Section I. NP Education, Licensure and Workforce Participation

**1.** Do you have a **current** certification, licensure, or other legal recognition from a State Board of Nursing to practice as a Nurse Practitioner (NP)?

[ ]  Yes

[ ]  No **→**If No go to #52 on page 7

**2.** In which state(s) do you currently have certification/licensure/recognition to practice as an NP? *List up to 3*

|\_\_\_|\_\_\_| |\_\_\_|\_\_\_| |\_\_\_|\_\_\_|

**3.** Which educational program(s) did you complete for your **NP** preparation? *Check all that apply.*

[ ]  Bachelor’s degree

[ ]  Master’s degree

[ ]  Post Master’s Certificate

[ ]  Certificate Program (no master’s degree)

[ ]  Doctor of Nursing Practice degree

[ ]  Other

**4.** In what year did you complete your **initial** NP education program? |\_\_|\_\_|\_\_|\_\_|

**5.** In which area(s) have you ever received certification from a **national certifying organization** for NPs? *Check all that apply.*

[ ]  Acute care adult

[ ]  Acute care pediatric

[ ]  Adult

[ ]  Gerontology

[ ]  Family

[ ]  Pediatric

[ ]  Neonatal

[ ]  Psych/mental health

[ ]  Women’s health

[ ]  Other *(please specify)*

[ ]  None

**6.** Are you employed in any positions that require state certification/ licensure/recognition to practice as an NP?

[ ]  Yes **→**If Yes go to #8

[ ]  No

**7.** If you are not working as an NP, what are the reasons? *Check all that apply.*

[ ]  Overall lack of NP jobs/practice opportunities

[ ]  Lack of NP jobs/practice opportunities in desired location

[ ]  Lack of NP jobs/practice opportunities in desired type of facility

[ ]  Lack of NP jobs/practice in desired specialty

[ ]  Limited scope of practice for NPs in the state where practice is desired

[ ]  Denied NP job due to lack of experience or qualification

[ ]  Inadequate salary/compensation

[ ]  Working outside the nursing field *(please describe)*

[ ]  Maternity/parenting/family leave

[ ]  Poor health or disability

[ ]  Choose not to work at this time

[ ]  Retired

[ ]  Other

**8.** Do you volunteer as an **NP**?

[ ]  Yes

[ ]  No **→**If No go to #10

**9.** How many hours per month do you volunteer as an NP?

|  |  |  |
| --- | --- | --- |
|  |  |  |

Section II. All Nursing Employment

**10.** Do you work for pay in **nursing, as a Registered Nurse (RN) or as an NP**?

[ ]  Yes

[ ]  No **→**If No go to #52 on page 7

**11.** Your principal position is the RN or NP position in which you work the **most hours per week.** Please report **only** nursing positions for which you are **paid**. Do not include volunteer positions or adjunct faculty status.

Describe your principal position. *Check one.*

NP position

[ ]  NP in clinical practice

[ ]  Faculty in an NP education program

[ ]  Faculty in another type of education program requiring an NP credential

[ ]  Researcher requiring an NP credential

[ ]  Administrator requiring an NP credential

[ ]  Other *(please describe)*

Non-NP nursing position

[ ]  RN staff nurse

[ ]  Faculty in a non-NP nursing education program

[ ]  Administrator/Manager

[ ]  Patient care coordinator

[ ]  Other APRN role *(please specify)*

[ ]  Researcher

[ ]  Consultant

[ ]  Other *(please describe)*

**12.** In what type of setting do you practice in your principal position? *Check only one.*

 Ambulatory Settings

[ ]  Private physician office/practice

[ ]  Private NP office/practice

[ ]  Nurse Managed clinic

[ ]  Retail based clinic

[ ]  Urgent care clinic

[ ]  Ambulatory surgery center

[ ]  Federal clinic (FQHC, VA, Military, NIH, HIS)

 Hospital Setting

[ ]  Hospital inpatient unit

[ ]  Hospital outpatient clinic (not an ED)

[ ]  Hospital emergency department

[ ]  Hospital–other (*please specify*)

[ ]  Federal Hospital (Military, VA, NIH, IHS)

Long Term and Elder Care

[ ]  Long-term care facility

[ ]  Hospice

[ ]  Home care agency

 Public or Community Health

[ ]  Community clinic

[ ]  Correctional facility

[ ]  Health department

[ ]  Mental health center

[ ]  Rural health clinic

 Other Settings

[ ]  Academic (university/college) education program

[ ]  Health maintenance organization/managed care

[ ]  Occupational/employee health

[ ]  School/college health service

**13.** What is the ZIP code where you practice in your principal position?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

**14.** In your principal position do you **use** an electronic health record (EHR) or electronic medical record (EMR) system? Do not include billing record systems.

