



This survey is being conducted by the Research Triangle Institute under a contract with the Bureau of Health Professions, HRA, 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 four 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, and (4) 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(S) ALONG WITH THE COMPLETED QUESTIONNAIRE.

PLACE
LABEL
HERE

[illegible]

NOTE: Your responses will be read by an optical mark 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 clearly 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 → ✓ ✕ • 0

- 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 for your answer, please record as shown below.

If your answer is 150 →

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

— 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.

- Example of date grid

(if March 1962)

Month	Year
0	3
6	2
●	●
1	1
2	2
●	3
4	4
5	5
6	●
7	7
8	8
9	9

SECTION A EDUCATION BACKGROUND AS A REGISTERED NURSE

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.

a. Basic Nursing Education
(Mark only one)

- ☐ Diploma
☐ Associate Degree
☐ Baccalaureate
☐ Master's

b. Date of Graduation

Month		Year	
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

Write the number
in the boxes.

Then, mark the
matching circle
below each box.

(See example on
page 2.)

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

- | | |
|------------------------------|--|
| <input type="radio"/> Ala. | <input type="radio"/> R.I. |
| <input type="radio"/> Ak. | <input type="radio"/> S.C. |
| <input type="radio"/> Ariz. | <input type="radio"/> S.D. |
| <input type="radio"/> Ark. | <input type="radio"/> Tenn. |
| <input type="radio"/> Calif. | <input type="radio"/> Tex. |
| <input type="radio"/> Colo. | <input type="radio"/> Utah |
| <input type="radio"/> Conn. | <input type="radio"/> Vt. |
| <input type="radio"/> Del. | <input type="radio"/> Va. |
| <input type="radio"/> D.C. | <input type="radio"/> Wash. |
| <input type="radio"/> Fl. | <input type="radio"/> W. Va. |
| <input type="radio"/> Ga. | <input type="radio"/> Wis. |
| <input type="radio"/> Hi. | <input type="radio"/> Wy. |
| <input type="radio"/> Id. | |
| <input type="radio"/> Ill. | <input type="radio"/> Canada |
| <input type="radio"/> Ind. | <input type="radio"/> Philippines |
| <input type="radio"/> Iowa | <input type="radio"/> Puerto Rico |
| <input type="radio"/> Kan. | <input type="radio"/> Virgin Islands |
| <input type="radio"/> Ken. | <input type="radio"/> Guam |
| <input type="radio"/> La. | <input type="radio"/> England |
| <input type="radio"/> Maine | <input type="radio"/> West Indies |
| <input type="radio"/> Mass. | <input type="radio"/> Thailand |
| <input type="radio"/> Md. | <input type="radio"/> Other (specify) ↓ |
| <input type="radio"/> Mich. | |
| <input type="radio"/> Minn. | |
| <input type="radio"/> Miss. | |
| <input type="radio"/> Mo. | |
| <input type="radio"/> Mont. | |
| <input type="radio"/> Neb. | |
| <input type="radio"/> Nev. | |
| <input type="radio"/> N.H. | |
| <input type="radio"/> N.J. | |
| <input type="radio"/> N.M. | |
| <input type="radio"/> N.Y. | |
| <input type="radio"/> N.C. | |
| <input type="radio"/> N.D. | |
| <input type="radio"/> Ohio | |
| <input type="radio"/> Ok. | |
| <input type="radio"/> Ore. | |
| <input type="radio"/> Penn. | |

2. Since graduation from the Basic Nursing Education Program, which you indicated in question 1, have you received any additional degrees?

- ☐ Yes (go to questions 3 and 4)
☐ No (go to question 5)

3. For all additional academic degrees you have received since graduation from your basic nursing program, please indicate in the spaces provided below (a) the type of degree; (b) whether or not the degree is related to your nursing career; (c) the month and year received; and (d) the state (or country, if not U.S.) in which the degree was received.

