatory surgery center
- Q26_7 [7] Federal clinic (FQHC, VA, Military, NIH, IHS)

Hospital Settings

- Q26_8 [8] Hospital inpatient unit
- Q26_9 [9] Hospital outpatient clinic (not an ED)
- Q26_10 [10] Hospital emergency department
- Q26_11 [11] Hospital-other *(specify)*

Q26OS_11   100 A/N

- Q26_12 [12] Federal Hospital (Military, VA, NIH, IHS)

Long Term and Elder Care

- Q26_13 [13] Long-term care facility
- Q26_14 [14] Hospice
- Q26_15 [15] Home care agency

Public or Community Health

- Q26_16 [16] Community clinic
- Q26_17 [17] Correctional facility
- Q26_18 [18] Health department
- Q26_19 [19] Mental health center
- Q26_20 [20] Rural health clinic

Other Settings

- Q26_21 [21] Academic (university/college) education program
- Q26_22 [22] Health maintenance organization/managed care
- Q26_23 [23] Occupational/employee health
- Q26_24 [24] School/college health service
- Q26_25 [25] Other *(specify)*

Q26OS_25   100 A/N

27. What is the ZIP code where you practice in your secondary position?

Q27 [ ][ ][ ][ ][ ]

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28. In a typical week, how many hours do you work in your secondary position?

Q28 [ ][ ]

29. Please estimate your 2011 pre-tax annual earnings from your secondary position. Include overtime, on-call earnings, and bonuses.

Q29 $ [ ] , [ ][ ][ ] , [ ][ ][ ] . [0][0] per year

Section III. NP Employment Only

30. Your NP position may have been described as a principal or secondary position in Section II. In this section, we will gather additional details only on your NP employment. Do you work for pay as an NP?

Q30
[1] Yes
[2] No → If No go to #52 on page 8

Your main NP position is the one in which you work the most hours per week, if you work more than one NP job.

31. Check the one term below that best describes the specialty of the practice/facility in which you work for your main NP position.

Q31_0 [0] Not working in a clinical specialty

Primary Care Specialties

Q31_1 [1] Internal Medicine
Q31_2 [2] Family Practice
Q31_3 [3] Geriatrics
Q31_4 [4] General Pediatrics

Q31_5 [5] Pediatric Subspecialties

Internal Medicine Subspecialties

Q31_6 [6] Adolescent Medicine
Q31_7 [7] Cardiology
Q31_8 [8] Endocrinology
Q31_9 [9] Gastroenterology
Q31_10 [10] Hematology/Oncology
Q31_11 [11] Infectious Disease
Q31_12 [12] Pulmonary/Respiratory
Q31_13 [13] Renal/Nephrology
Q31_14 [14] Rheumatology
Q31_15 [15] OB/GYN Women's Health

Q31_16 [16] General Surgery

Surgical Specialties

Q31_17 [17] Urology
Q31_18 [18] Orthopedics
Q31_19 [19] Other (specify)

Q31OS_19   100 A/N

Other

Q31_20 [20] Allergy & Immunology
Q31_21 [21] Dermatology
Q31_22 [22] Emergency Care
Q31_23 [23] Hospitalist
Q31_24 [24] Intensive Care
Q31_25 [25] Long Term Care
Q31_26 [26] Neonatal
Q31_27 [27] Neurology
Q31_28 [28] Occupational Health
Q31_29 [29] Palliative Care/Pain Management
Q31_30 [30] Psychiatry/Mental Health
Q31_31 [31] Rehabilitation
Q31_32 [32] School Health
Q31_33 [33] Urgent Care
Q31_34 [34] Wound/Ostomy
Q31_35 [35] Other (specify)

Q31OS_35   100 A/N

32. Do you have the title Hospitalist in your main NP position?

Q32
[1] Yes
[2] No

33. Thinking about your main NP position, what percent of your time do you spend on each of the following?

Patient Care/ Documentation   Q33A [ ][ ] %

Teaching/ Precepting/ Orienting   Q33B [ ][ ] %

Supervision/ Management/ Administration   Q33C [ ][ ] %

Other   Q33D [ ][ ] %

Total   **100%**

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34. Do you provide any direct patient care in your <u>main NP</u> position?

Q34

- [1] Yes
- [2] No → If No go to #47

35. Thinking about your <u>main NP</u> position, for how many of your patients do you provide the following services?

		Most Patients	Some Patients	Few Patients	No Patients
Diagnosis, treatment, and management of acute illnesses	Q35A	[1]	[2]	[3]	[4]
Diagnosis, treatment, and management of chronic illnesses	Q35B	[1]	[2]	[3]	[4]
Conduct physical examinations and obtain medical histories	Q35C	[1]	[2]	[3]	[4]
Order, perform, and interpret lab tests, x-rays, EKGs, and other diagnostic studies	Q35D	[1]	[2]	[3]	[4]
Prescribe drugs for acute and chronic illnesses	Q35E	[1]	[2]	[3]	[4]
Provide preventative care, including screening and immunizations	Q35F	[1]	[2]	[3]	[4]
Perform procedures	Q35G	[1]	[2]	[3]	[4]
Counsel and educate patients and families	Q35H	[1]	[2]	[3]	[4]
Provide care coordination	Q35I	[1]	[2]	[3]	[4]
Make referrals	Q35J	[1]	[2]	[3]	[4]
Participate in practice improvement activities	Q35K	[1]	[2]	[3]	[4]

36. Which of the following best describes your billing arrangements for your <u>main NP</u> position?

Q36

- [1] Bill under my provider number
- [2] Bill under my clinic/facility number
- [3] Bill under a physician's provider number
- [4] No billing, cash only
- [5] No billing, grant supported/free clinic
- [6] Other (specify)

  Q36OS   100 A/N

37. How often is a physician <u>present</u> on site to discuss patient problems as they occur in your <u>main NP</u> position?