[ ]  Yes

[ ]  No

[ ]  Don’t know

**15.** In your principal position are there plans for installing a new EHR or EMR system within the next 18 months?

[ ]  Yes

[ ]  No

[ ]  Don’t know

[ ]  Other *(please describe)*

**16.** In a typical week, how many hours do you work in your principal position?

|  |  |
| --- | --- |
|  |  |

**17.** Please estimate your 2011 pre-tax annual earnings from your principal position. Include overtime, on-call earnings, and bonuses.

**$ |\_\_|**, |\_\_|\_\_|\_\_|, |\_\_|\_\_|\_\_|.00 per year

**18.** Do you have a National Provider Identifier (NPI) number?

[ ]  Yes

[ ]  No **→**If No go to #20

**19.** Do you bill under your NPI number?

[ ]  Yes

[ ]  No

**20.**  How satisfied are you with each of the following aspects of your principal position?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very Satisfied | Satisfied | Dissatisfied | Very Dissatisfied | Not Applicable |
| Proportion of time in patient care | 1 | 2 | 3 | 4 | 5 |
| Patient load | 1 | 2 | 3 | 4 | 5 |
| Patient mix | 1 | 2 | 3 | 4 | 5 |
| Amount of paperwork required | 1 | 2 | 3 | 4 | 5 |
| Level of autonomy | 1 | 2 | 3 | 4 | 5 |
| Number of hours worked, including overtime | 1 | 2 | 3 | 4 | 5 |
| Salary/benefits | 1 | 2 | 3 | 4 | 5 |
| Sense of value for what you do | 1 | 2 | 3 | 4 | 5 |
| Respect from physician colleagues | 1 | 2 | 3 | 4 | 5 |
| Respect from other colleagues | 1 | 2 | 3 | 4 | 5 |
| Amount of administrative support | 1 | 2 | 3 | 4 | 5 |
| Opportunities for professional development | 1 | 2 | 3 | 4 | 5 |
| Input into organizational/practice policies | 1 | 2 | 3 | 4 | 5 |

**21.** What is your overall level of satisfaction with your principal position?

[ ]  Very Satisfied

[ ]  Satisfied

[ ]  Dissatisfied

[ ]  Very Dissatisfied

**22.** Do you plan to leave your principal position?

[ ]  Yes, will leave in 2012

[ ]  Yes, will leave in 1-2 years

[ ]  No plans to leave in next 2 years

[ ]  Undecided

**23.** Approximately when do you plan to retire from nursing and NP work?

[ ]  In 2012

[ ]  In 1-2 years

[ ]  In 3-5 years

[ ]  In 6-10 years

[ ]  More than 10 years from now

[ ]  Undecided

**24.** Aside from the principal position you just described, are you working **for pay** in any other nursing, RN or NP positions?

[ ]  Yes

[ ]  No **→** If No go to #30 on page 5

**25.** Your **secondary** position is the RN or NP position in which you work the **second greatest number of hours per week.** Please report **only** nursing positions for which you are paid. Do not include volunteer positions or adjunct faculty status.

Describe your secondary position. *Check only one.*

NP position

[ ]  NP in clinical practice

[ ]  Faculty in an NP education program

[ ]  Faculty in another type of education program requiring an NP credential

[ ]  Researcher requiring an NP credential

[ ]  Administrator requiring an NP credential

[ ]  Other *(please describe)*

Non-NP nursing position

[ ]  RN staff nurse

[ ]  Faculty in a non-NP nursing education program

[ ]  Administrator/Manager

[ ]  Patient care coordinator

[ ]  Other APRN role *(please specify)*

[ ]  Researcher

[ ]  Consultant

[ ]  Other *(please describe)*

**26.** In what type of setting do you practice in your secondary position? *Check only one.*

 Ambulatory Settings

[ ]  Private physician office/practice

[ ]  Private NP office/practice

[ ]  Nurse Managed clinic

[ ]  Retail based clinic

[ ]  Urgent care clinic

[ ]  Ambulatory surgery center

[ ]  Federal clinic (FQHC, VA, Military, NIH, IHS)

 Hospital Setting

[ ]  Hospital inpatient unit

[ ]  Hospital outpatient clinic (not an ED)

[ ]  Hospital emergency department

[ ]  Hospital–other (*please specify*)

