



OMB No. 0915-0088
Expiration Date: August 31, 1985

NATIONAL SAMPLE SURVEY OF REGISTERED NURSES

Dear R.N.

This survey is being conducted by Westat, Inc. under a contract with the Division of Nursing, Bureau of Health Professions, Health Resources and Services Administration, PHS, U.S. Department of Health and Human Services. All your responses are very important to the accuracy of our research. In addition, they are confidential and completely voluntary. The information is for statistical purposes only and will not be connected with your name.

This study is being carried out to assist with the data requirements for reports to Congress of Section 951 of PL 94-63, which requires that data be gathered, on a continuing basis, on the number and distribution of nurses, and Section 708 of PL 94-484 which requires that there be collection systems and analytical studies on the supply of health professions, including registered nurses.

The questionnaire has been divided into five sections. These sections are designed to gather information on (1) your educational background as a registered nurse, (2) your employment status in nursing, (3) your employment status if you are not currently employed in nursing, (4) prior nursing employment status and (5) general information.

Please read and follow all instructions carefully and answer all questions unless otherwise instructed. Return the completed questionnaire in the postage-paid envelope enclosed in this package at your earliest convenience. If possible, we suggest you complete it now while you have it in your hand.

Thank you for your cooperation. Your efforts are highly appreciated.

IF YOU HAVE RECEIVED MORE THAN ONE COPY OF THE QUESTIONNAIRE, PLEASE RETURN THE EXTRA COPY(IES) ALONG WITH THE COMPLETED QUESTIONNAIRE.

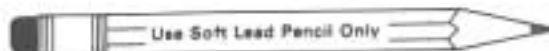
FOR INTRAN USE ONLY									
1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
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31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50
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61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100

WESTAT, INC. 1650 RESEARCH BLVD. ROCKVILLE, MD 20850
TELEPHONE: (301) 241-1500
(800) 538-8385 (toll-free)

NOTE: Your responses will be read by an optical reader. Please review the following marking directions and examples before completing this questionnaire.

MARKING DIRECTIONS

- Use a black lead pencil only (No. 2 or 2½).
- Make heavy dark marks that fill the circle completely.
- Erase completely any response you wish to change.
- Make no stray marks of any kind on this sheet; write only in places provided.
- Carefully review the examples provided below on how to complete number and word responses.



MARKING EXAMPLES:

- Fill in circles completely.

Proper mark → ● ○ ○ ○

Improper marks → ✓ ✗ ⊗ ⊙ ⊖

- Written Responses

If written responses are requested, please keep your comments within the boxed area provided.

- Number grids

If you are asked to give numbers or dates for the answer, please record as shown below.

If your answer is 150 →

- Write the numbers in the boxes, making sure the last number is always placed in the right-hand box.
- Fill in the unused boxes with zeros.
- Then, mark the matching circle below each box.

0	1	5	0
●	○	○	○
1	○	1	1
2	2	2	3
3	3	3	2
4	4	4	4
5	5	●	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

- Example of date grid
(if March 1962)

Month	Year
Mar	62
Jan	○ 0 0
Feb	○ 1 1
Mar	● 2 ●
Apr	○ 3 3
May	○ 4 4
Jun	○ 5 5
Jul	○ ● 6
Aug	○ 7 7
Sep	○ 8 8
Oct	○ 9 9
Nov	○
Dec	○

PRIVACY ACT NOTIFICATION STATEMENT

The Privacy Act of 1974 (5 U.S.C. 522a) requires that an agency provide the following notice to each individual whom it asks to supply information:

1. The authority for collecting the requested information is found in Section 951 of P.L. 94-63 (42 U.S.C. 296 note) and in Title VII, Part A Section 708 of the Public Health Service Act (42 U.S.C. 292h) as amended by Public Law 94-623. Participation in the survey is voluntary and the information will be used for analytical studies on the supply of registered nurses for reports to Congress. The information is for statistical purposes only and will not be connected with your name.
2. Individually identifiable information will be used for sample definition and for preventing data duplication. Once this process is completed, individual identifiers will be destroyed.
3. While individually identifiable data exist, it will be part of the Health Resources and Services Administration (HRSA), Health Professions Planning and Evaluation System of Records, System Number 09-15-0048. One of the purposes of this system is to allow the agency to assess the current supply of health professions personnel. The applicable routine use is Reports to Congress specified under Section 951 of P.L. 94-63 and Section 708 of the PHS Act. However, only statistical information will be maintained; no identifiers will be used in Reports to Congress or for any other data purpose.

