



NATIONAL SAMPLE SURVEY OF REGISTERED NURSES



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Health Resources and
Services Administration
Rockville MD 20857

Dear Colleague:

We are writing to request your participation in an important study of the nurse population in the United States. 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. The information is for statistical purposes only and will not be connected with your name. Individually identifiable information will be used for sample definition and for preventing data duplication. Once this process is completed, individual identifiers will be destroyed. Participation is voluntary, and there are no penalties for failure to answer any question; however, each unanswered question substantially reduces the accuracy of the data.

This study is being carried out to assist in fulfilling congressional requirements stated in Section 951 of P.L. 94-63 (42 USC 296 note), which specifies that information be obtained, on a continuing basis, on the number and distribution of nurses; and in Section 708 of Title VII of the Public Health Service Act (42 USC 292h) 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. In addition, these data are a primary resource throughout the health care arena as studies are made assessing the number and characteristics of the registered nurse supply.

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. It should take about 20 minutes of your time to complete. Return the completed questionnaire in the postage-paid envelope enclosed in this package at your earliest convenience. All RNs who have received the questionnaire are requested to complete it regardless of their retirement or working status. If possible, we suggest you complete it now.

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

Sincerely,

A handwritten signature in cursive script, reading "Marla E. Salmon".

Marla E. Salmon, ScD, RN, FAAN
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.

PUBLIC BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to PHS Reports Clearance Officer, ATTN: PRA; Hubert H. Humphrey Bldg., Room 721-B; 200 Independence Ave., SW; Washington, DC 20201, and to the Office of Management and Budget; Paperwork Reduction Project (0915-0153); Washington, DC 20503.

SECTION A: EDUCATION

CIRCLE THE APPROPRIATE NUMBER CORRESPONDING TO YOUR ANSWER IN EACH QUESTION OR SUPPLY REQUESTED INFORMATION

1a. In what type of basic nursing education program were you prepared to become a registered nurse? (Circle only one number)

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

1b. In what month and year did you graduate from this program?

Month

Year

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

For office
use

2a. IMMEDIATELY PRIOR TO STARTING THE BASIC NURSING EDUCATION PROGRAM described in Question 1, were you employed in a health occupation?

1. Yes
2. No → (Skip to 3a)

2b. Were you a (Circle only one number)

1. Nursing Aide
2. Licensed Practical/Vocational Nurse
3. Other (Specify) _____

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 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. Doctoral Degree

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

1. Yes → (Skip to 4a)
2. No

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

1. Biological or Physical Science
2. Business or Management
3. Education
4. Liberal Arts
5. Social Science
6. Other (Specify) _____

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 6)

4b. For each academic degree you have received since graduation from your basic nursing education program, please indicate (i) the type of degree; (ii) whether or not the degree is related to your nursing career; and (iii) the year the degree was received.

Type of Degree	(i)	(ii)		(iii)
	Received degree (CHECK ALL THAT APPLY)	Related to nursing career (CIRCLE Y OR N)		Year in which you received the degree
		YES	NO	
Associate degree in nursing	1 <input type="checkbox"/>			19 ____
Associate degree in another field	2 <input type="checkbox"/>	Y	N	19 ____
Baccalaureate in nursing	3 <input type="checkbox"/>			19 ____
Baccalaureate in another field	4 <input type="checkbox"/>	Y	N	19 ____
Master's in nursing	5 <input type="checkbox"/>			19 ____
Master's in another field	6 <input type="checkbox"/>	Y	N	19 ____
Doctorate in nursing	7 <input type="checkbox"/>			19 ____
Doctorate in another field	8 <input type="checkbox"/>	Y	N	19 ____

IF YOU HAVE LISTED A MASTER'S OR DOCTORAL DEGREE IN QUESTION 4b, CONTINUE WITH QUESTION 5, OTHERWISE SKIP TO QUESTION 6.

5. What was the one primary focus of your master's and/or doctoral degree(s)? (Circle only one number for each relevant degree)

5a. Master's

1. Clinical Practice
2. Education
3. Supervision/Administration
4. Other (Specify) _____

5b. Doctoral

1. Clinical Practice
2. Education
3. Supervision/Administration
4. Research
5. Other (Specify) _____

6. SINCE GRADUATING FROM THE BASIC NURSING EDUCATION PROGRAM you described in Question 1, have you completed a formal educational program preparing you for advanced practice as a clinical nurse specialist, nurse anesthetist, nurse-midwife, or nurse practitioner?