(a) Type of Degree

- ☐ Associate degree in nursing

(c) Month/Year Received

DATE	
Month	Year
0 0	0 0
1 1	1 1
2 2	2 2
3 3	3 3
4 4	4 4
5 5	5 5
6 6	6 6
7 7	7 7
8 8	8 8
9 9	9 9

(d) State or Country

- | | |
|------------------------------|------------------------------|
| <input type="radio"/> Ala. | <input type="radio"/> Mont. |
| <input type="radio"/> Ak. | <input type="radio"/> Neb. |
| <input type="radio"/> Ariz. | <input type="radio"/> Nev. |
| <input type="radio"/> Ark. | <input type="radio"/> N.H. |
| <input type="radio"/> Calif. | <input type="radio"/> N.J. |
| <input type="radio"/> Colo. | <input type="radio"/> N.M. |
| <input type="radio"/> Conn. | <input type="radio"/> N.Y. |
| <input type="radio"/> Del. | <input type="radio"/> N.C. |
| <input type="radio"/> D.C. | <input type="radio"/> N.D. |
| <input type="radio"/> Fl. | <input type="radio"/> Ohio |
| <input type="radio"/> Ga. | <input type="radio"/> Ok. |
| <input type="radio"/> Hi. | <input type="radio"/> Ore. |
| <input type="radio"/> Id. | <input type="radio"/> Penn. |
| <input type="radio"/> Ill. | <input type="radio"/> R.I. |
| <input type="radio"/> Ind. | <input type="radio"/> S.C. |
| <input type="radio"/> Iowa | <input type="radio"/> S.D. |
| <input type="radio"/> Kan. | <input type="radio"/> Tenn. |
| <input type="radio"/> Ken. | <input type="radio"/> Tex. |
| <input type="radio"/> La. | <input type="radio"/> Utah |
| <input type="radio"/> Maine | <input type="radio"/> Vt. |
| <input type="radio"/> Mass. | <input type="radio"/> Va. |
| <input type="radio"/> Md. | <input type="radio"/> Wash. |
| <input type="radio"/> Mich. | <input type="radio"/> W. Va. |
| <input type="radio"/> Minn. | <input type="radio"/> Wis. |
| <input type="radio"/> Miss. | <input type="radio"/> Wy. |
| <input type="radio"/> Mo. | |

☐ Not in USA (Specify) →

(a) Type of Degree

- ☐ Associate degree in another field

(b) Is this degree related to your nursing career?

- ☐ Yes ☐ No

(c) Month/Year Received

DATE	
Month	Year
0 0	0 0
1 1	1 1
2 2	2 2
3 3	3 3
4 4	4 4
5 5	5 5
6 6	6 6
7 7	7 7
8 8	8 8
9 9	9 9

(d) State or Country

- | | |
|------------------------------|------------------------------|
| <input type="radio"/> Ala. | <input type="radio"/> Mont. |
| <input type="radio"/> Ak. | <input type="radio"/> Neb. |
| <input type="radio"/> Ariz. | <input type="radio"/> Nev. |
| <input type="radio"/> Ark. | <input type="radio"/> N.H. |
| <input type="radio"/> Calif. | <input type="radio"/> N.J. |
| <input type="radio"/> Colo. | <input type="radio"/> N.M. |
| <input type="radio"/> Conn. | <input type="radio"/> N.Y. |
| <input type="radio"/> Del. | <input type="radio"/> N.C. |
| <input type="radio"/> D.C. | <input type="radio"/> N.D. |
| <input type="radio"/> Fl. | <input type="radio"/> Ohio |
| <input type="radio"/> Ga. | <input type="radio"/> Ok. |
| <input type="radio"/> Hi. | <input type="radio"/> Ore. |
| <input type="radio"/> Id. | <input type="radio"/> Penn. |
| <input type="radio"/> Ill. | <input type="radio"/> R.I. |
| <input type="radio"/> Ind. | <input type="radio"/> S.C. |
| <input type="radio"/> Iowa | <input type="radio"/> S.D. |
| <input type="radio"/> Kan. | <input type="radio"/> Tenn. |
| <input type="radio"/> Ken. | <input type="radio"/> Tex. |
| <input type="radio"/> La. | <input type="radio"/> Utah |
| <input type="radio"/> Maine | <input type="radio"/> Vt. |
| <input type="radio"/> Mass. | <input type="radio"/> Va. |
| <input type="radio"/> Md. | <input type="radio"/> Wash. |
| <input type="radio"/> Mich. | <input type="radio"/> W. Va. |
| <input type="radio"/> Minn. | <input type="radio"/> Wis. |
| <input type="radio"/> Miss. | <input type="radio"/> Wy. |
| <input type="radio"/> Mo. | |