SECTION A EDUCATION

1. Please indicate (a) the Basic Nursing Education, which prepared you to become a registered nurse; (b) specify the month and year of graduation; and (c) specify the state (or country if not U.S.) in which you received your Basic Nursing Education.

1a. BASIC NURSING EDUCATION (MARK ONLY ONE)

- ☐ Diploma
☐ Associate Degree
☐ Baccalaureate
☐ Master's
☐ Doctorate (N.D.)

1b. Date of graduation

Write the date in the boxes.

Then, mark the matching circle below each box.

Month	Year
Jan	0 0
Feb	1 1
Mar	2 2
Apr	3 3
May	4 4
Jun	5 5
Jul	6 6
Aug	7 7
Sep	8 8
Oct	9 9
Nov	
Dec	

1c. State (or country, if not U.S.) of Basic Nursing Education Program

- | | | | |
|--------|----------|----------|-----------------|
| Ala. | Ky. | N. Dak. | |
| Alaska | La. | Ohio | |
| Ariz. | Maine | Okla. | |
| Ark. | Md. | Oreg. | |
| Cal. | Mass. | Penna. | |
| Colo. | Mich. | R. Is. | Guam |
| Conn. | Minn. | S. Car. | Puerto Rico |
| Del. | Miss. | S. Dak. | Virgin Islands |
| D.C. | Mo. | Tenn. | |
| Fla. | Mont. | Texas | Canada |
| Ga. | Nebr. | Utah | Philippines |
| Hawaii | Nev. | Vt. | Great Britain |
| Idaho | N. Hamp. | Virg. | West Indies |
| Ill. | N. Jer. | Wash. | Korea |
| Ind. | N. Mex. | W. Virg. | India |
| Iowa | N.Y. | Wisc. | Nigeria |
| Kans. | N. Car. | Wyo. | Other (Specify) |

2. BEFORE STARTING your Basic Nursing Education program, did you receive a degree in any other formal post secondary education program?

- ☐ Yes (CONTINUE WITH QUESTION 2a)
☐ No (GO TO QUESTION 3)

2a. What was the highest degree you received?

- ☐ Associate Degree
☐ Baccalaureate
☐ Master's
☐ Doctorate
☐ Other (Specify)

2b. Was this degree in a health-related field?

- ☐ Yes (GO TO QUESTION 3)
☐ No (CONTINUE WITH QUESTION 2c)

2c. What was your major field of study? (MARK ONLY ONE)

- ☐ Biological and Physical Sciences
☐ Business and Management
☐ Education
☐ Liberal Arts
☐ Social Sciences
☐ Other (Specify)

3. SINCE GRADUATION from the Basic Nursing Education Program which you indicated in Q1, have you earned any additional degrees?

- ☐ Yes (CONTINUE WITH QUESTION 3a)
☐ No (GO TO QUESTION 5)

3a. For each additional academic degree you have received since graduation from your basic nursing program, please indicate in the spaces provided below and on the next page (i) the type of degree; (ii) whether or not the degree is related to your nursing career; (iii) the month and year received; and (iv) the state (or country if not U.S.) in which the degree was received.

(i) <input type="radio"/> Associate degree in NURSING	(i) <input type="radio"/> Associate degree in ANOTHER field	(i) <input type="radio"/> Baccalaureate in NURSING	(i) <input type="radio"/> Baccalaureate in ANOTHER field																																																																																																																
(ii) Is this degree related to your nursing career? <input type="radio"/> Yes <input type="radio"/> No	(ii) Is this degree related to your nursing career? <input type="radio"/> Yes <input type="radio"/> No	(ii) Is this degree related to your nursing career? <input type="radio"/> Yes <input type="radio"/> No	(ii) Is this degree related to your nursing career? <input type="radio"/> Yes <input type="radio"/> No																																																																																																																
(iii) Month/Year Received	(iii) Month/Year Received	(iii) Month/Year Received	(iii) Month/Year Received																																																																																																																
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YOUR HIGHEST DEGREE IS A MASTER'S OR DOCTORATE. CONTINUE WITH QUESTION 4: OTHERWISE GO TO QUESTION 5.