[ ]  Federal Hospital (Military, VA, NIH, IHS)

Long Term and Elder Care

[ ]  Long-term care facility

[ ]  Hospice

[ ]  Home care agency

 Public or Community Health

[ ]  Community clinic

[ ]  Correctional facility

[ ]  Health department

[ ]  Mental health center

[ ]  Rural health clinic

 Other Settings

[ ]  Academic (university/college) education program

[ ]  Health maintenance organization/managed care

[ ]  Occupational/employee health

[ ]  School/college health service

[ ]  Other *(please describe)*

**27.** What is the ZIP code where you practice in your secondary position?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

**28.** In a typical week, how many hours do you work in your secondary position?

|  |  |
| --- | --- |
|  |  |

**29.** Please estimate your 2011 pre-tax annual earnings from your secondary position. Include overtime, on-call earnings, and bonuses.

**$ |\_\_|**, |\_\_|\_\_|\_\_|, |\_\_|\_\_|\_\_|.00 per year

Section III. NP Employment Only

**30.** Your NP position may have been described as a principal or secondary position in Section II. In this section, we will gather additional details **only** on your NP employment. Do you work for pay as an NP?

[ ]  Yes

[ ]  No **→** If No go to #52 on page 7

Your **main NP position** is the one in which you work the most hours per week, if you work more than one **NP** job.

**31.** Check the **one** term below that best describes the specialty of the practice/facility in which you work for your **main** **NP** position.

[ ]  Not working in a clinical specialty

Primary Care Specialties

[ ]  Internal Medicine

[ ]  Family Practice

[ ]  Geriatrics

[ ]  General Pediatrics

[ ]  Pediatric Subspecialties

Internal Medicine Subspecialties

[ ]  Adolescent Medicine

[ ]  Cardiology

[ ]  Endocrinology

[ ]  Gastroenterology

[ ]  Hematology / Oncology

[ ]  Infectious Disease

[ ]  Pulmonary/Respiratory

[ ]  Renal/Nephrology

[ ]  Rheumatology

[ ]  OB/GYN Women’s Health

[ ]  General Surgery

Surgical Specialties

[ ]  Urology

[ ]  Orthopedics

[ ]  Other *(specify)*

Other

[ ]  Allergy& Immunology

[ ]  Dermatology

[ ]  Emergency Care

[ ]  Hospitalist

[ ]  Intensive Care

[ ]  Long Term Care

[ ]  Neonatal

[ ]  Neurology

[ ]  Occupational Health

[ ]  Palliative Care/Pain Management

[ ]  Psychiatry/Mental Health

[ ]  Rehabilitation

[ ]  School Health

[ ]  Urgent Care

[ ]  Wound/Ostomy

[ ]  Other *(specify)*

**32.** Are you a hospitalist in your **main NP** position?

[ ]  Yes

[ ]  No

**33.** Thinking about your **main NP** position, what percent of your time do you spend on each of the following?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Patient Care/ Documentation  | Teaching/ Precepting/ Orienting | Supervision/ Management/Administration | Other | Total |
| % | % | % | % | **100%** |

**34.** Do you provide direct patient care in your **main NP** position?

[ ]  Yes

[ ]  No **→**If No go to #47 on page 7

**35.** Thinking about your **main NP** position, for how many of your patients do you provide the following services?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Most Patients | Some Patients | Few Patients | No Patients |
| Diagnosis, treatment, and management of acute illnesses | 1 | 2 | 3 | 4 |
| Diagnosis, treatment, and management of chronic illnesses | 1 | 2 | 3 | 4 |
| Conduct physical examinations and obtain medical histories | 1 | 2 | 3 | 4 |
| Order, perform, and interpret lab tests, x-rays, EKGs, and other diagnostic studies | 1 | 2 | 3 | 4 |
| Prescribe drugs for acute and chronic illnesses | 1 | 2 | 3 | 4 |
| Provide preventative care, including screening and immunizations | 1 | 2 | 3 | 4 |
| Perform procedures | 1 | 2 | 3 | 4 |
| Counsel and educate patients and families | 1 | 2 | 3 | 4 |
| Provide care coordination | 1 | 2 | 3 | 4 |
| Make referrals | 1 | 2 | 3 | 4 |
| Participate in practice improvement activities | 1 | 2 | 3 | 4 |
|  |  |  |  |  |

**36.** Which of the following best describes your billing arrangements for your **main** **NP** position?

[ ]  Bill under my provider number

[ ]  Bill under my clinic/facility number

[ ]  Bill under a physician’s provider number

[ ]  No billing, cash only

[ ]  No billing, grant supported/free clinic

[ ]  Other (*please describe)*

**37.** How often is a physician **present** on site to discuss patient problems as they occur in your **main** **NP** position?

