

OMB No. 68-S77013

Approval Expires: December 31, 1977

# **NATIONAL SAMPLE SURVEY OF REGISTERED NURSES**



**AMERICAN NURSES' ASSOCIATION  
2420 PERSHING ROAD  
KANSAS CITY, MISSOURI 64108**

### INSTRUCTIONS

This questionnaire has been designed to obtain statistical data on registered nurses. All information we receive from you will be held strictly confidential and will be used for statistical purposes only.

The questionnaire has been divided into five sections. These sections are designed to gather information on your educational background as a registered nurse, your employment status in nursing, your employment status if you are not currently employed in nursing, general information pertaining to yourself and your family, and your licensure status as a registered nurse.

Please read and follow all instructions carefully. Answer all questions unless otherwise instructed.

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

Name: ☐ Ms.  
☐ Miss  
☐ Mrs.  
☐ Mr.  
☐ Sister  
☐ Brother

_____	_____	_____	_____
Last	First	Middle	Former Name/Maiden Name, if Applicable

Permanent Mailing Address: \_\_\_\_\_  
Street Apt. Number

\_\_\_\_\_

City State Zip

Telephone Number: ( )  
(Area Code) Number

If you have received more than one copy of the questionnaire, please return the extra copy(s) along with the completed questionnaire.

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: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. Number

\_\_\_\_\_

City State Zip

Phone Number: ( )  
(Area Code) Number

1. ARE YOU NOW ACTIVELY LICENSED OR HAVE YOU BEEN ACTIVELY LICENSED AT ANY TIME SINCE OCTOBER 15, 1976 TO PRACTICE AS A REGISTERED NURSE IN ONE OR MORE STATES (INCLUDING THE DISTRICT OF COLUMBIA)?

CIRCLE THE NUMBER NEXT TO THE APPROPRIATE RESPONSE.

Yes . . . 1 No . . . 2



- DO NOT COMPLETE ANY MORE OF THIS QUESTIONNAIRE.
- MAKE SURE THAT THIS PAGE HAS BEEN COMPLETED.
- RETURN THE QUESTIONNAIRE IN THE ATTACHED ADDRESSED ENVELOPE

# SECTION A. EDUCATIONAL BACKGROUND AS A REGISTERED NURSE

2. INDICATE IN TABLE 1 BELOW, (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.

TABLE 1

Basic Nursing Education	(a) Check only one response	(b) Month/Year of Graduation	(c) State (or Country, if not U.S.) of Basic Nursing Education
Diploma	( )		
Associate Degree	( )		
Baccalaureate or Higher Degree	( )		

3. SINCE GRADUATION FROM THE BASIC NURSING PROGRAM WHICH YOU INDICATED IN QUESTION 2, HAVE YOU RECEIVED ANY ADDITIONAL ACADEMIC DEGREES?

CIRCLE THE NUMBER NEXT TO THE APPROPRIATE RESPONSE.

Yes . . . 1

No . . . 2

IF NO

GO TO QUESTION 4.

IF YES

- 3a. Indicate in Table 2 below, (a) all additional academic degrees you have received since graduation from the basic nursing program; (b) specify the month and year you received each degree; and (c) indicate whether or not each degree is related to your nursing career.

TABLE 2

Degree	(a) Check All Appropriate Responses	(b) Month/Year Received	(c) Is this degree related to your nursing career? (Circle the appropriate response for each degree indicated.)
1. Associate degree in nursing	( )		Yes . . . 1 No . . . 2
2. Associate degree in another field	( )		Yes . . . 1 No . . . 2
3. Baccalaureate in nursing	( )		Yes . . . 1 No . . . 2
4. Baccalaureate in another field	( )		Yes . . . 1 No . . . 2
5. Master's in nursing	( )		Yes . . . 1 No . . . 2
6. Master's in another field	( )		Yes . . . 1 No . . . 2
7. Doctorate in nursing	( )		Yes . . . 1 No . . . 2
8. Doctorate in another field	( )		Yes . . . 1 No . . . 2

IF YOUR HIGHEST DEGREE IS A MASTER'S OR DOCTORATE CONTINUE TO QUESTION 3B. OTHERWISE, GO TO QUESTION 4.

- 3b. What was the one primary focus of the highest degree you now hold? CIRCLE THE NUMBER NEXT TO THE APPROPRIATE RESPONSE.