4. What is the one primary focus of the highest degree you now hold?
(MARK ONLY ONE)

- 4a.** ☐ Education (GO TO QUESTION 5)
☐ Supervision/Administration (GO TO QUESTION 5)
☐ Clinical Practice
☐ Other (Specify) → (GO TO QUESTION 5)

4b. IF THE PRIMARY FOCUS WAS CLINICAL PRACTICE, specify the type.
(MARK ONLY ONE)

- ☐ Community/Public Health
☐ Maternal-child
☐ Midwifery
☐ Geriatrics/Gerontology
☐ Medical/Surgical
☐ Psychiatric-mental health
☐ Other (Specify) →

If you have not received a formal degree or certificate as a nurse practitioner (see definition below), mark here 0 and continue with Questions 6.

A formal NURSE PRACTITIONER TRAINING PROGRAM is an organized educational program consisting of formal classes and clinical practice designed to prepare registered nurses perform in an expanded role in the delivery of primary health care including the ability to obtain a health and medical history; perform screening physical examination; order routing laboratory tests; diagnose and manage under established protocols common self limiting and/or chronic disease prevention health promotion, and maintenance and to recognize when the patient should be referred to a physician or health care provider.

5. Did you graduate and receive a degree or certificate from a formal nurse practitioner program?

- ☐ Yes (CONTINUE WITH QUESTION 5a)
☐ No (GO TO QUESTION 6)

5a. What was the length in months of the nurse practitioner program you attended?

MONTHS

0	9
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Write the number in the boxes.

Then, mark the matching circle below each box.

5b. When you completed this program, which of the following did you receive?

- ☐ Certificate
☐ Master's
☐ Other (Specify) →

5c. For what practitioner specialty did you study? (MARK ONLY ONE)

- ☐ Pediatric
☐ Midwifery
☐ Maternity
☐ Women's Health
☐ Family
☐ Adult
☐ Geriatric
☐ School
☐ Other (Specify) →

6. Are you currently enrolled in a formal education program leading to an academic degree with a nursing or nursing-related major?

- ☐ Yes (CONTINUE WITH QUESTION 6a)
☐ No (GO TO QUESTION 7)

6a. Are you considered a full-time or part-time student?

- ☐ Full-time student
☐ Part-time student

6b. Specify the type of degree for which you are now studying. (MARK ONLY ONE)

- ☐ Associate Degree
☐ Baccalaureate
☐ Master's
☐ Doctorate
☐ Other (Specify) →

6c. How are your tuition and fees being financed? (MARK ALL THAT APPLY)

- ☐ Personal savings
☐ Your own personal earnings from employment
☐ Spouse's earnings from employment
☐ Parental contributions
☐ Employer tuition reimbursement plan (including Veterans Administration)
☐ Federal traineeship, scholarship, or grant
☐ Federally-assisted loan
☐ State or local government loan or scholarship
☐ Non-government scholarship, loan or grant
☐ University teaching or research fellowship
☐ Other sources (Specify) →

A CONTINUING EDUCATION PROGRAM is a formal learning program designed to update and increase knowledge and skills in health care. Exclude study for an academic degree.

7. During the past year, have you participated in any type of continuing education program?

- ☐ Yes (CONTINUE WITH QUESTION 7a)
☐ No (GO TO QUESTION 8)

Continuing education programs may include: workshops/institutes, clinical conferences, staff development courses, individual studies and other kinds of programs. During the past year, for each type of program in which you participated, inside or outside your employment setting, mark the typical of financing (who paid for your participation) for all the continuing education programs you attended.

7a. During the past year did you participate in a workshop/institute?

- ☐ Yes (CONTINUE WITH QUESTION 7b)
☐ No (GO TO QUESTION 7c)

7b. How did you pay for your participation in the workshop/institute?

First Workshop/Institute

Second Workshop/Institute

Third Workshop/Institute

SOURCE OF FINANCING

No Cost	Employer Paid	I Paid Myself	Other	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	specify <input type="text"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	specify <input type="text"/>
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7c. During the past year did you participate in a clinical conference?

- ☐ Yes (CONTINUE WITH QUESTION 7d)
☐ No (GO TO QUESTION 7e)

7d. How did you pay for your participation in the clinical conference?

