

**Health Resources and Services Administration
Bureau of Health Workforce
NURSE Corps
Participant Satisfaction Survey**

Survey to be administered via the Web. Instructions and headings in **BOLD** and question numbers will not be seen by the respondents. Respondent will see either NURSE Corps Scholarship Program or Loan Repayment Program information throughout, based on sample identification.

Survey Introduction

The NURSE Corps is committed to continuous performance improvement. As part of this commitment, we are requesting feedback on your experiences with the NURSE Corps.

This survey is hosted on a secure server and your responses will remain **anonymous**. This survey is authorized by Office of Management and Budget Control No. 1090-0007, which expires May 31, 2018.

This survey will take approximately 15 minutes to complete. Thank you in advance for your participation.

Please click on the “Next” button below to begin.

TYPE OF SERVICE (IDENTIFIED IN SAMPLE):

- **NURSE Corps Loan Repayment Program**
- **NURSE Corps Scholarship Program**
- **NURSE Corps Loan Repayment Program – Nurse Faculty**

Introduction Questions [ASK ALL RESPONDENTS]

INTRO1 Through which program did you most recently join the NURSE Corps?

1. Scholarship Program
2. Loan Repayment Program
3. Loan Repayment Program – Nurse Faculty
4. None of the above **[TERMINATE SURVEY]**

INTRO2a **[IF INTRO1=1]** Are you currently in nursing school?

1. Yes **[DEFINE as GROUP 3 – Scholars in School]**
2. No

INTRO2b **[IF INTRO 2a = 2]** Are you currently in residency?

1. Yes **[DEFINE as GROUP 3 – Scholars in School]**
2. No

- INTRO2c** [IF INTRO2a=1] When do you expect to graduate?
[NOTE: Drop down box for month and year selection]
- INTRO2d** [IF INTRO2a=1] Do you plan to complete a residency?
1. Yes
 2. No
 3. I don't know
- INTRO3a** Please select your current professional health discipline.
1. Nurse Practitioner
 2. Registered Nurse
 3. Advanced Practice Registered Nurse
 4. Nurse Faculty
- INTRO3b** Please select your highest nursing degree or certification attained from the list below.
1. Nursing Diploma
 2. Associate's
 3. Bachelor's
 4. Bachelor's Accelerated
 5. Graduate Master's
 6. Post Master's Certificate
 7. Doctor of Nursing Practice
 8. PhD
- INTRO3c** [IF INTRO3b=1,2,3,4,5,6,] Are you currently pursuing a higher nursing degree or certification?
1. Yes
 2. No
- INTRO3d** [If INTRO3c=2] Do you plan to pursue a higher nursing degree or certification?
1. Yes
 2. No
- INTRO3e** [IF INTRO3c=1 or INTRO3d=1] What degree or certification are you currently or planning to pursue? [CAPTURE RESPONSE]
- INTRO3f** What is your specialty?
1. None - *I don't have a specialty*
 2. Adult
 3. Family Practice
 4. Pediatrics
 5. Psychiatry
 6. Women's Health
 7. Other, please specify [CAPTURE RESPONSE]

Retention

- Q1** Which one of the following best describes your current service status?
1. Graduated, but not yet serving [DEFINE as GROUP 3 – Scholars in School] [Skip to Q19]
 2. Currently serving [DEFINE as GROUP 1 – In Service]
 3. Completed service obligation [DEFINE as GROUP 2 – Alumni]
- Q2** [ONLY Group 2 (Alumni)] On what date did you complete your service obligation with the NURSE Corps? [NOTE: Drop down box for month and year selection]
- Q3** [ONLY Group 1 (In Service)] Do you plan to remain at your current site after you have fulfilled your NURSE Corps service obligation?
1. Yes
 2. No
 3. Don't know (SKIP TO Q16)
- Q4** [If Q3=YES] How long do you plan to remain at your current site?
1. Less than 1 year
 2. 1 year to less than 2 years
 3. 2 to 5 years
 4. More than 5 years
 5. Don't know
- Q5** [If Q3=YES] What will most influence your decision to remain at your current site after your service obligation is complete? [Rank up to 5 responses, with 1 being the most influential]
1. Overall experience with the NURSE Corps
 2. Commitment to underserved communities
 3. Salary and benefits
 4. Opportunities for advancement
 5. Ability to provide full scope of services
 6. Tenured track (INTRO 1=3 ONLY)
 7. Cost of living
 8. Experience at site
 9. Site operation/direction closely aligned with my personal goals
 10. Balanced schedule/hours
 11. Use of electronic health record system
 12. Use of telemedicine
 13. Availability of training opportunities
 14. Availability of resources to do my job well
 15. Peer relationships
 16. Community support
 17. Close to extended family/parents and siblings
 18. Spouse employment opportunities
 19. School district
 20. Difficulty finding another job
 21. Length of commute
 22. Other, please specify [CAPTURE RESPONSE]

Q6 [ONLY IF Q3=NO] What could your site do to encourage you to remain at your current site? (Rank up to 3 with 1 being the most influential.)