Education . . . . . 1  
Administration/Supervision . . . . . 2  
Clinical Practice . . . . . 3  
Research . . . . . 4  
Other (DESCRIBE) \_\_\_\_\_ . 5

4. HAVE YOU BEEN ACCEPTED TO, OR, ARE YOU CURRENTLY ENROLLED IN A FORMAL EDUCATION PROGRAM LEADING TO AN ACADEMIC DEGREE? CIRCLE THE NUMBER NEXT TO THE APPROPRIATE RESPONSE.

Yes . . . . . 1      No . . . . . 2



GO TO QUESTION 5.



- 4a. Are you considered a full-time or part-time student? CIRCLE THE NUMBER NEXT TO THE APPROPRIATE RESPONSE.

Full-time student . . . . . 1  
Part-time student . . . . . 2

- 4b. Specify the type of degree for which you are now studying. CIRCLE THE NUMBER NEXT TO THE APPROPRIATE RESPONSE.

Associate degree in nursing . . . . . 1  
Associate degree in another field . . . . . 2  
Baccalaureate in nursing . . . . . 3  
Baccalaureate in another field . . . . . 4  
Master's in nursing . . . . . 5  
Master's in another field . . . . . 6  
Doctorate in nursing . . . . . 7  
Doctorate in another field . . . . . 8

5. *A formal nurse practitioner program (e.g., family, adult, pediatric, gerontological) is one specifically designed for registered nurses to become practitioners and/or nurse midwives. It can be a certificate program which you attended following the completion of your basic nursing education, a track in a Baccalaureate program, or a Master's program.*

DID YOU GRADUATE FROM A FORMAL NURSE PRACTITIONER PROGRAM?

CIRCLE THE NUMBER NEXT TO THE APPROPRIATE RESPONSE.

Yes . . . 1      No . . . 2



GO TO QUESTION 6.

- 5a. How many months did you attend this program?

\_\_\_\_\_  
Months

#### SECTION B. EMPLOYMENT IN NURSING

6. *Consider yourself employed in nursing if you are on a temporary leave of absence from your nursing position, on vacation, on sick leave, or if you are a private duty nurse not on a case at the moment.*

WERE YOU EMPLOYED IN NURSING ONE YEAR AGO ON SEPTEMBER 15, 1976?

CIRCLE THE NUMBER NEXT TO THE APPROPRIATE RESPONSE.

Yes . . . 1      No . . . 2

7. ARE YOU CURRENTLY EMPLOYED IN NURSING? CIRCLE THE NUMBER NEXT TO THE APPROPRIATE RESPONSE.

Yes . . . . . 1      No . . . . . 2



IF YOU ANSWERED "YES" TO EITHER QUESTIONS 6 OR 7, CONTINUE. IF YOU ANSWERED "NO" TO BOTH QUESTIONS 6 AND 7, GO TO QUESTION 19.

QUESTIONS 8-11 REFER TO YOUR EMPLOYMENT SETTING AND JOB TITLE ONE YEAR AGO ON SEPTEMBER 15, 1976, AND AT THE PRESENT TIME.

IF YOU HELD MORE THAN ONE POSITION IN NURSING ON SEPTEMBER 15, 1976, AND/OR IF YOU CURRENTLY HOLD MORE THAN ONE POSITION IN NURSING, PROVIDE YOUR ANSWERS TO QUESTIONS 8-17 IN TERMS OF WHAT YOU CONSIDER YOUR PRIMARY 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 PRIMARY NURSING POSITION AS THE ONE AT WHICH YOU SPEND THE GREATEST AMOUNT OF TIME.

BELOW IS A LIST OF AGENCIES BY WHICH NURSES ARE FREQUENTLY EMPLOYED AND CODE NUMBERS CORRESPONDING TO THESE AGENCIES. THESE CODES ARE TO BE USED IN ANSWERING QUESTIONS 8 AND 9 BELOW.

<u>HOSPITAL/EXTENDED CARE</u>		<u>OCCUPATIONAL HEALTH (EMPLOYEE HEALTH SERVICE)</u>	
10	Hospital, including all hospital clinics (excluding RN or LPN/LVN School of Nursing or employee health service)	50	Private industry
11	Nursing Home or extended care facility	51	Government (non-hospital)
		52	Hospital
		53	Other (DESCRIBE BELOW)
<u>NURSING EDUCATION PROGRAM</u>		<u>EMPLOYEE IN PHYSICIAN(S) OR DENTIST(S) OFFICE</u>	
20	LPN/LVN program	60	Solo practice
21	Diploma program (RN)	61	Partnership (one or more physicians and/or dentists)
22	Associate degree program (RN)	62	Group practice
23	Baccalaureate and/or higher degree program	63	Other (DESCRIBE BELOW)
<u>PUBLIC HEALTH OR COMMUNITY HEALTH AGENCY</u>		<u>SELF-EMPLOYED/RECEIVE FEE FOR SERVICE (i.e., NOT ON SALARY BASIS)</u>	
30	Official state government health department	70	Private duty nursing
31	Official local government health department	71	Solo practice
32	Visiting nurse service	72	Partnership with other nurses
33	Combination nursing service	73	Joint practice between physician and nurse
34	Mental health clinic or center	74	Partnership with other health professionals
35	Neighborhood health center	75	Other (DESCRIBE BELOW)
36	Planned parenthood center/family planning center		
37	Well baby clinic	<u>OTHER</u>	
38	CEO clinic or center	80	Central or regional office of federal agency
39	Other (DESCRIBE BELOW)	81	State Board of Nursing
		82	Nursing or health association
<u>STUDENT HEALTH SERVICE</u>		83	Health planning agency
40	Board of education (Public school system)	84	Other (DESCRIBE BELOW)
41	Private or parochial elementary or secondary school		
42	College or university		
43	Other (DESCRIBE BELOW)		

### EMPLOYMENT ON SEPTEMBER 15, 1976 (ONE YEAR AGO)

8. PLEASE PROVIDE THE ONE CODE NUMBER FROM THE LIST ABOVE WHICH BEST DESCRIBES THE TYPE OF AGENCY BY WHICH YOU WERE EMPLOYED ON SEPTEMBER 15, 1976 FOR YOUR PRIMARY NURSING POSITION DURING YOUR REGULAR WORK YEAR. (IF NOT EMPLOYED ON SEPTEMBER 15, 1976, PLEASE INDICATE.)

Type of Agency Code Number \_\_\_\_\_

Not Employed on September 15, 1976 (one year ago) \_\_\_\_\_

IF YOU HAVE ENTERED CODE NUMBER 39, 43, 53, 63, 75, OR 84, PLEASE DESCRIBE:

\_\_\_\_\_

- 8a. Indicate the city, county, and state of employment on September 15, 1976 for your primary nursing position during your regular work year. (If not employed on September 15, 1976, please indicate.) If you were not employed in a fixed location (e.g., private duty nurse), consider the area where you spent most of your working time as your location of employment.

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Not employed on September 15, 1976 (one year ago) \_\_\_\_\_

### PRESENT EMPLOYMENT

9. PLEASE PROVIDE THE ONE CODE NUMBER FROM THE LIST ABOVE WHICH BEST DESCRIBES THE TYPE OF AGENCY BY WHICH YOU ARE CURRENTLY EMPLOYED IN YOUR PRIMARY NURSING POSITION DURING YOUR REGULAR WORK YEAR. (IF NOT CURRENTLY EMPLOYED, PLEASE INDICATE.)

Type of Agency Code Number \_\_\_\_\_

Not Currently Employed \_\_\_\_\_

IF YOU HAVE ENTERED CODE NUMBER 39, 43, 53, 63, 75, OR 84, PLEASE DESCRIBE:

PRESENT EMPLOYMENT (CONTINUED)

- 9a. Indicate the city, county, and state of your current employment for your primary nursing position during your regular work year. (If not currently employed, please indicate.) If you are not employed in a fixed location (e.g., private duty nurse), consider the area where you spend most of your working time as your location of employment.

City \_\_\_\_\_

County \_\_\_\_\_

State \_\_\_\_\_

Not Currently Employed \_\_\_\_\_

- 9b. Approximately how many miles do you usually travel from your home to your current place of employment which you indicated above? If you are not employed in a fixed location, how many miles do you usually travel from your home to your first destination?

CIRCLE THE NUMBER NEXT TO THE APPROPRIATE RESPONSE.

Less than 5 miles. . . 1

5-10 miles . . . . . 2

11-15 miles. . . . . 3

16-25 miles. . . . . 4

26-35 miles. . . . . 5

36-50 miles. . . . . 6

More than 50 miles . . 7

CONTINUE

Below is an alphabetic listing of position titles and code numbers corresponding to these titles. These code numbers are to be used in answering Questions 10 and 11 below.

- |    |   |
|----|---|
| 10 | Administrator or Assistant Administrator                                |
| 11 | Charge nurse  |
| 12 | Clinical nursing specialist   |
| 13 | Consultant  |
| 14 | Dean, Director, or Assistant/Associate<br>Director of nursing education |
| 15 | Director or assistant/associate<br>director of nursing services         |
| 16 | General duty nurse  |
| 17 | Head nurse or assistant head nurse                                      |
| 18 | Inservice education director or<br>instructor                           |
| 19 | Instructor  |
| 20 | Nurse anesthetist   |
| 21 | Nurse clinician   |
| 22 | Nurse coordinator   |
| 23 | Nurse midwife   |
| 24 | Nurse practitioner  |
| 25 | Patient care coordinator  |
| 26 | Physician's assistant   |
| 27 | Private duty nurse  |
| 28 | Professor or assistant/associate<br>professor                           |
| 29 | Public health nurse   |
| 30 | Researcher or assistant researcher                                      |
| 31 | School nurse  |
| 32 | Staff nurse   |
| 33 | Supervisor or assistant supervisor                                      |
| 34 | Team leader   |
| 35 | No position title (the only RN on staff)                                |
| 36 | Other (DESCRIBE BELOW)  |

POSITION TITLE ON SEPTEMBER 15, 1976 (ONE YEAR AGO)

10. PLEASE PROVIDE THE ONE CODE NUMBER FROM THE ABOVE LIST WHICH BEST CORRESPONDS TO YOUR POSITION TITLE ON SEPTEMBER 15, 1976 FOR YOUR PRIMARY NURSING POSITION DURING YOUR REGULAR WORK YEAR. (IF NOT EMPLOYED ON SEPTEMBER 15, 1976, PLEASE INDICATE.)

Position Title Code Number \_\_\_\_\_

Not Employed on September 15, 1976 (one year ago) \_\_\_\_\_

IF YOU HAVE ENTERED CODE 36, PLEASE DESCRIBE:

CURRENT POSITION TITLE

11. PLEASE PROVIDE THE ONE CODE NUMBER FROM THE ABOVE LIST WHICH BEST CORRESPONDS TO YOUR CURRENT POSITION TITLE FOR YOUR PRIMARY NURSING POSITION DURING YOUR REGULAR WORK YEAR. (IF NOT CURRENTLY EMPLOYED, PLEASE INDICATE.)

Position Title Code Number \_\_\_\_\_

Not Currently Employed \_\_\_\_\_



GO TO QUESTION 19

IF YOU HAVE ENTERED CODE 36, PLEASE DESCRIBE:



QUESTIONS 12-17 REFER TO YOUR CURRENT PRIMARY NURSING POSITION DURING YOUR REGULAR WORK YEAR.

12. FOR YOUR CURRENT PRIMARY NURSING POSITION, PLEASE ENTER THE APPROXIMATE PERCENTAGE OF YOUR TIME SPENT IN THE FOLLOWING AREAS DURING A USUAL WORK WEEK.

PERCENTAGES SHOULD TOTAL 100%.

Percent

_____	Administration
_____	Consultation with agencies and/or professionals
_____	Direct patient care, not including staff supervision
_____	Research
_____	Supervision
_____	Teaching nursing or other students in health care occupations (include all class preparation time)
_____	Other (DESCRIBE) _____
100%	TOTAL

IF YOU SPEND ANY TIME DURING A USUAL WORK WEEK IN "DIRECT PATIENT CARE," AS INDICATED IN QUESTION 12, CONTINUE TO QUESTION 13, OTHERWISE GO TO QUESTION 14.

13.

IN TABLE 3, BELOW, INDICATE FOR EACH OF THE FOLLOWING ACTIVITIES WHETHER IT IS A PART OF YOUR ROUTINE ACTIVITIES. IF IT IS NOT AN INTEGRAL PART OF YOUR DIRECT PATIENT FUNCTIONS, INDICATE WHETHER YOU CARRY IT OUT OFTEN, SOMETIMES, SELDOM, OR NEVER. CHECK ONE RESPONSE FOR EACH ACTIVITY.