First Clinical Conference

Second Clinical Conference

Third Clinical Conference

SOURCE OF FINANCING

No Cost	Employer Paid	I Paid Myself	Other	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	specify <input type="text"/>
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7e. During the past year did you participate in a staff development course?

- ☐ Yes (CONTINUE WITH QUESTION 7f)
☐ No (GO TO QUESTION 7g)

7f. How did you pay for your participation in the staff development course?

First Staff Development Course

Second Staff Development Course

Third Staff Development Course

SOURCE OF FINANCING

No Cost	Employer Paid	I Paid Myself	Other	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	specify
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	specify
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	specify

7g. During the past year did you participate in individual studies for which continuing education units (CEU's) were granted (e.g., multi-media, modular curricula)?

- ☐ Yes (CONTINUE WITH QUESTION 7h)
☐ No (GO TO QUESTION 7i)

7h. How did you pay for your participation in these individual studies?

First Individual Study

Second Individual Study

Third Individual Study

SOURCE OF FINANCING

No Cost	Employer Paid	I Paid Myself	Other	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	specify
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	specify
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	specify

7i. During the past year did you participate in other kinds of continuing education programs?

- ☐ Yes (CONTINUE WITH QUESTION 7j)
☐ No (GO TO QUESTION 8)

7j. How did you pay for your participation in these other studies?

First Other Study (Specify)

Second Other Study (Specify)

Third Other Study (Specify)

SOURCE OF FINANCING

No Cost	Employer Paid	I Paid Myself	Other	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	specify
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	specify
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	specify

SECTION B EMPLOYMENT STATUS

EMPLOYMENT ALSO INCLUDES BEING ON A TEMPORARY LEAVE OF ABSENCE FROM YOUR NURSING POSITION; ON VACATION; ON SICK LEAVE; OR A PRIVATE DUTY NURSE NOT ON A CASE AT THE MOMENT.

8. What is the total number of years that you have worked for pay as a registered nurse since you graduated from your basic nursing educational program?

- ☐ One or more years (CONTINUE WITH QUESTION 8a)
☐ Less than a year (GO TO QUESTION 9)
☐ Never worked as a nurse (GO TO QUESTION 20)

8a. If one or more years, indicate the number of years. _____

Write the number in the boxes.

Then, mark the matching circle below each box.

YEARS

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

9. Were you employed in nursing as of November 15, 1984?

- ☐ Yes (CONTINUE WITH QUESTION 9a)
☐ No (GO TO QUESTION 19)

9a. Indicate the city, county, and state of employment on November 15, 1984. If you were not employed in a fixed location (e.g., you were a private duty nurse), consider the area where you spent most of your working time as your location of employment.

City

County

State (or Country, if not USA)

FOR OFFICE USE ONLY

SMSA				County				State			
0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9

Questions 10-17 refer to your principal employment setting and nursing position. If you currently hold more than one position in nursing, provide your answers in terms of what you consider your principal nursing position during your regular work year. For example, if you hold more than one nursing position (e.g., day/night or winter/summer), consider the principal nursing position as the one at which you spend the greater amount of time.

10. Using the following list, please mark the one entry from the list which best describes the TYPE OF SETTING in which you are currently working in your principal nursing position. (MARK ONLY ONE ANSWER)

HOSPITAL (Exclude nursing home units in hospitals but include all clinics and other services of the hospital)

- ☐ Non-federal short-term hospital (for example, acute care hospital)
☐ Non-federal long-term hospital (for example, state mental hospital)
☐ Federal government hospital
☐ Other type of hospital (Specify) →

NURSING HOME/EXTENDED CARE FACILITY

- ☐ Nursing home unit in hospital
☐ Other nursing home
☐ Other type of extended care facility (Specify) →

NURSING EDUCATION

- ☐ LPN/LVN program
☐ Diploma program (RN)
☐ Associate degree program (RN)
☐ Baccalaureate and/or higher degree nursing program
☐ Other (Specify) →

PUBLIC HEALTH/COMMUNITY HEALTH SETTING

- ☐ Official state health department
☐ Official city or county health department
☐ Combination (official/voluntary) nursing service
☐ Visiting nurse service (VNS/VNA)
☐ Other home health agency (non-hospital-based)
☐ Community mental health center
☐ Community/Neighborhood health center
☐ Planned parenthood/family planning center
☐ Rural health center
☐ Other (Specify) →