Q37

- [1] 0% of the time
- [2] 1%-25% of the time
- [3] 26%-50% of the time
- [4] 51%-75% of the time
- [5] 76%-100% of the time

38. What type of professional relationship do you have with the physician(s) in your <u>main NP</u> position? *Check all that apply.*

- Q38A (0 [1]) No physician in my practice
- Q38B (0 [1]) Collaborate with a physician at another site
- Q38C (0 [1]) Collaborate with a physician on site
- Q38D (0 [1]) Equal colleagues/no hierarchy
- Q38E (0 [1]) S/he is the medical director who oversees all of our practice and I am accountable to the medical director, as are all other providers
- Q38F (0 [1]) Hierarchical/supervisory in which I must accept his/her clinical decision about the patients I see
- Q38G (0 [1]) Physician sees and signs off on the patients I see
- Q38H (0 [1]) Other (specify)

  Q38OS   100 A/N

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39. To what extent would you agree or disagree with the following: In my <u>main NP</u> position I am allowed to practice to the fullest extent of my state's legal scope of practice.

Q39
- ☐1 Strongly Agree
- ☐2 Agree
- ☐3 Disagree
- ☐4 Strongly Disagree

40. To what extent would you agree or disagree with the following: In my <u>main NP</u> position, my NP skills are being fully utilized.

Q40
- ☐1 Strongly Agree
- ☐2 Agree
- ☐3 Disagree
- ☐4 Strongly Disagree

41. How are you paid in your <u>main NP</u> position?

Q41
- ☐1 Annual salary
- ☐2 By the hour
- ☐3 Percentage of billing
- ☐4 Other *(specify)*

Q41OS	100 A/N

42. Now please think about <u>all of your NP positions</u>. In a typical week, how many patients do you see?

Q42 ☐☐☐

43. Thinking about <u>all of your NP positions</u>, do you have a panel of patients that you manage, where you are the primary provider?

Q43
- ☐1 Yes
- ☐2 No → If No go to #45

44. Across <u>all of your NP positions</u>, how many patients are on your panel?

Q44 ☐☐☐☐

45. Do you take evening or weekend call for <u>any of your NP positions</u>?

Q45
- ☐1 Yes
- ☐2 No

46. Do you have hospital admitting privileges?

Q46
- ☐1 Yes
- ☐2 No

47. Are you covered by malpractice insurance?

Q47
- ☐1 Yes
- ☐2 No → If No go to #49

48. Who pays for your malpractice insurance?

Q48
- ☐1 Self
- ☐2 Employer
- ☐3 Both

49. Do you have prescriptive authority?

Q49
- ☐1 Yes → If Yes go to #51
- ☐2 No

50. Why don't you have prescriptive authority?

Q50
- ☐1 In process of applying
- ☐2 MD or other NP writes all my prescriptions
- ☐3 Other *(specify)*

Q50OS	100 A/N

51. Do you currently have a personal drug enforcement administration (DEA) number?

Q51
- ☐1 Yes
- ☐2 No

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Section IV. Demographic Characteristics

52. Are you...
Q52
- ☐1 Male
- ☐2 Female

53. What is your year of birth?

Q53 ☐☐☐☐

54. Are you of Latino or Hispanic ethnicity?
Q54
- ☐1 Yes
- ☐2 No

55. Which one or more of the following would you use to describe your race?
Check all that apply.

Q55A(0 ☐1 American Indian or Alaska Native
Q55B(0 ☐1 Asian
Q55C(0 ☐1 Black or African-American
Q55D(0 ☐1 Native Hawaiian or Other Pacific Islander
Q55E(0 ☐1 White

56. What is your marital status?
Q56
- ☐1 Never Married
- ☐2 Married
- ☐3 Separated
- ☐4 Divorced
- ☐5 Widowed

57. Please check all educational degree(s) you have earned.

Q57A (0 ☐1 Diploma in Registered Nursing
Q57B (0 ☐1 Associate degree - Nursing
Q57C (0 ☐1 Associate degree - Non-nursing
Q57D (0 ☐1 Baccalaureate degree - Nursing
Q57E (0 ☐1 Baccalaureate degree - Non-nursing
Q57F (0 ☐1 Master's degree - Nursing
Q57G (0 ☐1 Master's degree - Non-nursing
Q57H (0 ☐1 Doctorate of Nursing Practice (DNP)
Q57I (0 ☐1 PhD or other Doctorate - Nursing
Q57J (0 ☐1 Doctorate - Non-nursing
Q57K (0 ☐1 Other *(specify)*

Q57OS   100 A/N

58. In what year did you obtain your initial U.S. licensure as an RN?

Q58 ☐☐☐☐

59. What is your home address ZIP code:

Q59 ☐☐☐☐☐

60. Would you be willing to share your e-mail address to receive the results of the survey?

If so, please provide it here:

Q60   100 A/N

Thank you so much for completing this questionnaire!

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