

The 2017 National Sample Survey of Registered Nurses (NSSRN) is being conducted by the Health Resources and Services Administration of the U.S. Department of Health and Human Services and is the ninth cycle of the survey.

Please complete and return this paper questionnaire in the envelope provided, OR respond online at www.respond.census.gov/nssrn. We appreciate your help with this important survey.

Please correct any errors in the name/address information below.

Corrections to First Name

Corrections to M.I.

Corrections to Last Name

Corrections to Number and Street

Corrections to City/Town

Corrections to State

Corrections to ZIP Code

If there are any corrections to the "State(s) Where Actively Licensed", please relist ALL of the states where you are actively licensed below.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

First Name M.I. Last Name
Street Address
City, State Zip code

State(s) Where Actively Licensed:
State 1, State 2, State 3

Website URL: www.nssrn.org
Access Code: [XXXXXXX] PIN# [X]

OMB NO.: XXXX-XXXX Exp. Date X/XX/XX

Section A.

Eligibility and Education

1. On December 31, 2017, were you **actively licensed** to practice as a registered nurse (RN) in any U.S. State or the District of Columbia (whether or not you were employed in nursing at that time)?

- Yes → Go to Question 2
 No → If No, you do not need to complete this questionnaire. Please mark "no" and return this questionnaire so we know you are not eligible.

2. In what U.S. State were you issued your first RN license?

State: Year:

3. Which type of nursing degree or nursing credential qualified you for your first U.S. RN license? Mark one box only.

- Diploma Program
 Associate Degree
 Bachelor's Degree
 Master's Degree
 Doctorate degree - nursing (PhD)
 Doctorate degree - nursing (DNP)
 Doctorate degree - nursing other
 Other

4. In what month and year did you graduate from this nursing program?

Month: Year:

5. Where was this program located?

- In the United States → Print state abbreviation
 Outside the United States → Print name of foreign country, or U.S. territory. -

6. Please indicate all post-high-school degrees you received before starting your first RN educational program.

Mark all that apply.

- Associate Degree
 Bachelor's Degree
 Master's Degree
 Doctorate
 Other certificate
 None

7. Have you ever been **licensed** as a Licensed Practical Nurse (LPN) or Licensed Vocational Nurse (LVN) in the U.S.?

- Yes
 No

8. Were you ever employed in any of the following health-related jobs before completing your first RN education?

Mark all that apply.

- Nursing Aide or Nursing Assistant
 Home health aide or assistant
 Licensed Practical or Vocational Nurse
 Community health worker
 Midwife
 Other health-related job
 Not employed in any health-related jobs before RN

9. How did you finance your first RN education? Mark all that apply.

- Self Financed
 Employer tuition reimbursement plan
 Veterans Administration employer tuition plan
 Health Resources and Services
 Administration Support (e.g., National Health Service Corps, Nurse Corps loan repayment, Faculty loan repayment, etc.)

Other federal traineeship, scholarship, or grant

Federally-assisted loan

Other type of loan

State/local government scholarship or grant

Non-government scholarship or grant

Other resources

10. Did you earn any additional academic degrees after graduating from your initial registered nurse education program that you described in Question 3? Do not include degrees you are currently working towards.

Yes → Please complete all rows of the table below for each degree you earned

No → Go to Question 12a on page X

Nursing Degrees

	Associates Degree in Nursing	Bachelor's degree in nursing	Master's in nursing	Another Master's in nursing	Doctorate in nursing (PhD, ScD, DNS, ND, DNP)
01 Clinical Practice		06 Biological or Physical Sciences			
02 Administration/Business/Management		07 Humanities, Liberal Arts, or Social Sciences			
03 Education		08 Research			
04 Public health/community health		09 Other health field			
05 10a. In what year did you receive this degree?	<input type="text"/>	10 Other non-health field <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10b. In what U.S. state or country was this educational program located?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10c. Was 50% or more of the coursework for this degree through correspondence or online?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10d. What was the primary focus of this degree? <i>Enter two-digit code from table below.</i>	<input type="text"/> N/A A	<input type="text"/> N/A A	<input type="text"/>	<input type="text"/>	<input type="text"/>

Non-nursing Degrees

	Associates degree in non-nursing field	Bachelor's degree in non-nursing field	Master's in non-nursing field	Another Master's in non-nursing field	Doctorate in non-nursing field (PhD, JD, MD, EdD)
10e. In what year did you receive the degree?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10f. In what U.S. state or country was this educational program located?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10g. Was 50% or more of the coursework for this degree through correspondence or online?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10h. What was the primary focus of this degree? Enter two-digit code from table below.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

11. After graduating from the first nursing program, which you described in Question 3, have you completed a formal educational program preparing you as a Nurse Practitioner, Clinical Nurse Specialist, Nurse-Midwife, or Nurse Anesthetist?