STUDENT HEALTH SERVICE

- ☐ Board of education (public school system)
☐ Private or parochial elementary or secondary school
☐ College or university
☐ Other (Specify) →

OCCUPATIONAL HEALTH (EMPLOYEE HEALTH SERVICE)

- ☐ Private industry
☐ Government
☐ Other (Specify) →

AMBULATORY CARE SETTING EMPLOYEE (e.g., Physician/Dentist office)

- ☐ Solo practice (physician)
☐ Partnership (one or more physicians)
☐ Group practice (physicians)
☐ Free-standing clinic (physicians)
☐ Ambulatory surgical center (not hospital-based)
☐ Dental practice
☐ Health Maintenance Organization (HMO)
☐ Other (Specify) →

SELF-EMPLOYED

- ☐ Solo practice
☐ Partnership with other nurses
☐ Partnership with physician(s)
☐ Partnership with other health professionals
☐ Other (Specify) →

OTHER

- ☐ Central or regional office of Federal agency
☐ State Board of Nursing
☐ Nursing or health association
☐ Health planning agency
☐ Other (Specify) →

11. Are you currently employed in your principal nursing position through a Temporary Employment Service (e.g., UPJOHN, MEDICAL PERSONNEL POOL)?

☐ Yes

☐ No

12. Using the list below, please mark the one item which best corresponds to your current position title for your principal nursing position. (MARK ONLY ONE)

☐ Administrator or assistant administrator

☐ Certified nurse anesthetist (CRNA)

☐ Charge nurse

☐ Clinical nurse specialist

☐ Consultant

☐ Dean, director, or assistant/associate director of nursing education

☐ Director or assistant/associate director of nursing service

☐ General duty nurse

☐ Head nurse or assistant head nurse

☐ In-service education director or instructor

☐ Instructor

☐ Nurse clinician

☐ Nurse coordinator

☐ Nurse midwife

☐ Nurse practitioner

☐ Patient care coordinator

☐ Private duty nurse

☐ Professor or assistant/associate professor

☐ Public health nurse

☐ Researcher

☐ School nurse

☐ Staff nurse

☐ Supervisor or assistant supervisor

☐ Team leader

☐ No position title (the only RN on staff)

☐ Other (Specify) →

13. For your current principal nursing position, please enter the approximate percentage of your time spent in the following areas during a usual work week. Please make sure the total equals 100%.

Percent

A. Administration %

B. Consultation with agencies and/or professionals %

C. Direct patient care, not including staff supervision %

D. Research %

E. Supervision.....

F. Teaching nursing or other students in health care occupations (include all class preparation time)..... %

G. Other (Specify) →

TOTAL MUST EQUAL..... 100 %

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A	B	C	D	E	F	G
0	0	0	0	0	0	0
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9

Question 14: If you are EMPLOYED BY AN INSTITUTION OR AGENCY and are scheduled to work for the normal "full" work week throughout the normal work, as defined by the agency, mark category "1." If you work less than the normal "full" work week and/or less than the normal work year, mark either "2" or "3."

If you are SELF-EMPLOYED and are generally available for work throughout the year during what would constitute a normal "full" work week, mark category "1." If you restrict yourself to work only a segment of the work week and/or year, mark either "2" or "3," whichever is applicable.

14. Do you:

- ☐ 1. Work an entire calendar year or school or academic year on a full-time basis?
- ☐ 2. Work an entire calendar year or school or academic year on a part-time basis?
- ☐ 3. Work only part of the normal work year on either a full- or part-time basis?

15. Approximately how many hours are you usually scheduled to work during a normal work week (as defined by the agency) at your principal nursing position? If you do not work on a routine schedule, how many hours do you usually work during a week at your principal nursing position?

HOURS

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

16. Approximately how many weeks are there in your normal work year for your principal nursing position (include paid vacation, etc.)?