☐ Not in USA (Specify) →

(a) Type of Degree

- ☐ Baccalaureate in nursing

(c) Month/Year Received

DATE	
Month	Year
0 0	0 0
1 1	1 1
2 2	2 2
3 3	3 3
4 4	4 4
5 5	5 5
6 6	6 6
7 7	7 7
8 8	8 8
9 9	9 9

(d) State or Country

- | | |
|------------------------------|------------------------------|
| <input type="radio"/> Ala. | <input type="radio"/> Mont. |
| <input type="radio"/> Ak. | <input type="radio"/> Neb. |
| <input type="radio"/> Ariz. | <input type="radio"/> Nev. |
| <input type="radio"/> Ark. | <input type="radio"/> N.H. |
| <input type="radio"/> Calif. | <input type="radio"/> N.J. |
| <input type="radio"/> Colo. | <input type="radio"/> N.M. |
| <input type="radio"/> Conn. | <input type="radio"/> N.Y. |
| <input type="radio"/> Del. | <input type="radio"/> N.C. |
| <input type="radio"/> D.C. | <input type="radio"/> N.D. |
| <input type="radio"/> Fl. | <input type="radio"/> Ohio |
| <input type="radio"/> Ga. | <input type="radio"/> Ok. |
| <input type="radio"/> Hi. | <input type="radio"/> Ore. |
| <input type="radio"/> Id. | <input type="radio"/> Penn. |
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| <input type="radio"/> Ind. | <input type="radio"/> S.C. |
| <input type="radio"/> Iowa | <input type="radio"/> S.D. |
| <input type="radio"/> Kan. | <input type="radio"/> Tenn. |
| <input type="radio"/> Ken. | <input type="radio"/> Tex. |
| <input type="radio"/> La. | <input type="radio"/> Utah |
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| <input type="radio"/> Mich. | <input type="radio"/> W. Va. |
| <input type="radio"/> Minn. | <input type="radio"/> Wis. |
| <input type="radio"/> Miss. | <input type="radio"/> Wy. |
| <input type="radio"/> Mo. | |

☐ Not in USA (Specify) →

(a) Type of Degree

- ☐ Baccalaureate in another field

(b) Is this degree related to your nursing career?

- ☐ Yes ☐ No

(c) Month/Year Received

DATE	
Month	Year
0 0	0 0
1 1	1 1
2 2	2 2
3 3	3 3
4 4	4 4
5 5	5 5
6 6	6 6
7 7	7 7
8 8	8 8
9 9	9 9

(d) State or Country

- | | |
|------------------------------|------------------------------|
| <input type="radio"/> Ala. | <input type="radio"/> Mont. |
| <input type="radio"/> Ak. | <input type="radio"/> Neb. |
| <input type="radio"/> Ariz. | <input type="radio"/> Nev. |
| <input type="radio"/> Ark. | <input type="radio"/> N.H. |
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| <input type="radio"/> D.C. | <input type="radio"/> N.D. |
| <input type="radio"/> Fl. | <input type="radio"/> Ohio |
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| <input type="radio"/> Hi. | <input type="radio"/> Ore. |
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| <input type="radio"/> Ill. | <input type="radio"/> R.I. |
| <input type="radio"/> Ind. | <input type="radio"/> S.C. |
| <input type="radio"/> Iowa | <input type="radio"/> S.D. |
| <input type="radio"/> Kan. | <input type="radio"/> Tenn. |
| <input type="radio"/> Ken. | <input type="radio"/> Tex. |
| <input type="radio"/> La. | <input type="radio"/> Utah |
| <input type="radio"/> Maine | <input type="radio"/> Vt. |
| <input type="radio"/> Mass. | <input type="radio"/> Va. |
| <input type="radio"/> Md. | <input type="radio"/> Wash. |
| <input type="radio"/> Mich. | <input type="radio"/> W. Va. |
| <input type="radio"/> Minn. | <input type="radio"/> Wis. |
| <input type="radio"/> Miss. | <input type="radio"/> Wy. |
| <input type="radio"/> Mo. | |

☐ Not in USA (Specify) →

(a) Type of Degree

☐ Master's in nursing

(c) Month/Year Received

DATE	
Month	Year
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

(d) State or Country

- | | |
|------------------------------|------------------------------|
| <input type="radio"/> Ala. | <input type="radio"/> Mont. |
| <input type="radio"/> Ak. | <input type="radio"/> Neb. |
| <input type="radio"/> Ariz. | <input type="radio"/> Nev. |
| <input type="radio"/> Ark. | <input type="radio"/> N.H. |
| <input type="radio"/> Calif. | <input type="radio"/> N.J. |
| <input type="radio"/> Colo. | <input type="radio"/> N.M. |
| <input type="radio"/> Conn. | <input type="radio"/> N.Y. |
| <input type="radio"/> Del. | <input type="radio"/> N.C. |
| <input type="radio"/> D.C. | <input type="radio"/> N.D. |
| <input type="radio"/> Fl. | <input type="radio"/> Ohio |
| <input type="radio"/> Ga. | <input type="radio"/> Ok. |
| <input type="radio"/> Hi. | <input type="radio"/> Ore. |
| <input type="radio"/> Id. | <input type="radio"/> Penn. |
| <input type="radio"/> Ill. | <input type="radio"/> R.I. |
| <input type="radio"/> Ind. | <input type="radio"/> S.C. |
| <input type="radio"/> Iowa | <input type="radio"/> S.D. |
| <input type="radio"/> Kan. | <input type="radio"/> Tenn. |
| <input type="radio"/> Ken. | <input type="radio"/> Tex. |
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| <input type="radio"/> Mass. | <input type="radio"/> Va. |
| <input type="radio"/> Md. | <input type="radio"/> Wash. |
| <input type="radio"/> Mich. | <input type="radio"/> W. Va. |
| <input type="radio"/> Minn. | <input type="radio"/> Wis. |
| <input type="radio"/> Miss. | <input type="radio"/> Wy. |
| <input type="radio"/> Mo. | |

☐ Not in USA (Specify) →

<input type="text"/>

(a) Type of Degree

☐ Master's in another field

(b) Is this degree related to your nursing career?

☐ Yes ☐ No

(c) Month/Year Received

DATE	
Month	Year
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

(d) State or Country

- | | |
|------------------------------|------------------------------|
| <input type="radio"/> Ala. | <input type="radio"/> Mont. |
| <input type="radio"/> Ak. | <input type="radio"/> Neb. |
| <input type="radio"/> Ariz. | <input type="radio"/> Nev. |
| <input type="radio"/> Ark. | <input type="radio"/> N.H. |
| <input type="radio"/> Calif. | <input type="radio"/> N.J. |
| <input type="radio"/> Colo. | <input type="radio"/> N.M. |
| <input type="radio"/> Conn. | <input type="radio"/> N.Y. |
| <input type="radio"/> Del. | <input type="radio"/> N.C. |
| <input type="radio"/> D.C. | <input type="radio"/> N.D. |
| <input type="radio"/> Fl. | <input type="radio"/> Ohio |
| <input type="radio"/> Ga. | <input type="radio"/> Ok. |
| <input type="radio"/> Hi. | <input type="radio"/> Ore. |
| <input type="radio"/> Id. | <input type="radio"/> Penn. |
| <input type="radio"/> Ill. | <input type="radio"/> R.I. |
| <input type="radio"/> Ind. | <input type="radio"/> S.C. |
| <input type="radio"/> Iowa | <input type="radio"/> S.D. |
| <input type="radio"/> Kan. | <input type="radio"/> Tenn. |
| <input type="radio"/> Ken. | <input type="radio"/> Tex. |
| <input type="radio"/> La. | <input type="radio"/> Utah |
| <input type="radio"/> Maine | <input type="radio"/> Vt. |
| <input type="radio"/> Mass. | <input type="radio"/> Va. |
| <input type="radio"/> Md. | <input type="radio"/> Wash. |
| <input type="radio"/> Mich. | <input type="radio"/> W. Va. |
| <input type="radio"/> Minn. | <input type="radio"/> Wis. |
| <input type="radio"/> Miss. | <input type="radio"/> Wy. |
| <input type="radio"/> Mo. | |

