



OMB No. 0915-0118
Expiration Date: 12/31/88

NATIONAL SAMPLE SURVEY OF REGISTERED NURSES



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Health Resources and
Services Administration
Rockville MD 20857

Dear RN:

This survey is being conducted for the Division of Nursing, Bureau of Health Professions, Health Resources and Services Administration, Public Health Service, U.S. Department of Health and Human Services by the Research Triangle Institute (RTI). 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 in fulfilling congressional requirements stated in Section 951 of P.L. 94-63, which specifies that information be obtained, on a continuing basis, on the number and distribution of nurses; and in Section 708 of P.L. 99-129 which requires collection systems and analytical studies on the supply of registered nurses and other health professionals. These public laws require the preparation and submission of reports to Congress.

The questionnaire has been divided into five sections. These sections are designed to gather information on (a) your educational background as a registered nurse, (b) your employment status in nursing, (c) your employment status if you are not currently employed in nursing, (d) prior nursing employment status, and (e) 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. All RNs who have received this questionnaire are requested to complete it regardless of their retirement or working status. 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.

Sincerely,

A handwritten signature in cursive script that reads "Jo Eleanor Elliott".

Jo Eleanor Elliott
Director, Division of Nursing

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

NATIONAL SAMPLE SURVEY OF REGISTERED NURSES

Instructions

Everyone receiving this questionnaire is requested to complete it. This includes persons who are:

- Retired
- Not presently working
- Employed but not as an RN
- Employed as an RN

If you receive more than one questionnaire, please complete only one copy and return it and all extra copies of the questionnaire to the Research Triangle Institute. **Do not** give extra questionnaires to another nurse to complete.

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

Many questions request you to "Circle only one number." Please circle the number in front of the correct response and not the response.

EXAMPLE:

The correct way to answer a question is to (*Circle only one number*):

- ① Circle the number in front of the response.
2. Circle the response.

Please return your completed questionnaire in the enclosed postage-paid envelope at your earliest convenience.

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 Part D, Section 951 of P.L. 94-63 and in Title VII, Part A Section 708 of the Public Health Service Act (42 U.S.C. 292h). 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 09-15-0046. 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 the Report 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 the Report to Congress or for any other data purpose.

SECTION A: EDUCATION

Circle the appropriate number corresponding to your answer in each question or supply requested information.

1. PLEASE INDICATE (a) the basic nursing education that 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 (Circle only one number):

1. Diploma
2. Associate degree
3. Baccalaureate degree
4. Master's degree
5. Doctorate (N.D.)

1b. Month and year of graduation:

Month

Year

1c. State or foreign country in which this basic nursing education program was located.

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2. IMMEDIATELY PRIOR TO STARTING THE BASIC NURSING EDUCATION PROGRAM described in Question 1, where did you live?

City _____

County _____

State (or foreign country) _____

For office use

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- 3a. BEFORE STARTING THE BASIC NURSING EDUCATION PROGRAM described in Question 1, were you ever licensed to practice as a licensed practical or vocational nurse?

1. Yes
2. No

- 3b. BEFORE STARTING THE BASIC NURSING EDUCATION PROGRAM described in Question 1, did you receive a degree from any other formal post-secondary education program?

1. Yes
2. No → (Skip to Question 4a)

- 3c. What was the highest degree you received before starting your basic nursing education program? (Circle only one number)

1. Associate degree
2. Baccalaureate degree
3. Master's degree
4. Doctorate

- 3d. Was this degree in a health-related field?

1. Yes → (Skip to Question 4a)
2. No

- 3e. What was your major field of study? (Circle only one number)

1. Biological and physical science
2. Business and management
3. Education
4. Liberal arts
5. Social science
6. Other (specify) _____

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4a. SINCE GRADUATING FROM THE BASIC NURSING EDUCATION PROGRAM you described in Question 1, have you earned any additional degrees?

1. Yes
2. No → (Skip to Question 6)

4b. For each additional academic degree you have received since graduation from your basic nursing program described in Question 1, please indicate in the spaces provided below (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.