WEEKS

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

17. PLEASE SPECIFY THE ANNUAL EARNINGS FOR YOUR CURRENT PRINCIPAL POSITION ONLY.

Provide gross salary before deductions for taxes, social security, etc. If you do not have a set annual salary, provide an estimate of your annual earnings. (For example, part-time, private duty, or self-employed)

Gross or Estimated Annual Earnings

\$					
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

18. Do you hold more than one position in nursing for pay?

- ☐ Yes (CONTINUE WITH QUESTION 18a)
- ☐ No (GO TO QUESTION 22)

18a. Please indicate the type of work you do in your other nursing position(s) for pay. (MARK ALL THAT APPLY)

- ☐ Private duty nursing
- ☐ Work through Temporary Employment Service
- ☐ Hospital staff nurse
- ☐ Teaching
- ☐ Consultation/Research
- ☐ Other (Specify) →

--

18b. Please provide an estimate of the average number of hours per week you spent in your other nursing position(s). Please also provide an estimate of the total number of weeks in 1984 that you would spend in this other nursing position(s).

Average Number of HOURS Per Week

Write the number in the boxes.

Then, mark the matching circle below each box.

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

WEEKS in 1984

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

18c. Please provide an estimate of the total annual earnings for the year from your other nursing position(s).

Gross or Estimated Annual Earnings

Write the number in the boxes.

Then, mark the matching circle below each box.

\$					
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

GO TO QUESTION 22

SECTION C EMPLOYMENT STATUS OF RNs NOT CURRENTLY EMPLOYED IN NURSING

19. How long has been since you last worked for pay as a registered nurse?

- ☐ Less than a year
☐ One year or more (Specify) _____

YEARS

Write the number in the boxes.

Then, mark the matching circle below each box.

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

20. Are you currently employed in an occupation other than nursing?

- ☐ Yes (CONTINUE WITH QUESTION 20a)
☐ No (GO TO QUESTION 21)

20a. Are you considered a full-time or part-time employee?

- ☐ Full-time
☐ Part-time

20b. Are you employed in a health-related agency or position?

- ☐ Yes
☐ No

21. Are you actively seeking employment as a registered nurse (e.g., making inquiries as to availability of employment, answering advertisements, having interviews)?

- ☐ Yes (CONTINUE WITH QUESTION 21a)
☐ No (GO TO QUESTION 22)

21a. Indicate the number of weeks during which you have been actively seeking a nursing position.

- ☐ Less than a week
☐ One week or more (Specify) _____

WEEKS

Write the number in the boxes.

Then, mark the matching circle below each box.

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

21b. Are you looking for a full-time or part-time nursing position?

- ☐ Full-time
☐ Part-time

SECTION D PRIOR NURSING EMPLOYED STATUS

22. Were you employed in nursing one year ago on November 15, 1983?

- ☐ Yes (CONTINUE WITH QUESTION 22a)
☐ No (GO TO QUESTION 23)

If you were EMPLOYED BY AN INSTITUTION OR AGENCY and were scheduled to work for the normal "full" work week throughout the normal work year, as defined by the agency, mark category "1." If you worked less than the normal "full" work week and/or less than the normal work year, mark either "2" or "3," whichever is applicable.

If you were SELF-EMPLOYED and were generally available for work throughout the year during what would constitute a normal "full" work week, mark category "1." If you restricted yourself to work only a segment of the work week and/or year, mark either "2" or "3," whichever is applicable.

22a. Following the definitions of full-time or part-time employment explained above, in your nursing position of one year ago did you:

- ☐ 1. Work an entire calendar year or school or academic year on a full-time basis?
☐ 2. Work an entire calendar year or school or academic year on a part-time basis?
☐ 3. Work only part of this normal work year on either a full- or part-time basis?

22b. Indicate the city, county, and state of employment on November 15, 1983. If you were not employed in a fixed location (e.g., you were a private duty nurse), consider the area where you spent most of your working time as your location of employment.

City

County

State (or Country, if not USA)

IF YOU ARE NOT CURRENTLY EMPLOYED AS AN RN, GO TO QUESTION 23.

22c. Were you employed by your current employer in your nursing position one year ago?

- ☐ Yes, current employer in the same position or self-employed in both years
☐ Yes, current employer in a different position
☐ No, the employer was different but the type of position was the same
☐ No, the employer was different and the type of position was different

FOR OFFICE USE ONLY

SMSA				County				State			
0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9

SECTION E GENERAL INFORMATION

We would like you to answer some additional questions for use in the statistical interpretation for your responses.