☐ Not in USA (Specify) →

<input type="text"/>

(a) Type of Degree

☐ Doctorate in nursing

(c) Month/Year Received

DATE	
Month	Year
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

(d) State or Country

- | | |
|------------------------------|------------------------------|
| <input type="radio"/> Ala. | <input type="radio"/> Mont. |
| <input type="radio"/> Ak. | <input type="radio"/> Neb. |
| <input type="radio"/> Ariz. | <input type="radio"/> Nev. |
| <input type="radio"/> Ark. | <input type="radio"/> N.H. |
| <input type="radio"/> Calif. | <input type="radio"/> N.J. |
| <input type="radio"/> Colo. | <input type="radio"/> N.M. |
| <input type="radio"/> Conn. | <input type="radio"/> N.Y. |
| <input type="radio"/> Del. | <input type="radio"/> N.C. |
| <input type="radio"/> D.C. | <input type="radio"/> N.D. |
| <input type="radio"/> Fl. | <input type="radio"/> Ohio |
| <input type="radio"/> Ga. | <input type="radio"/> Ok. |
| <input type="radio"/> Hi. | <input type="radio"/> Ore. |
| <input type="radio"/> Id. | <input type="radio"/> Penn. |
| <input type="radio"/> Ill. | <input type="radio"/> R.I. |
| <input type="radio"/> Ind. | <input type="radio"/> S.C. |
| <input type="radio"/> Iowa | <input type="radio"/> S.D. |
| <input type="radio"/> Kan. | <input type="radio"/> Tenn. |
| <input type="radio"/> Ken. | <input type="radio"/> Tex. |
| <input type="radio"/> La. | <input type="radio"/> Utah |
| <input type="radio"/> Maine | <input type="radio"/> Vt. |
| <input type="radio"/> Mass. | <input type="radio"/> Va. |
| <input type="radio"/> Md. | <input type="radio"/> Wash. |
| <input type="radio"/> Mich. | <input type="radio"/> W. Va. |
| <input type="radio"/> Minn. | <input type="radio"/> Wis. |
| <input type="radio"/> Miss. | <input type="radio"/> Wy. |
| <input type="radio"/> Mo. | |

☐ Not in USA (Specify) →

<input type="text"/>

(a) Type of Degree

☐ Doctorate in another field

(b) Is this degree related to your nursing career?

☐ Yes ☐ No

(c) Month/Year Received

DATE	
Month	Year
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

(d) State or Country

- | | |
|------------------------------|------------------------------|
| <input type="radio"/> Ala. | <input type="radio"/> Mont. |
| <input type="radio"/> Ak. | <input type="radio"/> Neb. |
| <input type="radio"/> Ariz. | <input type="radio"/> Nev. |
| <input type="radio"/> Ark. | <input type="radio"/> N.H. |
| <input type="radio"/> Calif. | <input type="radio"/> N.J. |
| <input type="radio"/> Colo. | <input type="radio"/> N.M. |
| <input type="radio"/> Conn. | <input type="radio"/> N.Y. |
| <input type="radio"/> Del. | <input type="radio"/> N.C. |
| <input type="radio"/> D.C. | <input type="radio"/> N.D. |
| <input type="radio"/> Fl. | <input type="radio"/> Ohio |
| <input type="radio"/> Ga. | <input type="radio"/> Ok. |
| <input type="radio"/> Hi. | <input type="radio"/> Ore. |
| <input type="radio"/> Id. | <input type="radio"/> Penn. |
| <input type="radio"/> Ill. | <input type="radio"/> R.I. |
| <input type="radio"/> Ind. | <input type="radio"/> S.C. |
| <input type="radio"/> Iowa | <input type="radio"/> S.D. |
| <input type="radio"/> Kan. | <input type="radio"/> Tenn. |
| <input type="radio"/> Ken. | <input type="radio"/> Tex. |
| <input type="radio"/> La. | <input type="radio"/> Utah |
| <input type="radio"/> Maine | <input type="radio"/> Vt. |
| <input type="radio"/> Mass. | <input type="radio"/> Va. |
| <input type="radio"/> Md. | <input type="radio"/> Wash. |
| <input type="radio"/> Mich. | <input type="radio"/> W. Va. |
| <input type="radio"/> Minn. | <input type="radio"/> Wis. |
| <input type="radio"/> Miss. | <input type="radio"/> Wy. |
| <input type="radio"/> Mo. | |

☐ Not in USA (Specify) →

<input type="text"/>

If your highest degree is a Master's or Doctorate, continue with Question 4;
otherwise go to Question 5. (below)

4. What is the one primary focus of the highest degree you now hold? (Mark only one)

- a. ☐ Education
☐ Supervision/Administration
☐ Clinical Practice
☐ Other (specify) →

b. → 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) →

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

- ☐ Yes (answer questions 6, 7, and 8)
☐ No (go to question 9)

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

- ☐ Full-time student
☐ Part-time student

7. Specify the type of degree for which you are now studying. (Mark only one)

- ☐ Associate degree
☐ Baccalaureate degree
☐ Master's degree
☐ Doctoral degree

8. How is your education being financed? (Mark all that apply)

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

A formal nurse practitioner training program is an organized program consisting of formal classes and clinical practice supervised by physicians and/or nurse practitioners which prepares registered nurses to provide primary health care including the ability to: obtain a health and medical history; perform a screening physical examination; order routine laboratory examinations; institute treatment under protocols for common self-limiting and/or chronically stabilized conditions; provide teaching and counseling in the area of health promotion and maintenance and to recognize when the patient should be referred to a physician or other health care provider.