1. There's nothing my site could do to change my decision to leave. **(EXCLUSIVE)**
2. Schedule flexibility
3. Salary increase
4. Improved benefits
5. Change in site leadership
6. Opportunities for advancement/leadership
7. Additional training opportunities
8. Hire additional support staff
9. Provide additional resources to do my job well
10. Mentoring support
11. Ability to provide input on site policies
12. Offer telehealth
13. Other (Capture response)

Q7 [ONLY IF Q3=NO] Are any of these external factors contributing to your decision to leave *after* you have fulfilled your NURSE Corps service obligation? [Rank up to 3, with 1 being the most influential]

1. Patient population
2. Didn't like the community and/or lifestyle
3. Distance from extended family/parents/siblings
4. Spouse employment opportunities
5. School district
6. Length of commute
7. Retirement
8. Change of career
9. No external factors are contributing to my decision to leave. **(EXCLUSIVE)**
10. Other, please specify **[CAPTURE RESPONSE]**

Q8 [If Group 2 (Alumni)] Are you still employed at the critical shortage facility or teaching at the academic institution where you fulfilled your NURSE Corps service obligation?

1. Yes
2. No

Q9 [If Q8=YES] How long do you plan to remain at this site?

1. Less than 1 year
2. 1 year to less than 2 years
3. 2 to 5 years
4. More than 5 years
5. I don't know

Q11 [ONLY IF Q8=YES] What influenced your decision to remain at your current site? [Rank up to 5, with 1 being the most influential]

1. Commitment to underserved communities
2. Salary
3. Opportunities for advancement
4. Ability to provide full scope of services
5. Cost of living
6. Experience at site
7. Site operation/direction closely aligned with my personal goals
8. Balanced schedule/hours
9. Use of electronic health record system
10. Availability of training opportunities
11. Availability of resources to do my job well
12. Mentoring support
13. Peer relationships
14. Community support
15. Close to extended family/parents and siblings
16. Spouse employment opportunities
17. School district
18. Other, please specify **[CAPTURE RESPONSE]**

Q12 **[ONLY IF Q8=NO]** What could your site have done to encourage you to remain at your current site? **(Rank up to 3 with 1 being the most influential.)**

1. There's nothing my site could do to change my decision to leave.
2. Schedule flexibility
3. Salary increase
4. Improved benefits
5. Change in site leadership
6. Opportunities for advancement/leadership
7. Additional training opportunities
8. Hire additional support staff
9. Provide additional resources to do my job well
10. Mentoring support
11. Ability to provide input on site policies
12. Offer telehealth
13. Other (Capture response)

Q13 **[ONLY IF Q8=NO]** Did any of these external factors contribute to your decision to leave your site? **[Rank up to 3, with 1 being the most influential]**

1. Patient population
2. Didn't like the community and/or lifestyle
3. Distance from extended family/parents/siblings
4. Spouse employment opportunities
5. School district
6. Length of commute
7. Change of career
8. No external factors are contributing to my decision to leave. **(EXCLUSIVE)**
9. Other, please specify **[CAPTURE RESPONSE]**

- Q14** [If Q8=NO] Have you chosen to continue at a different critical shortage facility or academic institution since fulfilling your service obligation with the NURSE Corps Program?
1. Yes
 2. No
- Q15** Did you relocate to perform your service obligation?
1. Yes
 2. No
- Q16** Why did you relocate to perform your service obligation?
1. No eligible facilities nearby
 2. Local eligible facilities were not hiring
 3. I wanted to relocate
 4. Other [CAPTURE RESPONSE]
- Q17** [ONLY for GROUP 1 and GROUP 2] How long after completing your degree did it take for you to find employment?
1. 1-6 months
 2. 7-12 months
 3. More than 1 year
- Q18** [Group 1- In Service Clinicians] Please consider your previous training, including any post graduate training. Using a 10-point scale on which 1 means *Very poorly prepared* and 10 means *Very well prepared*, how prepared were you to practice at your site?
1. Evidence based care
 2. Patient-centered care
 3. Team-based integrated care
 4. Practice management and administration
 5. Social determinants of health
 6. Working in underserved community
 7. Caring for medically complex/special needs patients
 8. Population-based health
 9. Quality improvement
 10. Value based care
- Q19** [Group 1- In Service Clinicians] What additional training opportunities would have better prepared you to work in this environment? (Please rank up to 5, with 1 being the most important.)
1. Evidence based care
 2. Patient-centered care
 3. Team-based integrated care
 4. Practice management and administration
 5. Social determinants of health
 6. Working in underserved community
 7. Caring for medically complex/special needs patients