TABLE 3

Activities	Part of Routine Activities (1)	Not Part of Routine Activities			
		Performed Often (2)	Performed Sometimes (3)	Performed Seldom (4)	Never Performed (5)
1. Obtaining health histories					
2. Performing complete physical examinations, using instruments (e.g., otoscope, stethoscope, vaginal speculum)					
3. Performing some portions of physical examinations (e.g., taking vaginal smears, checking fetal heart beat)					
4. Assisting the physician during patient examinations					
5. Medical management for selected health conditions/problems					
6. Primary responsibility for management of and delivery by normal mothers					
7. Selecting plan of treatment as a result of interpreting laboratory test results					
8. Developing therapeutic plans					
9. Implementing therapy					
10. Developing and modifying medication requirements					
11. Administering medications					
12. Sustaining and supporting persons who are impaired or ill during programs of diagnosis or therapy					
13. Instructing patients in management of a defined illness					
14. Instructing and counseling patients and families in the areas of health promotion and maintenance, including involving patients in planning for their own health care					
15. Primary responsibility for providing follow-through on patient care					

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 year, as defined by the agency, circle category "1". If you work less than the normal "full" work week and/or less than the normal work year, circle either "2" or "3", whichever is more appropriate. If you are self-employed and are generally available for work throughout the year during what would constitute a normal "full" work week, circle category "1". If you restrict yourself to work only a segment of the week and/or year, circle either "2" or "3", whichever is more appropriate.

DO YOU:

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

15. APPROXIMATELY HOW MANY HOURS ARE YOU USUALLY SCHEDULED TO WORK DURING A NORMAL WORK WEEK (as defined by the agency) AT YOUR PRIMARY NURSING POSITION? IF YOU DO NOT WORK ON A ROUTINE SCHEDULE, HOW MANY HOURS DO YOU USUALLY WORK DURING A WEEK AT YOUR PRIMARY NURSING POSITION?

Hours Per Week

16. APPROXIMATELY HOW MANY WEEKS ARE THERE IN YOUR NORMAL WORK YEAR FOR YOUR PRIMARY NURSING POSITION (INCLUDING PAID VACATIONS, ETC.)?

Weeks Per Normal Work Year

17. PLEASE SPECIFY ON THE APPROPRIATE LINE THE EARNINGS FOR YOUR CURRENT PRIMARY NURSING POSITION ONLY. (PROVIDE GROSS SALARY BEFORE DEDUCTIONS FOR TAXES, SOCIAL SECURITY, ETC.)

If your nursing position is:

- a. Full-time, excluding private  
duty or self-employed. . . . . Annual Earnings \$ \_\_\_\_\_  
or  
Monthly Earnings \$ \_\_\_\_\_
- b. Part-time, excluding private  
duty or self-employed. . . . . Avg. Monthly Earnings \$ \_\_\_\_\_
- c. Private duty or self-employed. . . Avg. Monthly Earnings \$ \_\_\_\_\_

18. DO YOU HOLD MORE THAN ONE POSITION IN NURSING?  
CIRCLE THE NUMBER NEXT TO THE APPROPRIATE RESPONSE.

Yes . . . 1      No . . . 2



GO TO QUESTION 21



- 18a. Approximately how many hours are you usually scheduled to work during a normal work week at your nursing job(s) other than at your primary nursing position?

Hours Per Week

- 18b. Approximately how many weeks do you expect to work during 1977 at your nursing job(s) other than at your primary position?

Weeks

GO TO QUESTION 21

SECTION C. EMPLOYMENT STATUS OF RNS NOT CURRENTLY EMPLOYED  
IN NURSING

19. ARE YOU CURRENTLY EMPLOYED IN AN OCCUPATION OTHER THAN NURSING?  
CIRCLE THE NUMBER NEXT TO THE APPROPRIATE RESPONSE.

Yes . . . . . 1      No . . . . . 2



GO TO QUESTION 20

- 19a. Are you considered a full-time or part-time employee?  
CIRCLE THE NUMBER NEXT TO THE APPROPRIATE RESPONSE.

Full-time . . . . . 1

Part-time . . . . . 2

- 19b. Are you employed in a health-related agency or position?  
CIRCLE THE NUMBER NEXT TO THE APPROPRIATE RESPONSE.

Yes . . . . . 1      No . . . . . 2

20. ARE YOU ACTIVELY SEEKING EMPLOYMENT AS A REGISTERED NURSE (i.e.,  
MAKING INQUIRIES AS TO AVAILABILITY OF EMPLOYMENT, ANSWERING  
ADVERTISEMENTS, HAVING INTERVIEWS)?  
CIRCLE THE NUMBER NEXT TO THE APPROPRIATE RESPONSE.