1. Yes
2. No → (Skip to 7)

6a. What type of formal educational program? (Circle appropriate number)

1. Clinical Nurse Specialist
2. Nurse Anesthetist
3. Nurse-Midwife
4. Nurse Practitioner

6b. What was the length in months of this program?

1. Less than 3 months
2. 3 through 8 months
3. 9 months or more

6c. When you completed the program, did you receive a: (Circle appropriate number)

1. Certificate
2. Master's Degree
3. Other (Specify)

6d. What was the type of specialty studied in this program? (Circle appropriate number)

1. Adult health/medical surgical
2. Anesthesia
3. Community health/public health
4. Critical care
5. Family
6. Geriatric/gerontology
7. Maternal-child/parent-child
8. Neonatal
9. Nurse-midwifery
10. Obstetric/gynecology
11. Occupational health
12. Oncology
13. Pediatric
14. Psychiatric/mental health
15. Rehabilitation
16. School health
17. Women's health
18. Other (Specify)

6e. Are you currently certified by a national accrediting body for this advanced practice?

1. Yes
2. No → (Skip to 7)

6f. Are you certified as a: (Circle appropriate number)

1. Certified registered nurse anesthetist
2. Certified nurse-midwife
3. Clinical specialist in adult psychiatric/mental health
4. Clinical specialist in child, adolescent psychiatric/mental health
5. Clinical specialist in community health nursing
6. Clinical specialist in gerontological nursing
7. Clinical specialist in medical-surgical nursing
8. Neonatal nurse clinician practitioner
9. Adult nurse practitioner
10. Family nurse practitioner
11. Gerontological nurse practitioner
12. Ob-Gyn nurse practitioner
13. Pediatric nurse practitioner
14. School nurse practitioner
15. Other (Specify)

6g. What is the name of the national accrediting body?

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 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)
-

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

1. Personal and family resources
 2. Employer tuition reimbursement plan (including Veterans Administration employer tuition plan)
 3. Federal traineeship, scholarship, or grant
 4. Federally assisted loan
 5. State or local government loan or scholarship
 6. Non-government scholarship, loan, or grant
 7. University teaching or research fellowship
 8. Other sources (Specify)
-

SECTION B: EMPLOYMENT STATUS

8. Were you employed in nursing as of March 25, 1992? (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 NURSE DOING PRIVATE DUTY OR WORKING THROUGH A TEMPORARY EMPLOYMENT SERVICE AND NOT ON A CASE AT THE MOMENT.

1. Yes
2. No → (Skip to 20)

The following questions 9-18 refer to your principal employment setting and nursing position as of March 25, 1992. 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.

9. What was the location of employment on March 25, 1992? (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 country if not U.S.A.): _____

ZIP Code:

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10. In your principal nursing position are you: (Circle only one number)

1. An employee of the facility for which you are working
2. Employed through a temporary employment service agency
3. Self Employed

11. Which one of the following settings best describes the TYPE OF SETTING in which you were working on March 25, 1992 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, except psychiatric (for example acute care hospital)
- 120 Non-federal, long-term hospital, except psychiatric
- 130 Non-federal psychiatric hospital
- 140 Federal Government Hospital
- 150 Other type of hospital (specify) _____

Nursing Home/Extended Care Facility

- 210 Nursing home unit in hospital
- 220 Other nursing home
- 230 Facility for mentally retarded
- 240 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
- 350 Other (specify) _____

Public Health/Community Health Setting

- 400 Official state health department
- 405 Official state mental health agency
- 410 Official city or county health department
- 415 Combination (official/voluntary) nursing service
- 420 Visiting nurse service (VNS/NA)
- 425 Other home health agency (non-hospital based)
- 430 Community mental health facility (including freestanding psychiatric outpatient clinics)
- 435 Community/neighborhood health center
- 440 Planned Parenthood/family planning center
- 445 Day care center
- 450 Rural health care center
- 455 Retirement community center
- 460 Hospice
- 465 Other (specify) _____

School Health Service

- 510 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

- 710 Solo practice (physician)
- 715 Solo practice (nurse)
- 720 Partnership (physicians)
- 725 Partnership (nurses)
- 730 Group practice (physicians)
- 735 Group practice (nurses)
- 740 Partnership or group practice (mixed group of professionals)
- 750 Freestanding clinic (physicians)
- 755 Freestanding clinic (nurses)
- 760 Ambulatory surgical center (non-hospital based)
- 770 Dental practice
- 780 Health Maintenance Organization (HMO)
- 790 Other (specify) _____