8. Population-based health
9. Quality improvement
10. Value based care

Recruitment [ASK ALL RESPONDENTS]

- Q20** How did you learn about the NURSE Corps Program? (Select all that apply) **[Allow for multiple responses]**
1. Site administrator or site staff
 2. Faculty at school/training programs
 3. Colleague
 4. Family member or friend
 5. Current NURSE Corps member
 6. NURSE Corps alumnus
 7. NURSE Corps Web page
 8. NURSE Corps Staff (Regional Office/Headquarters)
 9. NURSE Corps Literature/Materials
 10. Online research
 11. Professional Association
 12. Primary Care Office (PCO)
 13. Primary Care Association (PCA)
 14. Social Media (such as Facebook)
 15. Exhibit at a professional meeting
 16. Advertisements (print, newsletters, etc.)
 17. Career Counselor
 18. Other (please specify) **[CAPTURE RESPONSE]**
- Q21** **[INTRO1=2]** Did you know about the NURSE Corps Loan Repayment Program before you began working at a critical shortage facility?
1. Yes
 2. No
- Q22** **[If Q20=1]** Did you seek employment at this site because of the NURSE Corps Loan Repayment Program?
1. Yes
 2. No
- Q23** **[INTRO1=3]** Did you know about the NURSE Corps Loan Repayment Program - Faculty before you began working at an academic institution?
1. Yes
 2. No
- Q24** [Only Groups 1 & 2] How did you become aware of the job where you completed (or are planning to complete) your NURSE Corps service requirement?
1. Health Workforce Connector (formerly NHSC Jobs Center)

2. I was already employed at the site
3. Direct recruitment by a site recruiter
4. Online job search site
5. Social media
6. Word of mouth
7. Referral from a friend or colleague
8. NURSE Corps staff
9. NURSE Corps site representative
10. Other (Please Specify)

Q25 [If previous question = 4] Please specify which online job search site you used.

1. Monster
2. GlassDoor
3. CareerBuilder
4. Indeed
5. SimplyHired
6. LinkedIn
7. Craigslist
8. usajobs.gov
9. ihs.gov
10. Other (Please specify)

Q26 Would you be interested in serving as a Clinical Instructor/preceptor in exchange for loan repayment?

1. Yes
2. No
3. Don't know

Q27 [If the answer is "Health Workforce Connector (formerly NHSC Jobs Center)" from Q23] How did you hear about the Health Workforce Connector (formerly NHSC Jobs Center)?

1. Received an email from NHSC
2. Word of mouth
3. School representative
4. NURSE Corps website
5. Social media
6. Other website (Please specify)
7. Other (Please specify)

Q28 [Groups 1, 2, 3] Which of the following features would be most helpful in assisting with your online job search?

1. Ability to "favorite" sites and receive notifications/alerts when a site posts new jobs
2. Ability to upload resume and directly apply to open positions on the Health Workforce Connector (formerly NHSC Jobs Center)
3. Ability to search for, connect, and network with other nurses or health care professionals

4. Other (Please Specify)

Customer Service Portal [ASK ALL RESPONDENTS]

- Q27** Have you used the online Customer Service Portal in the last 12 months? The Customer Service Portal is a secured online account where NURSE Corps members can conduct transactions, upload required documents, ask questions, and perform other online activities.
1. Yes
 2. No **[Skip to NEXT SECTION - Customer Service]**
 3. Don't know **[Skip to NEXT SECTION - Customer Service]**

- Q28** How have you used the online Customer Service Portal in the last 12 months? Please choose up to 5 of your most common uses, and provide a ranking based on how frequently you used the Customer Service Portal for this purpose. Of the 5 selections you make, please use 1 for your most common use and a 5 for your least common use. **[Note - limit options based on respondent group]**

1. Enrollment verification **[Group 3]**
2. Post graduate training verification/request [Group 3]
3. Ask a question **[all]**
4. Update my personal information **[all]**
5. Look at my service obligation end date **[all]**
6. Access my continuation application information **[Group 1]**
7. Request a transfer to a new site **[Group 1]**
8. Maternity/Paternity/Adoption leave request **[Group 1 & 3]**
9. Medical or non-medical suspension **[Group 1 & 3]**
10. Request a conversion from full-time to half-time service **[Group 1]**
11. Report unemployment **[Group 1]**
12. Request a default/waiver **[Group 1]**
13. Request assistance to find an eligible site/critical shortage facility **[Group 3]**
14. Complete in-service verification **[Group 1]**
15. View payment history **[all]**
16. Leave of absence request (personal/family/medical reasons) **[Group 3]**
17. Update contact information **[all]**
18. Update banking information **[Group 1 and Group 3]**
19. Tax Information **[all]**
20. Request a debt estimate **[Group 1 and Group 3]**
21. Other, please specify **[all]** **[CAPTURE RESPONSE]**

- Q29** What additional feature, if any, would you like to see added to the online Customer Service Portal? **[CAPTURE RESPONSE]**

Please think about your overall experience using the online Customer Service Portal in the last 12 months. Using a scale from 1 to 10, where 1 means *Poor* and 10 means *Excellent*, please rate:

- Q30** The ease of navigation
- Q31** Ability to find the information needed
- Q32** Your ease of understanding the information communicated

- Q33 The organization of the information provided
Q34 The usefulness of completing service requests through the online Customer Service Portal
Q35 The timeliness of NURSE Corps responses
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Customer Service [ASK ALL RESPONDENTS]

- Q36 Have you contacted the NURSE Corps during the past 12 months?
1. Yes
2. No **[Skip to NEXT SECTION - Information/Communication]**
- Q37 Through what means have you contacted the NURSE Corps in the past 12 months? (Select all that apply) **[Allow for multiple responses]**
1. Telephone (Customer Care Center)
2. E-mail (Direct Analyst Assistance)
3. Fax
4. Customer Service Portal
5. Facebook
6. LinkedIn
7. Other, please specify **[CAPTURE RESPONSE]**
- Q38 For what reasons did you contact the NURSE Corps in the past 12 months. **[Rank up to 5 responses, with 1 bring the most common]; Note -limit options based on respondent group**
1. General information **[Groups 1 and 3]**
2. Program requirements **[Groups 1 and 3]**
3. New application question **[Groups 1 and 3]**
4. Unemployment assistance **[Group 1]**
5. Continuation application question **[Group 1]**
6. Site search **[Group 3]**
7. Site transfer **[Group 1]**
8. Maternity/paternity/adoption leave **[Group 1 & 3]**
9. Medical or non-medical suspension **[Group 1 & 3]**
10. Conversion to half-time service **[Group 1]**
11. Six-month service verification **[Group 1]**
12. Deferment **[Group 3]**
13. Scholarship award (tuition, fees and stipend) **[Group 3]**
14. View payment history **[all]**
15. Leave of absence request (personal/family/medical reasons) **[Group 3]**
16. Update contact information **[Groups 1 and 3]**
17. Update banking information **[Groups 1 and 3]**
18. Request tax information **[all]**
19. Default questions **[all]**
20. Request a debt estimate **[Group 1 & 3]**
21. Other (please specify) **[all] [CAPTURE RESPONSE]**

- Q39** Of all the reasons you selected for contacting the NURSE Corps in the past 12 months, what was the reason of your most recent contact? [**Only show selections made in Q38**]
1. General information
 2. Program requirements
 3. New application question
 4. Unemployment assistance
 5. Continuation application question
 6. Site search
 7. Site transfer
 8. Maternity/paternity/adoption leave
 9. Medical or non-medical suspension
 10. Conversion to half-time service
 11. Six-month service verification
 12. Deferment
 13. Scholarship award (tuition, fees and stipend)
 14. View payment history
 15. Leave of absence request (personal/family/medical reasons)
 16. Update contact information
 17. Update banking information
 18. Request tax information
 19. Default questions
 20. Request a debt estimate
 21. **[CAPTURED RESPONSE]**
- Q40** For your most recent contact, approximately how long did it take for the NURSE Corps to first respond to, or acknowledge, your initial contact?
1. Within 24 hours
 2. Between 24 and 48 hours
 3. Between 2 and 4 days
 4. More than 4 days but less than 1 week
 5. More than 1 week but less than 1 month
 6. More than 1 month
 7. They have never responded to my initial contact
- Q41** For your most recent contact, ideally, how long should the NURSE Corps have taken to first respond to, or acknowledge, your initial contact?
1. No more than 24 hours
 2. No more than 48 hours
 3. No more than 2-4 days
 4. No more than 1 week
 5. No more than 1 month
- Q42** Was the NURSE Corps representative able to resolve your issue?
1. Yes
 2. No

- Q43** [If Q42=1] How long did it take the NURSE Corps to resolve your issue/situation?
1. Within 24 hours
 2. Between 24 and 48 hours
 3. Between 2 and 4 days
 4. More than 4 days but less than 1 week
 5. More than 1 week but less than 1 month
 6. More than 1 month
- Q44** [If Q42=1] Ideally, what is your expectation for how long it should have taken the NURSE Corps to resolve your issue/situation?
1. No more than 24 hours
 2. No more than 48 hours
 3. No more than 2-4 days
 4. No more than 1 week
 5. No more than 1 month
- Q45** [If Q42=2] You indicated that the NURSE Corps representative was not able to resolve your issue. Did the representative refer you elsewhere for further assistance?
1. Yes
 2. No
- Q46** [If Q45=1] To where did the NURSE Corps representative refer you?
1. Customer Service Portal
 2. NURSE Corps Web page
 3. Another NURSE Corps representative
 4. Customer Care Center
 5. Other (please specify) **[CAPTURE RESPONSE]**

Thinking about your most recent contact with the NURSE Corps, and using a scale from 1 to 10, where 1 means *Poor* and 10 means *Excellent*, please rate:

- Q47** Ease of reaching a NURSE Corps representative
- Q48** Courteousness of the NURSE Corps representative
- Q49** Knowledge of the NURSE Corps representative
- Q50** Timeliness of the representative's response to your inquiry or concern
- Q51** Relevance of the information provided by the NURSE Corps representative
- Q52** Level of service provided by the NURSE Corps representative
- Q53** Please use this space for any additional information you would like to provide the NURSE Corps regarding ways we can improve the program **[CAPTURE RESPONSE]**

Information/Communication [ASK ALL RESPONDENTS]

- Q54** [ONLY Group 3] Is there any other information that the NURSE Corps should consider providing to help you with your transition from training to service? **[CAPTURE RESPONSE]**

Q55 [ONLY Group 1 AND INTRO1=1] Was there any other information that the NURSE Corps could have provided to improve your transition from training to service? **[CAPTURE RESPONSE]**

Mentoring

MENTOR1 (GROUP 3 – IN SCHOOL) Why would you participate in a mentoring program? (Select all that apply)

1. Insights on NURSE Corps service experience
2. Candid feedback/advice on course selection and clinical rotations
3. Resume/curriculum vitae (CV) feedback
4. Guidance on finding a potential service site
5. Impartial or independent guidance
6. Understanding complexities of practicing in a Health Professional Shortage Area (HPSA)
7. Networking opportunities with other current NURSE Corps participants
8. Networking opportunities with past NURSE Corps participants
9. Other (Capture Response)

MENTOR2 (GROUP 1 & 2 – IN SERVICE & ALUMNI) Why would you serve as a mentor to NURSE Corps participants still in school? (Select all that apply)

1. Helps prepare the next generation of clinicians
2. Give back to the NURSE Corps program
3. Leadership development
4. Networking opportunities
5. Potential recruitment opportunities for your organization
6. Opportunity to reflect on your current practice
7. Other (Capture Response)

MENTOR 3 (GROUP 1 IN – SERVICE)_Would you also be interested in having a mentor?

1. Yes
2. No

MENTOR4 (IF MENTOR 3 = YES) Why would you request to have a mentor? (Select all that apply)

1. Insights on NURSE Corps service experience
2. Career guidance
3. Impartial or independent guidance
4. Understanding complexities of practicing in a Health Professional Shortage Area (HPSA)
5. Networking opportunities with other current NURSE Corps participants
6. Networking opportunities with past NURSE Corps participants
7. Other (Capture Response)

MENTOR5 (IF MENTOR 3 = NO) Why would you choose not to participate in a mentor program?

1. Already have a mentor or mentee

2. Scheduling conflicts/limited availability
3. Do not see value in participation
4. Other (Open Ended)

MENTOR 6 (GROUP 3 – IN SCHOOL) Is there any other mentoring assistance that NURSE Corps can provide to improve your transition from training to service? (Open Ended - Capture Response)

MENTOR 7 (GROUP 1 – IN SERVICE) Is there any other mentoring assistance that NHSC/NURSE Corps can provide during your service commitment? (Open Ended - Capture Response)

Site Experience [ASK Group 1 and 2]

CFI: We added the “b” questions to capture responses from nurse faculty

IF INTRO1=1 or 2

Q56 Using a scale from 1 to 10, where 1 means *Poor* and 10 means *Excellent*, please rate your overall experience at the site where you have fulfilled/are fulfilling your service obligation with the NURSE Corps. [CAPTURE RESPONSE]