23. Sex:

☐ Female ☐ Male

24. What is your year of birth? → YEAR

Write the number in the boxes.

Then, mark the matching circle below each box.

1		
0	1	2
3	4	5
6	7	8
9	0	1
2	3	4
5	6	7
8	9	0
1	2	3
4	5	6
7	8	9
0	1	2
3	4	5
6	7	8
9	0	1
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4	5	6
7	8	9
0	1	2
3	4	5
6	7	8
9	0	1
2	3	4
5	6	7
8	9	0
1	2	

this questionnaire.

Column A — List all states in which you are now actively licensed.

Column C — List your complete name as it appears on each license, or mark if same as on questionnaire label

Column C — List your complete name as it appears on each license, or mark if same as on questionnaire label.

(A) State of Licensure	(B) Permanent number on certificate of registration or license	(C) Name as it appears on the registration or license, or mark circle at right of name line if same as on front of questionnaire	(D) OFFICE USE ONLY
1. _____	_____	<div> <div>_____</div> <div> <div>_____</div> <div>_____</div> <div>_____</div> </div> <div>(same <input type="radio"/>)</div> </div>	<input type="radio"/>
2. _____	_____	<div> <div>_____</div> <div> <div>_____</div> <div>_____</div> <div>_____</div> </div> <div>(same <input type="radio"/>)</div> </div>	<input type="radio"/>
3. _____	_____	<div> <div>_____</div> <div> <div>_____</div> <div>_____</div> <div>_____</div> </div> <div>(same <input type="radio"/>)</div> </div>	<input type="radio"/>
4. _____	_____	<div> <div>_____</div> <div> <div>_____</div> <div>_____</div> <div>_____</div> </div> <div>(same <input type="radio"/>)</div> </div>	<input type="radio"/>
5. _____	_____	<div> <div>_____</div> <div> <div>_____</div> <div>_____</div> <div>_____</div> </div> <div>(same <input type="radio"/>)</div> </div>	<input type="radio"/>
6. _____	_____	<div> <div>_____</div> <div> <div>_____</div> <div>_____</div> <div>_____</div> </div> <div>(same <input type="radio"/>)</div> </div>	<input type="radio"/>
7. _____	_____	<div> <div>_____</div> <div> <div>_____</div> <div>_____</div> <div>_____</div> </div> <div>(same <input type="radio"/>)</div> </div>	<input type="radio"/>
8. _____	_____	<div> <div>_____</div> <div> <div>_____</div> <div>_____</div> <div>_____</div> </div> <div>(same <input type="radio"/>)</div> </div>	<input type="radio"/>
9. _____	_____	<div> <div>_____</div> <div> <div>_____</div> <div>_____</div> <div>_____</div> </div> <div>(same <input type="radio"/>)</div> </div>	<input type="radio"/>
10. _____	_____	<div> <div>_____</div> <div> <div>_____</div> <div>_____</div> <div>_____</div> </div> <div>(same <input type="radio"/>)</div> </div>	<input type="radio"/>

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[illegible]

We need to know how to get in touch with you should we have any questions regarding your answers. The next few items are for that purpose and will not be associated with your other answers once the data are compiled. Thank you.

34. What is the phone number where we can contact you? →

Write the number
in the boxes.

Then, mark the
matching circle
below each box.

Area Code			Phone Number							
0	0	0	0	0	0	0	0	0	0	0
1	0	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9

34a. If we should need to contact you regarding the questionnaire, when is the best time to call?

_____ am/pm
Time period - specify am or pm

_____ Day(s) of week

BE SURE TO ANSWER
QUESTION 34a AT LEFT.

35. Is your name correct as it appears on the front of this questionnaire?

☐ Yes

☐ No (please indicate your correct name) →

Last First Middle Initial

36. Is your address correct as it appears on the front of this questionnaire?

☐ Yes

☐ No (please indicate your correct address) →

Organization (if applicable)

Street

City State ZIP

37. Name, address, and telephone number of a person who could forward mail to you or tell us how to communicate with you if you move. →

Name _____

Last First Middle Initial

Address _____

Organization (if applicable)

Street

City State ZIP

Phone _____

Area Code Number

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

SEND TO: Westat, Inc.
Registered Nurses' Survey
1650 Research Blvd.
Rockville, MD 20850