Type of Degree	(i)	(ii)		(iii)		(iv)	For office use
	Received degree (Please check)	Related to nursing (Circle Y or N)		Date degree received		State or Country in which degree was received	
		Yes	No	Month	Year		
Associate degree in nursing	<input type="checkbox"/>	Y	N	_____	19____	_____	1. <input type="text"/>
Associate degree in another field	<input type="checkbox"/>	Y	N	_____	19____	_____	2. <input type="text"/>
Baccalaureate in nursing	<input type="checkbox"/>	Y	N	_____	19____	_____	3. <input type="text"/>
Baccalaureate in another field	<input type="checkbox"/>	Y	N	_____	19____	_____	4. <input type="text"/>
Master's in nursing	<input type="checkbox"/>	Y	N	_____	19____	_____	5. <input type="text"/>
Master's in another field	<input type="checkbox"/>	Y	N	_____	19____	_____	6. <input type="text"/>
Doctorate in nursing	<input type="checkbox"/>	Y	N	_____	19____	_____	7. <input type="text"/>
Doctorate in another field	<input type="checkbox"/>	Y	N	_____	19____	_____	8. <input type="text"/>

IF YOUR HIGHEST DEGREE LISTED IN QUESTION 4b IS A MASTER'S OR DOCTORATE, CONTINUE WITH QUESTION 5a, OTHERWISE SKIP TO QUESTION 6.

5a. What is the one primary focus of your highest degree? (Circle only one number)

1. Clinical practice
2. Education → (Skip to Question 6)
3. Supervision/administration → (Skip to Question 6)
4. Other (specify) → (Skip to Question 6)

For office use
<input type="text"/>

5b. IF THE PRIMARY FOCUS WAS CLINICAL PRACTICE, specify the type. (Circle only one number)

1. Community/Public health
2. Maternal-child
3. Midwifery
4. Geriatrics/Gerontology
5. Medical/Surgical
6. Psychiatric-mental health
7. Other (specify)

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6. A nurse practitioner or nurse midwifery training program is a formal, organized, educational program for registered nurses (beyond the initial program of study for preparation as a nurse) which has as its objective the education of registered nurses, who, upon completion of their studies in such programs, are qualified to function in the expanded role in the delivery of primary health care services or nurse midwifery services.

6a. Did you graduate and receive a degree or certificate from a formal nurse practitioner/nurse midwife program? (See definition above)

1. Yes
2. No → (Skip to Question 7a)

6b. What was the length in months of the nurse practitioner/nurse midwife program you attended? (Circle only one number)

1. Less than 3 months
2. From 3 to 6 months
3. From 7 to 8 months
4. From 9 to 12 months
5. From 13 to 18 months
6. Over 18 months

6c. When you completed the program, did you receive a certificate or a master's degree? (Circle only one number)

1. Certificate
2. Master's degree

6d. For which practitioner specialty did you study? (Circle only one number)

1. Pediatric
2. Midwifery
3. Maternity
4. Women's health
5. Family
6. Adult
7. Geriatric
8. School
9. Other (specify) _____

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7a. Are you currently enrolled in a formal education program leading to an academic degree with a nursing or nursing-related major?

1. Yes
2. No → (Skip to Question 8)

7b. Are you considered a full-time or part-time student?

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

7c. What degree are you currently working toward in this program? (Circle only one number)

1. Associate degree
2. Baccalaureate
3. Master's
4. Doctorate
5. Other (specify) _____

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7d. How are your tuition and fees being financed? (Circle all that apply)

1. Personal savings
2. Your own personal earnings from employment
3. Spouse's earnings from employment
4. Parental contributions
5. Employer tuition reimbursement plan (including Veterans Administration employer tuition plan)
6. Federal traineeship, scholarship, or grant
7. Federally assisted loan
8. State or local government loan or scholarship
9. Non-government scholarship, loan, or grant
10. University teaching or research fellowship
11. Other sources (specify) _____

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8. A CONTINUING EDUCATION PROGRAM is a formal learning program designed to update and increase knowledge and skills in health care. It does not include study for an academic degree. Continuing education programs may include: workshops, institutes, clinical conferences, staff development courses, and individual studies.

8a. During the past year, have you obtained continuing education credits? (See definition above)

1. Yes
2. No → (Skip to Question 9a)

8b. How many continuing education units (CEUs) did you receive this past year? (Circle only one number)

1. Less than 5
2. From 5 to 10
3. From 10 to 20
4. More than 20

SECTION B: EMPLOYMENT STATUS

9a. Were you employed in nursing as of March 23, 1988? (See note below)

Note: 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.