- Yes
 No → Go to Question 12a on page X

	Nurse Practitioner (NP)	Clinical Nurse Specialist (CNS)	Nurse-Midwife (NM)	Nurse Anesthetist (NA)
11a. You received preparation as a...?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11b. How long was the program? 1. Less than 8 months 2. 8-12 months 3. 13-36 months 4. 37 months or more	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
11c. What was the highest credential you received in that program? 1. Certificate/Award 2. Bachelor's Degree 3. Master's Degree 4. Post-Master's Certificate 5. Doctorate - PhD 6. Doctorate - DNP	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
11d. In what year did you receive this credential?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

12a. During the fall term of 2017, were you enrolled in a formal education program leading to an academic degree or certificate?

- Yes, in nursing
 Yes, in a non-nursing field
 No → SKIP to Section B

12b. Were you a full-time or part-time student?

- Full-time student
 Part-time student

12c. What percentage of your coursework in this program was distance-based (online or correspondence)?

- ≤ 50%

- > 50%

12d. What type of degree or certificate were you working toward in this program?

Mark one box only.

- Associate Degree
 Bachelor's Degree
 Master's Degree
 Doctorate degree - nursing (PhD)
 Doctorate degree - nursing (DNP)
 Doctorate degree - nursing other
 Post-Master's Certificate
 Other Certificate

Section B. Principal Nursing Employment

13a. On December 31, 2017, were you employed or self-employed in nursing? Employed in nursing includes working for pay in nursing, even if on temporary leave.

- Yes
 No → SKIP to Section D on page XX

For all the questions in this section (Questions 13b – 44), your principal nursing position is the nursing position, on December 31, 2017, in which you spent the largest share of your working hours.

13b. Had you been working for this employer for less than 5 years?

- Yes
 No → SKIP to Question 14

13c. How long were you actively looking for new employment before accepting a position with this employer?

- 1-6 months
 7-12 months
 More than a year

14. Were you required to maintain an active RN license in order to hold your principal nursing position held on December 31, 2017?

- Yes
 No

15. Where was the location of the principal nursing position you held on December 31, 2017? If you are not employed in a fixed location, enter the location that best reflects where you practice.

City/Town:
County
State (or country if not U.S.A.)
ZIP

16. In the principal nursing position you held on December 31, 2017, which of the following best describes your employment situation? Mark one box only.

- Employed through an employment agency as a traveling nurse
 Employed through an employment agency, but not as a traveling nurse
 Employed by the organization or facility at which you were working
 Self-employed, per-diem, or working as-needed

17. Which one of the following best describes the employment setting of the principal nursing position you held on December 31, 2017?

Mark one box only.

Hospital (not mental health)

- Inpatient
 Emergency department
 Hospital ambulatory care department (outpatient, surgery, clinic, etc.)
 Hospital ancillary unit
 Hospital, nursing home unit
 Hospital Critical access
 Hospital other (administration)

Other inpatient setting

- Nursing home unit in hospital
 Rehabilitation facility/ long-term acute care
 Inpatient mental health
 Correctional facility
 Inpatient hospice

Other inpatient setting, *Specify:* —

Clinic/Ambulatory

- Private medical practice, clinic, physician office etc
- Public clinic (Rural health center, FQHC, Indian Health service, Tribal Clinic etc.)
- School health service (K-12 or college)
- Outpatient mental health/substance abuse
- Urgent care (not hospital based)
- Ambulatory surgery center (free standing)
- Nurse managed health center
- Other, *Specify:*

Other types of setting

- Occupational health or employee health service
- Public health or community health agency (not a clinic)
- Government agency other than public/community health or corrections
- Outpatient dialysis center
- University or college academic department
- Home health agency/service
- Case management/disease management
- Call center/telenursing center
- