2015 RN Licensure Survey Instrument

1. What is your employment status?
   DROP-DOWN LIST OR RADIO BUTTONS
   Actively employed in nursing full-time
   Actively employed in nursing part-time
   Actively employed in nursing per diem
   Actively employed in a field other than nursing
   Working in nursing only as a volunteer
   Unemployed and seeking work as a nurse
   Unemployed and not seeking work as a nurse
   Retired

2. What is your racial background? Please select all that apply.
   DROP-DOWN LIST OR RADIO BUTTONS
   White
   American Indian or Alaska Native
   Native Hawaiian/Pacific Islander
   Black or African American
   Asian
   Other

3. What is your ethnicity?
   DROP-DOWN LIST OR RADIO BUTTONS
   Hispanic or Latino
   Not Hispanic or Latino

4. What type of nursing degree/credential qualified you for your first US nursing license?
   DROP-DOWN LIST OR RADIO BUTTONS
   Vocational/Practical certificate – nursing
   Diploma – nursing
   Associate degree – nursing
   Baccalaureate degree – nursing
   Master’s degree – nursing
   Doctoral degree – nursing

5. What is the name of the school (education program) you graduated from that qualified you for your first US RN license?
   TEXT-BOX (128 CHARACTER LIMIT)
6. In what city was this education program located?
   TEXT-BOX (64 CHARACTER LIMIT)

7. In what state was this education program located? Please indicate the state with its 2-letter postal abbreviation.
   TEXT-BOX (2 CHARACTER LIMIT)

8. What is your highest level of education?
   DROP-DOWN LIST OR RADIO BUTTONS
   Vocational/Practical certificate – nursing
   Diploma – nursing
   Associate degree – nursing
   Associate degree – other field
   Baccalaureate degree – nursing
   Baccalaureate degree – other field
   Master's degree – nursing
   Master’s degree – other field
   Doctoral degree – nursing
   Doctoral degree – other field

9. What other nursing degrees do you plan to pursue in the next 2 years? Please select all that apply.
   DROP-DOWN LIST OR RADIO BUTTONS
   Bachelor’s Degree
   Master’s Degree
   Doctor of Nursing Practice (DNP)
   PhD
   I do not intend to pursue further nursing education in the next 2 years

10. Please identify the type of setting that most closely corresponds to your primary nursing practice position.
    DROP-DOWN LIST OR RADIO BUTTONS
    Hospital
    Nursing Home/Extended Care Facility/Assisted Living Facility
    Home Health
    Correctional Facility
    Academic Setting
    Public Health
    Community Health
    School Health Service
    Occupational Health
    Ambulatory Care Setting
    Insurance Claims/Benefits
    Policy/Planning/Licensing Agency
    Other

11. Please identify the position title that most closely corresponds to your primary nursing practice position.
12. Please identify the employment specialty that most closely corresponds to your primary nursing practice position.
   DROP-DOWN LIST OR RADIO BUTTONS
   Consultant/Nurse Researcher
   Nurse Executive
   Nurse Manager
   Nurse Faculty
   Advanced Practice Nurse
   Staff Nurse
   Other – Health Related
   Other – Non-Health Related

13. If you are licensed as an Advanced Practice Nurse or Nurse Midwife, indicate the specialty of the physician(s) with whom you have a practice. If you have your own practice, please select the specialty that best describes your practice.
   DROP-DOWN LIST OR RADIO BUTTONS
   Primary Care Specialties
   Internal Medicine Subspecialties
   Pediatric Subspecialties
   Obstetrics & Gynecology
   General Surgery
   Surgical Specialties
   Psychiatry (Adult and Child)
   Anesthesiology, Pathology, Radiology or Emergency Medicine
   Other Specialty

14. What is the street address of your primary practice location?
15. In what city is your primary practice location?
   TEXT-BOX (64 CHARACTER LIMIT)

16. In what state is your primary practice location? Please indicate state using 2-letter postal abbreviation.
   TEXT-BOX (2 CHARACTER LIMIT)

17. What is the 5-digit ZIP code of your primary practice location?
   TEXT-BOX (5 CHARACTER LIMIT)

18. Estimate the average number of hours per week spent at your primary practice location.
   DROP-DOWN LIST OR RADIO BUTTONS
   0 hours per week
   1 – 4 hours per week
   5 – 8 hours per week
   9 – 12 hours per week
   13 – 16 hours per week
   17 – 20 hours per week
   21 – 24 hours per week
   25 – 28 hours per week
   29 – 32 hours per week
   33 – 36 hours per week
   37 – 40 hours per week
   41 or more hours per week

19. What is the street address of your secondary practice location? Please skip this question if you do not have a secondary practice location.
   TEXT-BOX (64 CHARACTER LIMIT)

20. In what city is your secondary practice location? Please skip this question if you do not have a secondary practice location.
   TEXT-BOX (64 CHARACTER LIMIT)

21. In what state is your secondary practice location? Please indicate state using 2-letter postal abbreviation. Please skip this question if you do not have a secondary practice location.
   TEXT-BOX (2 CHARACTER LIMIT)

22. What is the 5-digit ZIP code of your secondary practice location? Please skip this question if you do not have a secondary practice location.
   TEXT-BOX (5 CHARACTER LIMIT)

23. Estimate the average number of hours per week spent at your secondary practice location. Please skip this question if you do not have a secondary practice location.
   DROP-DOWN LIST OR RADIO BUTTONS
0 hours per week
1 – 4 hours per week
5 – 8 hours per week
9 – 12 hours per week
13 – 16 hours per week
17 – 20 hours per week
21 – 24 hours per week
25 – 28 hours per week
29 – 32 hours per week
33 – 36 hours per week
37 – 40 hours per week
41 or more hours per week

24. In how many **paid positions** in nursing are you currently employed?
   DROP-DOWN LIST OR RADIO BUTTONS
   1 position
   2 positions
   3 positions
   4 or more positions