1. Yes
2. No → (Skip to Question 20)

9b. Indicate the city, county, and State of employment on March 23, 1988? (See note below)

Note: If you were not employed in a fixed location (e.g., you were a private duty nurse or worked through a temporary employment service) consider the area where you spend most of your working time as your location of employment.

City _____

County _____

State (or foreign country) _____

Zip Code:

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The following Questions 10-18 refer to your principal employment setting and nursing position as of March 23, 1988. If you held 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 circle the one entry from the list which best describes the TYPE OF SETTING in which you were working on March 23, 1988 in your principal nursing position (if your employment is that of a private duty nurse or you work through a temporary employment service, circle the one setting in which you spend most of your working time.)

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

- 110 Non-federal, short-term hospital (for example, acute care hospital)
120 Non-federal long-term hospital (for example, state mental hospital)
130 Federal government hospital
140 Other type of hospital (specify) _____

Nursing Home/Extended Care Facility

- 210 Nursing home unit in hospital
220 Other nursing home
230 Other type of extended care facility (specify) _____

Nursing Education

- 310 LPN/LVN program
320 Diploma program (RN)
330 Associate degree program (RN)
340 Baccalaureate and/or higher degree nursing program
350 Other (specify) _____

Public Health/Community Health Setting

- 400 Official state health department
410 Official city or county health department
420 Combination (official/voluntary) nursing service
430 Visiting nurse service (VNS/VNA)
440 Other home health agency (nonhospital-based)
450 Community mental health center
460 Community/neighborhood health center
470 Planned parenthood/family planning center
480 Rural health center
490 Other (specify) _____

Student Health Service

- 510 Board of education (public school system)
520 Private or parochial elementary or secondary school
530 College or university
540 Other (specify) _____

Occupational Health (Employee Health Service)

- 610 Private industry
620 Government
630 Other (specify) _____

Ambulatory Care Setting Employee

(e.g., Physician/Dentist office)

- 710 Solo practice (physician)
720 Partnership (one or more physicians)
730 Group practice (physicians)
740 Freestanding clinic (physicians)
750 Ambulatory surgical center (nonhospital-based)
760 Dental practice
770 Health Maintenance Organization (HMO)
780 Other (specify) _____

Self-Employed

- 810 Solo practice
820 Partnership with other nurses
830 Partnership with physicians
840 Partnership with other health professionals
850 Other (specify) _____

Other

- 910 Central or regional office of Federal agency
920 State Board of Nursing
930 Nursing or health association
940 Health planning agency
950 Prison or jail
960 Other (specify) _____

11. Were you employed in your principal nursing position through a Temporary Employment Service (e.g., UpJohn Medical Personnel Pool)?

1. Yes
2. No

12. Using the list below, please indicate the one item which best corresponds to the position title for your principal nursing position. (Circle only one number)

- | | |
|---|--|
| 1. Administrator or assistant administrator | 13. Nurse coordinator |
| 2. Certified nurse anesthetist (CRNA) | 14. Nurse midwife |
| 3. Charge nurse | 15. Nurse practitioner |
| 4. Clinical nurse specialist | 16. Patient care coordinator |
| 5. Consultant | 17. Private duty nurse |
| 6. Dean, director, or assistant/associate director of nursing education | 18. Professor or assistant/associate professor |
| 7. Director or assistant/associate director of nursing service | 19. Public health nurse |
| 8. General duty nurse | 20. Researcher |
| 9. Head nurse or assistant head nurse | 21. School nurse |
| 10. In-service education director or instructor | 22. Staff nurse |
| 11. Instructor | 23. Supervisor or assistant supervisor |
| 12. Nurse clinician | 24. Team leader |
| | 25. No position title (the only RN on staff) |
| | 26. Other (specify) _____ |

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13a. For your 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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13b. Does your principal nursing position involve direct patient care in a hospital setting during a usual work week?

1. Yes → (Continue with Question 14a)
2. No → (Skip to Question 15)

14a. In what type of unit do you work more than half of your patient care time during a usual work week?