Yes . . . . . 1      No . . . . . 2



GO TO QUESTION 21

- 20a. Indicate the number of weeks during which you have been actively  
seeking a nursing position.

\_\_\_\_\_ weeks

If less than a week, indicate the number of days.

\_\_\_\_\_ days

- 20b. Are you looking for a full-time or part-time nursing position?  
CIRCLE THE NUMBER NEXT TO THE APPROPRIATE RESPONSE.

Full-time . . . . . 1

Part-time . . . . . 2

SECTION D. GENERAL INFORMATION

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

21. SEX: CIRCLE THE NUMBER NEXT TO THE APPROPRIATE RESPONSE.

Female . . . . . 1

Male . . . . . 2

22. WHAT IS YOUR YEAR OF BIRTH?

\_\_\_\_\_ year

23. WHAT IS YOUR RACIAL/ETHNIC BACKGROUND?  
CIRCLE THE NUMBER NEXT TO THE ONE MOST APPROPRIATE RESPONSE.

Hispanic . . . . . 1

American Indian or Alaskan Native . . . . . 2

Asian or Pacific Islander . . . . . 3

Black/Negro, not of Hispanic origin . . . . . 4

Caucasian/White, not of Hispanic origin . . . . . 5

24. WHAT WAS YOUR MARITAL STATUS ON SEPTEMBER 15, 1976?  
CIRCLE THE NUMBER NEXT TO THE APPROPRIATE RESPONSE.

Married . . . . . 1

Widowed . . . . . 2

Divorced . . . . . 3

Separated . . . . . 4

Never married . . . . . 5

25. WHAT IS YOUR CURRENT MARITAL STATUS?  
CIRCLE THE NUMBER NEXT TO THE APPROPRIATE RESPONSE.

Now married . . . . . 1

Widowed . . . . . 2

Divorced . . . . . 3

Separated . . . . . 4

Never married . . . . . 5

If "NOW MARRIED" CONTINUE TO QUESTION 25A. OTHERWISE, GO TO QUESTION 26.

25a. Is your spouse currently employed (include self-employment)? CIRCLE THE NUMBER NEXT TO THE APPROPRIATE RESPONSE.

Yes . . . . . 1      No . . . . . 2



Go to QUESTION 25D



25b. What is your spouse's current occupation?

\_\_\_\_\_  
current occupation

25c. Is your spouse self-employed? CIRCLE THE NUMBER NEXT TO THE APPROPRIATE RESPONSE.

Yes . . . . . 1      No . . . . . 2

25d. What is the highest educational level your spouse has completed? CIRCLE THE NUMBER NEXT TO THE APPROPRIATE RESPONSE.

6th grade or less . . . . . 1  
7th - 9th grade . . . . . 2  
10th - 11th grade . . . . . 3  
12th grade . . . . . 4  
At least one year of college . . . . . 5  
Baccalaureate degree . . . . . 6  
Academic course which led to a graduate degree . . . . 7

26. HOW MANY CHILDREN IN EACH OF THE FOLLOWING AGE CATEGORIES LIVE WITH YOU? IF NO CHILDREN IN THESE AGE CATEGORIES LIVE WITH YOU RECORD "0" FOR EACH CATEGORY.

\_\_\_\_ 1 year or younger  
\_\_\_\_ 2-5 years  
\_\_\_\_ 6-17 years

27. HOW MANY PERSONS ARE DEPENDENT ON YOU (AND/OR YOUR SPOUSE, IF MARRIED) FOR FINANCIAL SUPPORT? (INCLUDE YOURSELF, YOUR SPOUSE, YOUR CHILDREN, AND ANY OTHER PERSONS DEPENDENT UPON YOU FOR FINANCIAL SUPPORT, EXCLUDING EMPLOYEES.)

\_\_\_\_\_  
Number of dependents



28.

APPROXIMATELY HOW MUCH INCOME DO YOU, OR YOU AND YOUR SPOUSE TOGETHER (IF YOU ARE CURRENTLY MARRIED), ANTICIPATE DURING 1977? (INCLUDE YOUR ANNUAL EMPLOYMENT INCOME BEFORE DEDUCTIONS; YOUR SPOUSE'S ANNUAL EMPLOYMENT INCOME BEFORE DEDUCTIONS, IF MARRIED; AND ALL NON-EMPLOYMENT INCOME, INCLUDING ALIMONY, CHILD SUPPORT, DIVIDENDS, ROYALTIES, INTEREST, SOCIAL SECURITY, ETC.) CIRCLE THE NUMBER NEXT TO THE APPROPRIATE RESPONSE.