Other

- 910 Central or regional Federal agency
- 920 State Board of Nursing
- 930 Nursing or health professional membership association
- 940 Health planning agency
- 950 Prison or jail
- 960 Insurance company (review/claims)
- 970 Other (specify) _____

12. Which one of the following titles best corresponds to the position title for your principal nursing position? (Circle only one number)

- 01 Administrator or assistant administrator
 - 02 Certified nurse anesthetist (CRNA)
 - 03 Charge nurse
 - 04 Clinical nurse specialist
 - 05 Consultant
 - 06 Dean, director, or assistant/associate director of nursing education
 - 07 Director or assistant/associate director of nursing service
 - 08 Discharge planner
 - 09 General duty nurse
 - 10 Head nurse or assistant head nurse
 - 11 Infection control nurse
 - 12 In-service education director or instructor
 - 13 Instructor
 - 14 Insurance reviewer
 - 15 Nurse clinician
 - 16 Nurse coordinator
 - 17 Nurse-midwife
 - 18 Nurse practitioner
 - 19 Patient care coordinator
 - 20 Private duty nurse
 - 21 Professor or assistant/associate professor
 - 22 Public health nurse
 - 23 Quality assurance nurse
 - 24 Researcher
 - 25 School nurse
 - 26 Staff nurse
 - 27 Supervisor or assistant supervisor
 - 28 Team leader
 - 29 No position title
 - 30 Other (Specify)
-

13a. For your principal nursing position, approximately what percentage of your time is 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 %

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

1. Yes
2. No → (Skip to 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. Step-down, transitional bed unit
3. General/specialty (other than intensive care or step down) bed unit → (Go to 14b)
4. Outpatient department
5. Operating room
6. Post operative recovery room
7. Labor/delivery room
8. Emergency room
9. Home health care → (Skip to 15)
10. Hospice unit
11. Other specific area (Specify) _____
12. No specific assigned type of area _____

14b. What type of patients are primarily treated in the hospital unit in which you work? (Circle only one number)

1. Chronic care
2. Coronary care
3. Neurological
4. Newborn
5. Obstetrics/gynecologic
6. Orthopedic
7. Pediatric
8. Psychiatric
9. Rehabilitation
10. Basic medical/surgical (or specialty areas not specified above)
11. 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?

16a. 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

16b. How many hours did you actually work during the week beginning on March 23, 1992? (Include overtime but exclude holidays, sick leave, vacation time not worked.)

_____ 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 1992.

_____ Weeks

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

What is your gross annual 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 1992.

Annual earnings: \$ _____

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

1. Yes
2. No → (Skip to 23a)

19b. In your other nursing position(s) for pay, do you:

1. Work as an employee of the facility
2. Work through a temporary employment service agency
3. Work in a self-employed capacity?

19c. What type of work do you do in your other nursing position(s) for pay? (Circle all that apply)

1. Home health
2. Hospital staff
3. Nursing home staff
4. Private duty nursing
5. Teaching
6. Patient consultation
7. Consultation
8. Research
9. Other (Specify)

- 19d. What is 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 1992 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 1992.

Average hours per week _____

Weeks in 1992 _____

- 19e. How many hours did you actually work in your other nursing position during the week beginning on March 23, 1992? If you did not work in your other nursing position(s) during that week, please enter "0".

_____ hours

- 19f. For your other nursing position(s), please provide an estimate of the total annual earnings for 1992. Note: If you are self-employed or do not work a routine schedule, report the estimated amount you expect to earn in 1992.

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 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

- 21d. What is the reason(s) you are not working in a nursing position? (Circle all that apply)

1. Difficult to find a nursing position
 2. Hours more convenient in other position
 3. Better salaries available in current type of position
 4. Concern about safety in health care environment
 5. Inability to practice nursing on a professional level
 6. Find current position more rewarding professionally
 7. My nursing skills are out-of-date
 8. Other (please specify)
- _____

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 23a)

22b. How many weeks have you 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
3. Either

SECTION D: PRIOR NURSING EMPLOYMENT STATUS

23a. Were you employed in nursing one year ago on March 25, 1991?

1. Yes
2. No → (Skip to 24)

23b. In your principal nursing position at that time, 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 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 the normal work year on either a full- or part-time basis?