9. Did you graduate from a formal nurse practitioner program?

- ☐ Yes (answer questions 9a, 9b, 9c)
☐ No (go on to question 10)

9a. How many months did you attend this program?

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

9b. When you completed this program, which of the following did you receive?

(Mark the appropriate response)

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

--

9c. For what practitioner specialty did you study?

(Mark only one)

- ☐ Pediatric
☐ Midwifery
☐ Maternity
☐ Family
☐ Adult
☐ Psychiatric
☐ Geriatric
☐ School
☐ Other (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.

10. Have you participated during the past year in any type of continuing education program?

- ☐ Yes (answer questions 10a, 10b, 10c)
☐ No (go on to question 11)

10a. In what type(s) of programs did you participate in the past year either inside or outside of your employment setting? (Mark all that apply)

- ☐ Clinical Conference
☐ Workshop/Institute
☐ Multi-media (television, telephone, etc.)
☐ Refresher Program
☐ Programmed Instruction
☐ Staff Development
☐ Other (specify) →

--

10b. Mark the category which best describes the total number of hours of instruction offered in the programs you participated in during the past year. Include classroom, demonstration, and supervised practice.

- ☐ Less than 20 hours
☐ 20-40 hours
☐ Over 40 hours

10c. How did you finance your continuing education? (Mark all that apply)

- ☐ Self
☐ Employer
☐ No cost to participant
☐ Only took continuing education as part of my regular employment
☐ Other (specify) →

--

If you answered questions 10a, 10b, and 10c, go to Section B, question 12a.

11. If you have not participated in any continuing education programs in the past year, what are your reasons for not participating? (Mark all that apply)

- ☐ No programs available to me
☐ No programs available which are applicable to my field of interest
☐ Family responsibilities prevent it
☐ Feel no need to
☐ Cannot be released from job
☐ Job does not require it
☐ Courses not given at convenient times
☐ Courses are too expensive
☐ Other (specify) →

--

Being employed in nursing would include 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.

☐ One or more years (go to 12b)

☐ Less than a year (go to 13a)

☐ Never worked as a nurse
(go to Section C, Q. 26)

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

☐ Yes (go to 13b)

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[illegible]

☐ No (go to 15)

☐ No (go to 14c)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	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
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

[illegible]

Questions 15-25 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. If you are not currently employed in nursing, skip to Section C, question 26.

15. 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/Extended Care

- ☐ Hospital, including all hospital clinics (excluding RN or LPN/LVN School of Nursing)
☐ Nursing home or extended care facility

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
☐ Community mental health center
☐ Neighborhood health center
☐ Planned parenthood center/ 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) →

Employee in Physician(s) or Dentist(s) Office

- ☐ Solo practice
☐ Partnership (one or more physicians and/or dentists)
☐ Group practice
☐ Health Maintenance Organization (HMO)
☐ Other (specify) →

Self-Employed/Receive Fee for Service (i.e., not on a salary basis)

- ☐ Private duty nursing
☐ Solo practice
☐ Partnership with other nurses
☐ Joint practice between physician and nurse
☐ 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) →

16. Please indicate the type of agency by which you are currently employed in your principal nursing position. (Mark only one)

- ☐ 1 Government Agency
- ☐ 2 Temporary Employment Service (e.g., UPJOHN, MEDICAL PERSONNEL POOL)
- ☐ 3 Non-profit Hospital
- ☐ 4 Proprietary Hospital
- ☐ 5 Other Non-government Agency (except 2-4 above)
- ☐ 6 Self-employed
- ☐ 7 Other (specify) _____