Q57 Please explain the reason for the rating you provided of your overall experience at the site where you have fulfilled/are fulfilling your service obligation with the NURSE Corps. [CAPTURE RESPONSE]

Q58 Using a scale from 1 to 10, where 1 means *Not at all Prepared* and 10 means *Very Prepared*, please rate how prepared you felt for dealing with the patient population at your site at the start of your NURSE Corps service obligation. [CAPTURE RESPONSE]

Q59 [IF Q58 = 1-4] What additional training or information would you have liked to receive? [Capture Response]

Q60 [If Q58= 7-10] What information did you receive that helped prepare you and from whom? [Capture Response]

Q61 What type of support did your site provide that was useful? (Select all that apply) [Allow for multiple responses]

1. Peer-to-peer communication
2. Conferences
3. Network opportunities
4. Mentoring
5. Continuing education
6. Other, please specify [CAPTURE RESPONSE]

- Q59** Does your organization have a need for NURSE Corps participants to split their time across multiple sites within the same network?
1. Yes
 2. No
 3. Unsure

[Ask 60B-63B IF INTRO1=3]

Q60b Using a scale from 1 to 10, where 1 means *Poor* and 10 means *Excellent*, please rate your overall experience at the academic institution where you have fulfilled/are fulfilling your service obligation with the NURSE Corps. **[CAPTURE RESPONSE]**

Q61b Please explain the reason for the rating you provided of your overall experience at the academic institution where you have fulfilled/are fulfilling your service obligation with the NURSE Corps. **[CAPTURE RESPONSE]**

Q62b Using a scale from 1 to 10, where 1 means *Not at all Prepared* and 10 means *Very Prepared*, please rate how prepared you felt for dealing with the students at your academic institution while you fulfilled/are fulfilling your service obligation with the NURSE Corps. **[CAPTURE RESPONSE]**

Q63b What type of support did your academic institution provide that was useful? (Select all that apply) **[Allow for multiple responses]**

1. Peer-to-peer communication
2. Conferences
3. Network opportunities
4. Mentoring
5. Continuing education
6. Cultural competency
7. Other, please specify **[CAPTURE RESPONSE]**

ACSI Benchmark Questions [ASK ALL RESPONDENTS]

Q64 Please consider all of the experiences you have had with the NURSE Corps program. Using a 10-point scale on which 1 means *Very Dissatisfied* and 10 means *Very Satisfied*, how satisfied are you with the NURSE Corps? **[CAPTURE RESPONSE]**

Q65 Using a 10-point scale on which 1 means *Falls Short of Your Expectations* and 10 means *Exceeds Your Expectations*, to what extent has the NURSE Corps fallen short of or exceeded your expectations? **[CAPTURE RESPONSE]**

Q66 Imagine an ideal scholarship and loan repayment program. How well do you think the NURSE Corps compares with that ideal program? Please use a 10-point scale on which 1 means *Not Very Close to Ideal*, and 10 means *Very Close to Ideal*. **[CAPTURE RESPONSE]**

Outcome Measures/Retention [ASK Group 1]

Q67 On a scale from 1 to 10 where 1 means *Not at All Likely* and 10 means *Very Likely*, how likely are you to continue to provide health services in a critical shortage facility after your service obligation is completed? **[CAPTURE RESPONSE]**

Q68 **(If Q67>=7)** What has contributed to the likelihood that you will continue to serve in a critical shortage facility after your service obligation is complete? **(Rank up to 5, with 1 being the most influential)**

1. Salary
2. Opportunities for advancement
3. Cost of living
4. Experience at site
5. Site operation/direction closely aligned with my personal goals
6. Balanced schedule/hours
7. Use of electronic health record system
8. Use of telemedicine
9. Availability of training opportunities
10. Availability of resources to do my job well
11. Community support
12. Close to extended family/parents and siblings
13. Family wanted to stay in community
14. Spouse employment opportunities
15. School district
16. Length of commute
17. Commitment to underserved communities
18. Other, please specify **[CAPTURE RESPONSE]**

Q69 **(If Q67<7)** What would increase your likelihood to continue to serve in a critical shortage facility after your service obligation is complete? **(Rank up to 5, with 1 being the most influential)**

1. Salary
2. Opportunities for advancement
3. Cost of living
4. Experience at site
5. Site operation/direction closely aligned with my personal goals
6. Balanced schedule/hours
7. Use of electronic health record system
8. Use of telemedicine
9. Availability of distance learning opportunities