(Circle only one number)

1. Intensive care bed unit
2. General/specialty (other than intensive care) bed unit
3. Operating room
4. Recovery room
5. Labor/delivery room
6. Outpatient department
7. Emergency room
8. Home health care
9. Hospice unit
10. Other specific area (specify) _____
11. No specific assigned type of area

(Skip to Question 15)

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14b. What type of patients are primarily treated in this inpatient bed unit? (Circle only one number)

1. Chronic care
2. Coronary care
3. Neurological
4. Newborn
5. Obstetrics/gynecologic
6. Orthopedic
7. Pediatric
8. Psychiatric
9. Medical/surgical (other than those devoted to specific areas specified above)
10. Work in multiple units not specifically specialized

15. 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, circle category "1". If you worked less than the normal "full" work week and/or less than the normal work year, circle either "2" or "3", whichever is applicable.

If you were 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 work week and/or year, circle either "2" or "3", whichever is applicable.

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.

16. Approximately how many hours are you usually scheduled to work during a normal 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

17. Approximately how many weeks are there in your normal work year for your principal nursing position (include in your work year paid vacation, etc.) Note: If you are self-employed or do not work a routine schedule, report the estimated number of weeks you expect to work in 1988.

_____ weeks

18. PLEASE SPECIFY THE ANNUAL EARNINGS FOR YOUR PRINCIPAL POSITION ONLY.

Provide your gross salary before deductions for taxes, social security, etc. If you do not have a set annual salary, (for example, you are part-time, private-duty, or self-employed) provide an estimate of your annual earnings for 1988.

Annual earnings: \$ _____

19a. Do you hold more than one position in nursing for pay?

1. Yes
2. No → (Skip to Question 23a)

19b. Please indicate the type of work you do in your other nursing position(s) for pay. (Circle all that apply)

1. Private duty nursing
2. Work through temporary employment service
3. Hospital staff nurse
4. Teaching
5. Consultation/Research
6. Other (specify) _____

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<input type="checkbox"/>	<input type="checkbox"/>
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19c. Please provide an estimate of the average number of hours per week you spend in your other nursing position(s). Please also provide an estimate of the total number of weeks in 1988 that you will spend in this other nursing position(s). Note: If you are self-employed or do not work a routine schedule, report the estimated number of weeks you expect to work in 1988.

Average hours per week _____

Weeks in 1988 _____

19d. For your other nursing position(s), please provide an estimate of your total annual earnings for 1988. Note: If you are self-employed or do not work a routine schedule, report the estimated amount you expect to earn in 1988.

Estimated annual earnings \$ _____ → (Skip to Question 23a)

SECTION C: EMPLOYMENT STATUS OF RNs NOT EMPLOYED IN NURSING



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

1. Never worked as a registered nurse
2. Less than a year
3. One year or more

→ Indicate number of years _____

21a. Are you employed in an occupation other than nursing?

1. Yes
2. No → *(Skip to Question 22a)*

21b. Are you considered a full-time or part-time employee?

1. Full-time
2. Part-time

21c. Are you employed in a health-related agency or position?

1. Yes
2. No

22a. Are you actively seeking employment as a registered nurse (e.g., making inquiries as to availability of employment, answering advertisements, having interviews)?

1. Yes
2. No → *(Skip to Question 23a)*

22b. Indicate the number of weeks during which you have been actively seeking a nursing position.

1. Less than a week
2. One week or more

→ Indicate number of weeks _____

22c. Are you looking for a full-time or part-time nursing position?

1. Full-time
2. Part-time

SECTION D: PRIOR NURSING EMPLOYMENT STATUS

23a. Were you employed in nursing one year ago on March 23, 1987?

1. Yes
2. No → (Skip to Question 24)

23b. 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, circle category "1". If you worked less than the normal "full" work week and/or less than the normal work year, circle 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, circle category "1". If you restricted yourself to work only a segment of the work week and/or year, circle either "2" or "3", whichever is applicable.

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?

23c. Indicate the city, county, and state of employment on March 23, 1987. 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 foreign country) _____

Zip Code: _____

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IF YOU WERE NOT EMPLOYED AS AN RN ON MARCH 23, 1988, SKIP TO QUESTION 24.

23d. One year ago, on March 23, 1987, were you employed by your current employer in a nursing position?