17. 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
- ☐ Charge nurse
- ☐ Clinical nursing 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
- ☐ Inservice education director or instructor
- ☐ Instructor
- ☐ Nurse anesthetist
- ☐ Nurse clinician
- ☐ Nurse coordinator
- ☐ Nurse midwife
- ☐ Nurse practitioner
- ☐ Patient care coordinator
- ☐ Private duty nurse
- ☐ Professor or assistant/associate professor
- ☐ Public health nurse
- ☐ Researcher or assistant researcher
- ☐ School nurse
- ☐ Staff nurse
- ☐ Supervisor or assistant supervisor
- ☐ Team leader
- ☐ No position title (the only RN on staff)
- ☐ Other (specify) _____

18. 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 (be sure total equals 100%)	

If you spend any time during a usual work week in "direct patient care," as indicated in question 18, continue with question 19. Otherwise go to question 20.

19. Indicate for each of the following activities whether it is a part of your regular activities. If it is not an integral part of your direct patient care functions, indicate whether you carry it out sometimes, or seldom/never. (Mark one response for each activity)

Activities	Performed Regularly	Performed Sometimes	Performed Seldom/ Never
A. Obtaining health histories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Performing complete physical examinations, using instruments (e.g., otoscope, stethoscope, vaginal speculum)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Performing some portions of physical examinations (e.g., taking vaginal smears, checking fetal heart beat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Assisting the physician during patient examinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Medical management for selected health conditions/problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Primary responsibility for management of and delivery by normal mothers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Selecting plan of treatment as a result of interpreting laboratory test results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Developing therapeutic plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Implementing therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. Developing and modifying medication requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K. Administering medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
L. Sustaining and supporting persons who are impaired or ill during programs of diagnosis or therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
M. Instructing patients in management of a defined illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
N. Instructing and counseling patients and families in the areas of health promotion and maintenance, including involving patients in planning for their own health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
O. Primary responsibility for providing follow-through on patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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, fill-in category "1." If you work less than the normal "full" work week and/or less than the normal work year, fill-in 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, 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 more accurate.

20. 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?

21. 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

22. 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

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

23. 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
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

Write the number
in the boxes

Then, mark the
matching circle
below each box.

(See example on
page 2.)

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

- ☐ Yes (answer questions 24a and 24b)
☐ No (go on to question 25)

24a. 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) →

--

24b. Please provide an estimate of the total annual earnings for the year from your other nursing position(s).

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

F	G	FOR OFFICE USE ONLY
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

25. Do you carry any malpractice insurance exclusive of that your employer carries?

- ☐ Yes
☐ No

GO TO SECTION D, ITEM 31

SECTION C EMPLOYMENT STATUS OF RNS NOT CURRENTLY EMPLOYED IN NURSING

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

- ☐ Less than a year
☐ One year or more (please specify)

YEARS

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

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

- ☐ Less than a week
☐ One week or more (please specify)

WEEKS

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

27a. Are you currently employed in an occupation other than nursing?

- ☐ Yes (answer questions 27b & 27c)
☐ No (go to question 28)

27b. Are you considered a full-time or part-time employee?

- ☐ Full-time
☐ Part-time

27c. Are you employed in a health-related agency or position?

- ☐ Yes
☐ No

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

- ☐ Yes (answer questions 29 & 30)
☐ No (go on to question 31, section D)

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

- ☐ Full-time
☐ Part-time

SECTION D GENERAL INFORMATION

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

31. Sex:

- ☐ Female
☐ Male

32. What is your year of birth?

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

33. What is your racial/ethnic background?
(Mark only one)

- Hispanic
American Indian or Alaskan Native
Asian or Pacific Islander
Black, not of Hispanic origin
White, not of Hispanic origin

34a. What is your current marital status?

- ☐ Now married
- ☐ Widowed, divorced, separated
- ☐ Never married

34b. Children living at home most of the time are:
(include all children who live with you 6 months
of the year or more)

- ☐ No children at home
☐ All less than 6 years old
☐ All 6 years old or older
☐ Some less than 6 and some over 6

35. In what city, county, and state were you living on November 15, 1980?

City

TABLE 1

County

[illegible]

State (or Country, if not USA)

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[illegible]

36a. Was the location of your residence on November 15, 1979 the same as on November 15, 1980?

- ☐ Yes (go to 37)
- ☐ No (go to 36b)

36b. Indicate the city, county, and state where you were living on November 15, 1979.