10. Availability of resources to do my job well
11. Community support
12. Close to extended family/parents and siblings
13. Family wanted to stay in community
14. Spouse employment opportunities
15. School district
16. Length of commute
17. Better prepared to work with patient population
18. Other, please specify **[CAPTURE RESPONSE]**

Q70 On a scale from 1 to 10 where 1 means *Completely Disagree* and 10 means *Completely Agree*, to what extent do you agree that the NURSE Corps is delivering a meaningful experience to its members? **[CAPTURE RESPONSE]**

Q71 On a scale from 1 to 10 where 1 means *Not at All Likely* and 10 means *Very Likely*, how likely are you to recommend the NURSE Corps to someone else? **[CAPTURE RESPONSE]**

Demographics [ASK ALL RESPONDENTS]

DEM1 What is your gender?

1. Male
2. Female
3. Prefer not to say

DEM2 What is your age?

1. 18-24
2. 25-34
3. 35-44
4. 45-54
5. 55-64
6. 65 and over

DEM3 What is your ethnicity?

1. Hispanic or Latino
2. Not Hispanic or Latino
3. Prefer not to say

DEM4 What is your race? (Select all that apply) **[Allow for multiple responses]**

1. American Indian or Alaskan Native
2. Asian
3. Black or African American
4. Native Hawaiian or Other Pacific Islander
5. White
6. Other, please specify **[CAPTURE RESPONSE]**
7. Prefer not to say

- DEM5** Do you speak a language other than English?
1. Yes
 2. No
- DEM6** **[If DEM5=1]** What language(s), other than English, do you speak? (Select all that apply)
[Allow for multiple responses]
1. Spanish
 2. French
 3. German
 4. Chinese (Mandarin or Cantonese)
 5. Hindi
 6. Other, please specify **[CAPTURE RESPONSE]**
- DEM7** **[IF DEM5=1]** Are you able to use this other language at your job?
1. Yes
 2. No
- DEM8** **[ONLY Groups 1 and 2]** Are you currently practicing, or have you practiced, in an underserved area that is within 100 miles of where you grew up/where you consider home?
1. Yes
 2. No
- DEM9** **[ONLY Groups 1 and 2]** Are you currently practicing, or have you practiced, in an underserved area that is within 100 miles of where you completed your clinical training?
1. Yes
 2. No
- DEM10** **[ONLY Group 3]** Are you currently attending a nursing school within 100 miles of where you grew up/where you consider home?
1. Yes
 2. No
- DEM11** **[ONLY Group 3]** Do you plan to practice within 100 miles of where you completed your clinical training?
1. Yes
 2. No
 3. Don't know
- DEM12** **[IF DEM10=2]** Do you plan to practice within 100 miles of where you grew up/where you consider home?
1. Yes
 2. No
 3. Don't know

Ask DEM 13-DEM 19 of [Group 1 AND INTRO1=1 or 2] only

- DEM13** Does the site where you are currently working use any form of telehealth?
1. Yes
 2. No [**SKIP to DEM19**]
- DEM14** What type?
1. Behavioral
 2. Oral
 3. ICU
 4. I don't know
 5. Other [**CAPTURE RESPONSE**]
- DEM15** Is your clinic
1. the originating site (where the patient is located)
 2. the distant site (where the clinician is located)
 3. both the originating site and distant site
- DEM16** Do you personally use some form of telehealth in your clinical practice?
1. Yes
 2. No
- DEM17** [**If DEM16=YES AND DEM15=BOTH**] Are you...
1. the clinician at the distant site providing the care
 2. the clinician at the originating site assisting with the care
 3. other [**CAPTURE RESPONSE**]
- DEM18** [**If DEM16=NO**] Why don't you use telehealth in your clinical practice? [**CAPTURE RESPONSE**]
- DEM19** [**If DEM13=NO**] Why doesn't your site use some form of telehealth? (Select all that apply)
1. Costs too high
 2. Lack technical knowledge
 3. Resistance among staff
 4. Licensing barriers
 5. Connectivity/bandwidth
 6. I don't know
 7. Other [**CAPTURE RESPONSE**]
- DEM20** [**ONLY Group 1**] From the list below, please select the option that best describes where you currently work.
1. Hospital – Critical Access Hospital
 2. Hospital – Disproportionate Share Hospital
 3. Hospital – Public Hospital
 4. Hospital – Private Hospital
 5. Ambulatory Care – Ambulatory Surgical Center
 6. Ambulatory Care – Federally Qualified Health Center (FQHC) or Look-Alike
 7. Ambulatory Care – American Indian Health Facility

