



## NATIONAL SAMPLE SURVEY OF REGISTERED NURSES



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Bureau of Health Professions

Public Health Service

Division of Nursing

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 792 of Title VII of the Public Health Service Act (42 USC 295k) which calls for the collection and analysis of data on 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, (b) your employment 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 that reads "Marla E. Salmon".

Marla E. Salmon, ScD, RN, FAAN  
Director

**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 DHHS Reports Clearance Officer, Paperwork Reduction Project (0915-0192); Room 531-H; Hubert H. Humphrey Bldg., 200 Independence Ave., SW; Washington, DC 20201.

## 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

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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 employed as 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. Doctorate 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 YES OR NO)	Year in which you received your degree
Associate degree in nursing	1 <input type="checkbox"/>		19 ____
Associate degree in another field	2 <input type="checkbox"/>	Yes    No	19 ____
Baccalaureate in nursing	3 <input type="checkbox"/>		19 ____
Baccalaureate in another field	4 <input type="checkbox"/>	Yes    No	19 ____
Master's in nursing	5 <input type="checkbox"/>		19 ____
Master's in another field	6 <input type="checkbox"/>	Yes    No	19 ____
Doctorate in nursing	7 <input type="checkbox"/>		19 ____
Doctorate in another field	8 <input type="checkbox"/>	Yes    No	19 ____

IF YOU HAVE LISTED A MASTER'S OR DOCTORATE 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 doctorate 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. Doctorate

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

6a. 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 7a)

	A Clinical Nurse Specialist	B Nurse Anesthetist	C Nurse- Midwife	D Nurse Practitioner
6b. Please check the advanced practice nurse category(ies) for which you have been prepared.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For items 6c–6h, the first column on the left contains the description of the response items for each question. In the column for the advanced practice category(ies) which you checked, please circle the number corresponding to the number of the appropriate response item.

6c. Length of Program (Please circle appropriate response)				
1. Less than 3 months	1	1	1	1
2. 3 through 8 months	2	2	2	2
3. 9 months or more	3	3	3	3
6d. Award Received (Please circle appropriate response)				
1. Certificate	1	1	1	1
2. Master's Degree	2	2	2	2
3. Post-Master's Certificate	3	3	3	3
4. Other Degree	4	4	4	4
(Specify in appropriate column)	(Specify)	(Specify)	(Specify)	(Specify)
6e. Specialty Studied (Please circle appropriate response)				
1. Adult health/medical surgical	1	1	1	1
2. Anesthesia	2	2	2	2
3. Community health/public health	3	3	3	3
4. Critical care	4	4	4	4
5. Family	5	5	5	5
6. Geriatric/gerontology	6	6	6	6
7. Maternal-child health	7	7	7	7
8. Neonatal	8	8	8	8
9. Nurse-midwifery	9	9	9	9
10. Obstetric/gynecology	10	10	10	10
11. Occupational health	11	11	11	11
12. Oncology	12	12	12	12
13. Pediatric	13	13	13	13
14. Psychiatric/mental health	14	14	14	14
15. Rehabilitation	15	15	15	15
16. School health	16	16	16	16
17. Women's health	17	17	17	17
18. Other	18	18	18	18
(Specify in appropriate column)	(Specify)	(Specify)	(Specify)	(Specify)

(continued)

(question 6 continued from page 3)

	A Clinical Nurse Specialist	B Nurse Anesthetist	C Nurse- Midwife	D Nurse Practitioner
<b>6f. Currently Certified by a National Certifying Body</b> (Please circle appropriate response)				
1. Yes	1	1	1	1
2. No	2	2	2	2
(If you do not have <u>any</u> certifications, go to 7a)				
<b>6g. National Certifying Body</b> (Please circle appropriate response)				
1. American Academy of Nurse Practitioners	1	1	1	1
2. American Association of Nurse Anesthetists	2	2	2	2
3. American College of Nurse-Midwives	3	3	3	3
4. American Nurses Credentialing Center (ANCC)	4	4	4	4
5. National Certification Board of Pediatric Nurse Practitioners and Nurses (NCPNP/N)	5	5	5	5
6. National Certification Corporation for the Obstetric, Gynecologic, and Neonatal Nursing Specialties (NCC)	6	6	6	6
7. Other	7	7	7	7
(Specify in appropriate column)	(Specify) _____	(Specify) _____	(Specify) _____	(Specify) _____
<b>6h. Type of Certification</b> (Please circle appropriate response) CS — clinical specialist NP — nurse practitioner				
1. Adult NP	1	1	1	1
2. Certified registered nurse anesthetist (CRNA)	2	2	2	2
3. Certified nurse-midwife (CNM)	3	3	3	3
4. Community Health CS	4	4	4	4
5. Family NP	5	5	5	5
6. Gerontological CS	6	6	6	6
7. Gerontological NP	7	7	7	7
8. Medical-surgical CS	8	8	8	8
9. Neonatal NP	9	9	9	9
10. Pediatric NP	10	10	10	10
11. Psychiatric & mental health CS – Adult	11	11	11	11
12. Psychiatric & mental health CS – Child & Adolescent	12	12	12	12
13. School NP	13	13	13	13
14. Women's Health Care NP (Ob-Gyn NP)	14	14	14	14
15. Other	15	15	15	15
(Specify in appropriate column)	(Specify) _____	(Specify) _____	(Specify) _____	(Specify) _____



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 resources (Specify)

## SECTION B: EMPLOYMENT STATUS

8. Were you employed in nursing as of March 20, 1996? (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)

Questions 9 through 18 refer to your principal employment setting and nursing position as of March 20, 1996. 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 20, 1996? (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 20, 1996 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.)