City

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County

[illegible]

State (or Country, if not USA)

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[illegible]

37. Indicate when you were first 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.

37a. Year of first

U.S. license: →

- ☐ 1980
☐ 1979
☐ 1978
☐ 1977
☐ Prior to 1977

37b. State which issued license:

- | | | |
|------------------------------|-----------------------------|------------------------------|
| <input type="radio"/> Ala. | <input type="radio"/> Ken. | <input type="radio"/> N.D. |
| <input type="radio"/> Ak. | <input type="radio"/> La. | <input type="radio"/> Ohio |
| <input type="radio"/> Ariz. | <input type="radio"/> Maine | <input type="radio"/> Ok. |
| <input type="radio"/> Ark. | <input type="radio"/> Mass. | <input type="radio"/> Ore. |
| <input type="radio"/> Calif. | <input type="radio"/> Md. | <input type="radio"/> Penn. |
| <input type="radio"/> Colo. | <input type="radio"/> Mich. | <input type="radio"/> R.I. |
| <input type="radio"/> Conn. | <input type="radio"/> Minn. | <input type="radio"/> S.C. |
| <input type="radio"/> Del. | <input type="radio"/> Miss. | <input type="radio"/> S.D. |
| <input type="radio"/> D.C. | <input type="radio"/> Mo. | <input type="radio"/> Tenn. |
| <input type="radio"/> Fl. | <input type="radio"/> Mont. | <input type="radio"/> Tex. |
| <input type="radio"/> Ga. | <input type="radio"/> Neb. | <input type="radio"/> Utah |
| <input type="radio"/> Hi. | <input type="radio"/> Nev. | <input type="radio"/> Vt. |
| <input type="radio"/> Id. | <input type="radio"/> N.H. | <input type="radio"/> Va. |
| <input type="radio"/> Ill. | <input type="radio"/> N.J. | <input type="radio"/> Wash. |
| <input type="radio"/> Ind. | <input type="radio"/> N.M. | <input type="radio"/> W. Va. |
| <input type="radio"/> Iowa | <input type="radio"/> N.Y. | <input type="radio"/> Wis. |
| <input type="radio"/> Kan. | <input type="radio"/> N.C. | <input type="radio"/> Wyo. |

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.

38. What is your phone number?

Area Code	Number					
				-		
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	

[illegible]

Please note that the following item, #39, is very important in order to determine how many nurses in the country your answers may represent. As soon as this determination is calculated and the proper statistical code assigned, your name(s) and registration number(s) will no longer be associated with the other information.

39. In the space provided below, please list:

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

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 mark if same as on 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 the circle if same as on label.	OFFICE USE ONLY	
			(D)	(E)
1. _____	_____	(same <input type="radio"/>) _____ Last First MI	<input checked="" type="radio"/>	
2. _____	_____	(same <input type="radio"/>) _____ Last First MI	<input checked="" type="radio"/>	
3. _____	_____	(same <input type="radio"/>) _____ Last First MI	<input checked="" type="radio"/>	
4. _____	_____	(same <input type="radio"/>) _____ Last First MI	<input checked="" type="radio"/>	
5. _____	_____	(same <input type="radio"/>) _____ Last First MI	<input checked="" type="radio"/>	
6. _____	_____	(same <input type="radio"/>) _____ Last First MI	<input checked="" type="radio"/>	
7. _____	_____	(same <input type="radio"/>) _____ Last First MI	<input checked="" type="radio"/>	
8. _____	_____	(same <input type="radio"/>) _____ Last First MI	<input checked="" type="radio"/>	
9. _____	_____	(same <input type="radio"/>) _____ Last First MI	<input checked="" type="radio"/>	
10. _____	_____	(same <input type="radio"/>) _____ Last First MI	<input checked="" type="radio"/>	

40a. Is your name, as it appears on the label of this questionnaire, correct?

☐ Yes

☐ No (please indicate correct name) →

_____	_____	_____
Last	First	Middle Initial

40b. Is your address, as it appears on the label of this questionnaire, correct?

☐ Yes

☐ No (please indicate your
correct address) →

41. 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 _____

Phone _____
Area Code _____ Number _____

42. 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.

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 a vertical margin line on the left side, creating a narrow left margin. The paper appears to be from a notebook or a standard ruled sheet of paper.

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

RESEARCH TRIANGLE INSTITUTE, P.O. BOX
12036, RESEARCH TRIANGLE PARK, N.C.
27709, ATTENTION: STEVE SLOAN.

FOR OFFICE USE ONLY					
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