8. Ambulatory Care – Native Hawaiian Health Center
9. Ambulatory Care – Nurse Managed Health Clinic/Center
10. Ambulatory Care – Rural Health Clinic
11. Ambulatory Care – Urgent Care Center
12. Public Health (State or Local Public Health or Human Service Department)
13. Long Term Care – End Stage Renal Disease Dialysis Centers
14. Long Term Care – Home Health Agency
15. Long Term Care – Hospice Program
16. Long Term Care – Residential Nursing Home
17. Long Term Care – Skilled Nursing Facility
18. Mental Health – Certified Community Behavioral Health Clinic (CCBHC)
19. Public Academic Institution/Nursing School
20. Private Academic Institution/Nursing School
- 21.
22. No Longer Providing Direct Patient Care
23. Private Practice/Solo Group

DEM21 [ONLY Group 2] From the list below, please select the site that best describes where you were working when you finished your service obligation.

1. Hospital – Critical Access Hospital
2. Hospital – Disproportionate Share Hospital
3. Hospital – Public Hospital
4. Hospital – Private Hospital
5. Ambulatory Care – Ambulatory Surgical Center
6. Ambulatory Care – Federally Qualified Health Center (FQHC) or Look-Alike
7. Ambulatory Care – Indian Health Service Health Center
8. Ambulatory Care – Native Hawaiian Health Center
9. Ambulatory Care – Nurse Managed Health Clinic/Center
10. Ambulatory Care – Rural Health Clinic
11. Ambulatory Care – Urgent Care Center
12. Public Health (State or Local Public Health or Human Service Department)
13. Long Term Care – End Stage Renal Disease Dialysis Centers
14. Long Term Care – Home Health Agency
15. Long Term Care – Hospice Program
16. Long Term Care – Residential Nursing Home
17. Long Term Care – Skilled Nursing Facility
18. Mental Health – Certified Community Behavioral Health Clinic (CCBHC)
19. Public Academic Institution/Nursing School
20. Private Academic Institution/Nursing School
21. No Longer Providing Direct Patient Care
22. Private Practice/Solo Group
23. Other, Please Specify (capture response)

DEM22 [ONLY Group 2] From the list below, please select the site that best describes where you are working now.

1. Hospital – Critical Access Hospital

2. Hospital – Disproportionate Share Hospital
3. Hospital – Public Hospital
4. Hospital – Private Hospital
5. Ambulatory Care – Ambulatory Surgical Center
6. Ambulatory Care – Federally Qualified Health Center (FQHC) or Look-Alike
7. Ambulatory Care – American Indian Health Facility
8. Ambulatory Care – Native Hawaiian Health Center
9. Ambulatory Care – Nurse Managed Health Clinic/Center
10. Ambulatory Care – Rural Health Clinic
11. Ambulatory Care – Urgent Care Center
12. Public Health (State or Local Public Health or Human Service Department)
13. Long Term Care – End Stage Renal Disease Dialysis Centers
14. Long Term Care – Home Health Agency
15. Long Term Care – Hospice Program
16. Long Term Care – Residential Nursing Home
17. Long Term Care – Skilled Nursing Facility
18. Mental Health – Certified Community Behavioral Health Clinic (CCBHC)
19. Public Academic Institution/Nursing School
20. Private Academic Institution/Nursing School
21. No Longer Providing Direct Patient Care
22. Private Practice/Solo Group

DEM23 [ONLY Groups 1 and 2 AND INTRO1=1 OR 2] How many patients does your site see per year?

1. 1-2,500 patients
2. 2,501-5,000 patients
3. 5,001-7,500 patients
4. 7,501-10,000 patients
5. 10,001-15,000 patients
6. 15,001-20,000 patients
7. Over 20,000 patients

DEM24 [Groups 1 & 2] On average, how many patients do you see per day?
[WHOLE NUMBER VALUE]

DEM25 [ONLY THOSE THAT SELECTED MENTAL AND BEHAVIORAL HEALTH DISCIPLINE] Does your site provide mental and behavioral health services?

1. Yes
2. No

DEM26 [ONLY Groups 1 and 2] From the drop-down box below, please select the state where you are currently employed. [CAPTURE RESPONSE]

DEM27 [ONLY Groups 1 and 2] Please list the ZIP code of the site where you are currently employed. [CAPTURE RESPONSE]

DEM28 [ONLY Group 3] From the drop-down box below, please select the state where you are currently attending health professions school. [CAPTURE RESPONSE]

Thank you for your time. The Health Resources and Services Administration's NURSE Corps Program appreciates your input!