CIRCLE ONLY ONE NUMBER ON PAGE

**Hospital** (Exclude nursing home units and all off-site units of hospitals but include all on-site clinics and other services of the hospitals)

- 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 Program**

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

1. Administrator of facility/agency or assistant
2. Administrator of nursing or assistant (e.g., vice president for nursing, director/assistant director of nursing service)
3. Case manager
4. Certified nurse anesthetist (CRNA)
5. Charge nurse
6. Clinical nurse specialist
7. Consultant
8. Dean, director, or assistant/associate director of nursing education
9. Discharge planner
10. Head nurse or assistant head nurse
11. Infection control nurse
12. In-service education director
13. Instructor
14. Insurance reviewer
15. Nurse clinician
16. Nurse coordinator
17. Nurse manager
18. Nurse-midwife
19. Nurse practitioner
20. Outcomes manager
21. Patient care coordinator
22. Private duty nurse
23. Professor or assistant/associate professor
24. Public health nurse
25. Quality assurance nurse
26. Researcher
27. School nurse
28. Staff nurse
29. Supervisor or assistant supervisor
30. Team leader
31. No position title
32. 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 anesthesia recovery unit
7. Labor/delivery room
8. Emergency department
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 18, 1996? (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 1996.

\_\_\_\_\_ 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 1996.

Annual earnings: \$\_\_\_\_\_ / year

- 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: (Circle all that apply)

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 1996 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 1996.

Average hours per week \_\_\_\_\_

Weeks in 1996 \_\_\_\_\_

- 19e. How many hours did you actually work in your other nursing position during the week beginning on March 18, 1996? 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 1996. Note: If you are self-employed or do not work a routine schedule, report the estimated amount you expect to earn in 1996.

Estimated annual earnings \$\_\_\_\_\_ / year

## 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 (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 20, 1995?

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 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 20, 1995? 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 a year ago on March 20, 1995?

**CIRCLE ONLY ONE NUMBER ON PAGE**

**Hospital** (Exclude nursing home units and all off-site units of hospitals but include all on-site clinics and other services of the hospitals)

- 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
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- 230 Facility for mentally retarded
- 240 Other type of extended care facility (Specify) \_\_\_\_\_

**Nursing Education Program**

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**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) \_\_\_\_\_



23e. One year ago, on March 20, 1995, were you employed by your current employer?

1. Yes, in same position as current one (Skip to 24)  
2. Yes, in different position  
3. No

23f. If answer to above question is 2 or 3, provide the principal reason for the change (Circle only one number)

1. Received a promotion  
2. Was laid off  
3. Employer shifted positions due to reorganization  
4. Was more interested in another position/job  
5. Offered better pay/benefits  
6. Relocated to a different geographic area  
7. Employer reduced the number of registered nurses on staff  
8. Better opportunity to do the kind of nursing that I like  
9. Employer planned to reduce salaries/benefits  
10. Changes in organization/unit made work more stressful  
11. 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 1996? (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 20, 1996?

City: \_\_\_\_\_

County: \_\_\_\_\_

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

ZIP Code: 

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31a. Did you reside in the same city on March 20, 1996, and on March 20, 1995?

1. Yes → (Skip to 32)  
2. No

31b. Where were you living on March 20, 1995?

City: \_\_\_\_\_

County: \_\_\_\_\_

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

ZIP Code: 

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32. Please indicate below when and where 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.

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

(Circle appropriate year)

1996 1993 1990 1987 1984 1981

1995 1992 1989 1986 1983 1980

1994 1991 1988 1985 1982 Prior to 1980

32b. What 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 <u>circle "same"</u> at right of name line if same as on address label on back cover	FOR OFFICE USE	
			D.	E.
1.		Last First MI same		
2.		same		
3.		same		
4.		same		
5.		same		
6.		same		
7.		same		
8.		same		
9.		same		
10.		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?

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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)

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Last                      First                      MI

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.

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THANK YOU VERY MUCH FOR YOUR HELP.

PLEASE RETURN THE QUESTIONNAIRE IN THE ENCLOSED SELF-ADDRESSED ENVELOPE.

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

Research Triangle Institute ATTN: Ilona Johnson P.O. Box 12194 Research Triangle Park, NC 27709-2194
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