\$0 - 5,000 . . . . . 1  
 \$5,001 - 7,500 . . . . . 2  
 \$7,501 - 10,000 . . . . . 3  
 \$10,001 - 15,000 . . . . . 4  
 \$15,001 - 25,000 . . . . . 5  
 \$25,001 - 35,000 . . . . . 6  
 \$35,001 - 50,000 . . . . . 7  
 \$50,001 - 75,000 . . . . . 8  
 \$75,001 - 100,000 . . . . . 9  
 More than \$100,000 . . . . . 10

29.

IN WHAT CITY, COUNTY, AND STATE WERE YOU LIVING ON SEPTEMBER 15, 1976?

\_\_\_\_\_  
 City County State

30.

IN WHAT CITY, COUNTY, AND STATE ARE YOU CURRENTLY LIVING?

\_\_\_\_\_  
 City County State

CONTINUE

# SECTION D. LICENSURE STATUS AS A REGISTERED NURSE

11. IN TABLE 4 BELOW, PROVIDE THE FOLLOWING INFORMATION IN COLUMNS a-e.  
(Please provide information for all states within the U.S. (including the District of Columbia) in which you have a current active license and all states in which you had an active license at any time from October 15, 1976, through the present, even if the licenses are not currently active.)

COLUMN a: List all states in which you are now actively licensed or have been licensed at any time since October 15, 1976.

COLUMN b: List the PERMANENT number on your certificate of registration or license for each state you listed.

COLUMN c: List your complete name as it appears on each license or check if the same as on page 1.

COLUMN d: Indicate whether or not each license was active before October 15, 1976.

COLUMN e: Indicate whether or not each license is currently active.

TABLE 4

(a) State of Licensure	(b) Permanent number on certificate of registration or license	(c) Your complete name as it appears on the license OR check, if same as on page 1	(d) Was this license active before 10/15/76? (Circle one for each state)	(e) Is this license cur- rently active? (Circle one for each state)	(f) For Office Use	(g) For Office Use
1.		( )	Yes . . . 1 No . . . 2	Yes . . . 1 No . . . 2		
2.		( )	Yes . . . 1 No . . . 2	Yes . . . 1 No . . . 2		
3.		( )	Yes . . . 1 No . . . 2	Yes . . . 1 No . . . 2		
4.		( )	Yes . . . 1 No . . . 2	Yes . . . 1 No . . . 2		
5.		( )	Yes . . . 1 No . . . 2	Yes . . . 1 No . . . 2		
6.		( )	Yes . . . 1 No . . . 2	Yes . . . 1 No . . . 2		
7.		( )	Yes . . . 1 No . . . 2	Yes . . . 1 No . . . 2		

- 31a. In Table 5 below, indicate when you were issued your first U.S. license (by one of the 50 states or the District of Columbia) to practice as a registered nurse and specify the state which issued this license to you.

CHECK ONLY ONE RESPONSE.

TABLE 5

year of first U.S. license	(a) Check one	(b) State
1977	( )	
1976	( )	
Before 1976	( )	

If "BEFORE 1976" CONTINUE TO QUESTION 31b. OTHERWISE GO TO QUESTION 32.



- 31b. Have you at any time allowed all of your U.S. licenses to lapse or become inactive for any one given year? (i.e., you have held no active U.S. licenses for at least one year.)

CIRCLE THE NUMBER NEXT TO THE APPROPRIATE RESPONSE.

Yes . . . 1      No . . . 2



GO TO QUESTION 32

- 31c. At any time in 1976, were you issued an active license after having allowed all of your U.S. licenses to lapse or become inactive for at least one year?

CIRCLE THE NUMBER NEXT TO THE APPROPRIATE RESPONSE.

Yes (SPECIFY STATE) \_\_\_\_\_ 1

No . . . . . 2

32. USE THIS SPACE FOR ANY SPECIAL COMMENTS YOU WISH TO MAKE ABOUT ANY OF YOUR RESPONSES TO THE QUESTIONS OR ANY ADDITIONAL REMARKS YOU MAY HAVE.

THANK YOU VERY MUCH FOR YOUR HELP. PLEASE RETURN THE QUESTIONNAIRE IN THE ENCLOSED PRE-ADDRESSED ENVELOPE.