1. Yes, current employer in the same position or self-employed in both years
2. Yes, current employer in a different position
3. No, the employer was different but the type of position was the same
4. No, the employer was different and the type of position was different

SECTION E: GENERAL INFORMATION

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

24. What is your sex?

1. Female
2. Male

25. What is your year of birth?

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26. What is your racial/ethnic background? (Circle only one number)

1. Hispanic
2. American Indian or Alaskan Native
3. Asian or Pacific Islander
4. Black, not of Hispanic origin
5. White, not of Hispanic origin

27. What is your current marital status?

1. Now married
2. Widowed, divorced, separated
3. Never married

28. Children living at home most of the time are: (include all children who live with you 6 months of the year or more) (Circle only one number)

1. No children at home
2. All less than 6 years old
3. All 6 years old or older
4. Some younger than 6 and some 6 or older

29. Mark the category that best indicates approximately how much income you, or if you are currently married, you and your spouse together anticipate earning as income during 1988. (Include your annual employment earnings before deductions, your spouse's annual employment earnings before deductions, if married; and all other income, including alimony, child support, dividends, royalties, interest, social security, retirement, etc.)

1. \$15,000 or less
2. \$15,001 to \$25,000
3. \$25,001 to \$35,000
4. \$35,001 to \$50,000
5. \$50,001 to \$75,000
6. \$75,001 to \$100,000
7. \$100,001 to \$150,000
8. More than \$150,000

30. In what city, county, and State were you living on March 23, 1988?

City _____

County _____

State (or foreign country) _____

Zip Code:

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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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

31a. Did you reside in the same city on March 23, 1988, and on March 23, 1987?

1. Yes → (Skip to Question 32)

2. No



31b. Indicate the city, county, and state where you were living on March 23, 1987.

City _____

County _____

State (or foreign country) _____

Zip Code:

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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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

32. 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:

32a. Year of first U.S. license:

- | | |
|---------|------------------|
| 1. 1987 | 6. 1982 |
| 2. 1986 | 7. 1981 |
| 3. 1985 | 8. 1980 |
| 4. 1984 | 9. Prior to 1980 |
| 5. 1983 | |

32b. State which issued first license:

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<input type="text"/>

Please note that the following question (Q 33) 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 in this questionnaire.

33. In the space provided below, please provide the following information:

Column A: List the states in which you are now actively licensed.

Column B: List the permanent number of your certificate of registration or license for each state you listed.

Column C: Print your complete name as it appears on each license, or circle "same" if it is the same as on the 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 circle "same" at right of name line if same as on front of questionnaire	For office use
1.		Last: _____ First: _____ MI (same)	<input type="checkbox"/>
2.		Last: _____ First: _____ MI (same)	<input type="checkbox"/>
3.		Last: _____ First: _____ MI (same)	<input type="checkbox"/>
4.		Last: _____ First: _____ MI (same)	<input type="checkbox"/>
5.		Last: _____ First: _____ MI (same)	<input type="checkbox"/>
6.		Last: _____ First: _____ MI (same)	<input type="checkbox"/>
7.		Last: _____ First: _____ MI (same)	<input type="checkbox"/>
8.		Last: _____ First: _____ MI (same)	<input type="checkbox"/>
9.		Last: _____ First: _____ MI (same)	<input type="checkbox"/>
10.		Last: _____ First: _____ MI (same)	<input type="checkbox"/>

AS SOON AS YOUR ANSWERS HAVE BEEN PROCESSED, THE FOLLOWING INFORMATION WILL NO LONGER BE ASSOCIATED WITH ANY OTHER INFORMATION ON THIS QUESTIONNAIRE.

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

35. What is your telephone number? (Area Code) Number

36. Are your name and address, as they appear on the label of this questionnaire, correct? (Circle only one number)

1. Yes

2. No (Please indicate correct name and address)

<input type="text"/>	<input type="text"/>	<input type="text"/>
(Last)	(First)	(Middle)

Box No. or Street Address: _____

City: _____ State: _____ Zip Code: _____

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

Research Triangle Institute
ATTN: Jennifer McNeill
P.O. Box 12194
Research Triangle Park, NC 27709



Use this page for any special comments you wish to make about any of your responses to the questions or for any additional remarks you may have.

PLACE LABEL HERE