[ ]  0% of the time

[ ]  1%-25% of the time

[ ]  26%-50% of the time

[ ]  51%-75% of the time

[ ]  76%-100% of the time

**38.** What type of professional relationship do you have with the physician(s) in your **main** **NP** position*? Check all that apply.*

[ ]  No physician in my practice

[ ]  Collaborate with a physician at another site

[ ]  Collaborate with a physician on site

[ ]  Equal colleagues/no hierarchy

[ ]  S/he is the medical director who oversees all of our practice and I am accountable to the medical director, as are all other providers

[ ]  Hierarchical/supervisory in which I must accept his/her clinical decision about the patients I see

[ ]  Physician sees and signs off on the patients I see

[ ]  Other *(please describe)*

**39.** To what extent would you agree or disagree with the following: In my **main NP** positionI am allowed to practice to the fullest extent of my state’s legal scope of practice.

[ ]  Strongly Agree

[ ]  Agree

[ ]  Disagree

[ ]  Strongly Disagree

**40.** To what extent would you agree or disagree with the following: In my **main NP** position**,** my NP skills are being fully utilized.

[ ]  Strongly Agree

[ ]  Agree

[ ]  Disagree

[ ]  Strongly Disagree

**41.** How are you paid in your **main** **NP** position?

[ ]  Annual salary

[ ]  By the hour

[ ]  Percentage of billing

[ ]  Other *(please specify)*

**42.** Now please think about **all of your NP positions**. In a typical week, how many patients do you see? |\_\_|\_\_|\_\_|

**43.** Thinking about **all of your NP positions**, do you have a panel of patients that you manage, where you are the primary provider?

[ ]  Yes

[ ]  No **→** If No go to #45

**44.** Across **all of your NP positions**, how many patients are on your panel?

 |\_\_|\_\_|\_\_|\_\_|

**45.** Do you take evening or weekend call for **any of your NP positions**?

[ ]  Yes

[ ]  No

**46.** Do you have hospital admitting privileges?

[ ]  Yes

[ ]  No

**47.** Do you have malpractice insurance?

[ ]  Yes

[ ]  No **→**If No go to #49

**48.** Who pays for your malpractice insurance?

[ ]  Self

[ ]  Employer

[ ]  Both

**49.** Do you have prescriptive authority?

[ ]  Yes**→**If Yes go to #51

[ ]  No

**50.** Why don’t you have prescriptive authority?

[ ]  In process of applying

[ ]  MD or other NP writes all my prescriptions

[ ]  Other *(please explain)*

**51.** Do you currently have a personal drug enforcement administration (DEA) number?

[ ]  Yes

[ ]  No

Section IV. Demographic Characteristics

**52.** Are you…

[ ]  Male

[ ]  Female

**53.** What is your year of birth? |\_\_|\_\_|\_\_|\_\_|

**54.** Are you of Latino or Hispanic ethnicity?

[ ]  Yes

[ ]  No

**55.** Which one or more of the following would you use to describe your race? *Check all that apply*.

[ ]  American Indian or Alaska Native

[ ]  Asian

[ ]  Black or African-American

[ ]  Native Hawaiian or Other Pacific Islander

[ ]  White

**56.** What is your marital status?

[ ]  Never Married

[ ]  Married

[ ]  Separated

[ ]  Divorced

[ ]  Widowed

**57.** Please check **all** educational degree(s) you have earned.

[ ]  Diploma in Registered Nursing

[ ]  Associate degree – Nursing

[ ]  Associate degree – Non-nursing

[ ]  Baccalaureate degree – Nursing

[ ]  Baccalaureate degree – Non-nursing

[ ]  Master’s degree – Nursing

[ ]  Master’s degree – Non-nursing

[ ]  Doctorate of Nursing Practice (DNP)

[ ]  PhD or other Doctorate – Nursing

[ ]  Doctorate – Non-nursing

[ ]  Other

**58.** In what year did you obtain your **initial** U.S. licensure as an **RN**?
|\_\_\_|\_\_\_|\_\_\_|\_\_\_|

**59.** What is your **home** address ZIP

 code: |\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|

**60.** Would you be willing to share your e-mail address to receive the results of the survey?

If so, please provide it here:

***Thank you so much for completing this questionnaire!***