23c. What was the location of your principal position on March 25, 1991? If you were not employed in a fixed location (e.g., you were a private duty nurse), consider the area where you spent most of your working time as your location of employment.

City: _____

County: _____

State (or country if not U.S.A.): _____

ZIP Code:

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23d. Which one of the following settings best describes the type of employment setting of your principal position in which you worked on March 25, 1991?

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

- 110 Non-federal, short-term hospital, except psychiatric (for example acute care hospital)
- 120 Non-federal, long-term hospital, except psychiatric
- 130 Non-federal psychiatric hospital
- 140 Federal Government Hospital
- 150 Other type of hospital (specify) _____

Nursing Home/Extended Care Facility

- 210 Nursing home unit in hospital
- 220 Other nursing home
- 230 Facility for mentally retarded
- 240 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
- 350 Other (specify) _____

Public Health/Community Health Setting

- 400 Official state health department
- 405 Official state mental health agency
- 410 Official city or county health department
- 415 Combination (official/voluntary) nursing service
- 420 Visiting nurse service (VNS/NA)
- 425 Other home health agency (non-hospital based)
- 430 Community mental health facility (including freestanding psychiatric outpatient clinics)
- 435 Community/neighborhood health center
- 440 Planned Parenthood/family planning center
- 445 Day care center
- 450 Rural health care center
- 455 Retirement community center
- 460 Hospice
- 465 Other (specify) _____

School Health Service

- 510 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

- 710 Solo practice (physician)
- 715 Solo practice (nurse)
- 720 Partnership (physicians)
- 725 Partnership (nurses)
- 730 Group practice (physicians)
- 735 Group practice (nurses)
- 740 Partnership or group practice (mixed group of professionals)
- 750 Freestanding clinic (physicians)
- 755 Freestanding clinic (nurses)
- 760 Ambulatory surgical center (non-hospital based)
- 770 Dental practice
- 780 Health Maintenance Organization (HMO)
- 790 Other (specify) _____

Other

- 910 Central or regional Federal agency
- 920 State Board of Nursing
- 930 Nursing or health professional membership association
- 940 Health planning agency
- 950 Prison or jail
- 960 Insurance company (review/claims)
- 970 Other (specify) _____

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. How old are the children who live at home with you? (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 less than 6 and some 6 or over

29. Which category best describes how much income you, or if you are currently married, you and your spouse together anticipate earning during 1992? (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. Where were you living on March 25, 1992?

City: _____

County: _____

State (or country, if not U.S.) _____

ZIP Code:

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31a. Did you reside in the same city on March 25, 1992, and on March 25, 1991?

1. Yes → (Skip to 32)
2. No

31b. Where were you living on March 25, 1991?

City: _____

County: _____

State (or country, if not U.S.) _____

ZIP Code:

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32. When were you issued your first U.S. license (by one of the 50 States or the District of Columbia) to practice as a registered nurse and what State issued this license to you:

32a. In what year did you receive your first U.S. license?

- | | | |
|---------|----------|-------------------|
| 1. 1991 | 6. 1986 | 11. 1981 |
| 2. 1990 | 7. 1985 | 12. 1980 |
| 3. 1989 | 8. 1984 | 13. Prior to 1980 |
| 4. 1988 | 9. 1983 | |
| 5. 1987 | 10. 1982 | |

32b. Which State issued you your first license?

For office
use

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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 all 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-List your complete name as it appears on each license, or circle "same" if it is the same as on questionnaire label.

A. State of Licensure	B. Permanent number on certificate of registration or license	C. Name as it appears on the registration or license, or circle "same" at right of name line if same as on front of questionnaire	FOR OFFICE USE	
			D.	E.
1.		Last First MI (same)		
2.		Last First MI (same)		
3.		Last First MI (same)		
4.		Last First MI (same)		
5.		Last First MI (same)		
6.		Last First MI (same)		
7.		Last First MI (same)		
8.		Last First MI (same)		
9.		Last First MI (same)		
10.		Last First MI (same)		

AS SOON AS YOUR ANSWERS HAVE BEEN PROCESSED, THIS 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)

--	--	--

Last

First

Middle

Box number or Street Address _____

City _____

State _____

ZIP Code _____

37. 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 SELF-ADDRESSED ENVELOPE.

Research Triangle Institute
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Research Triangle Park, NC 27709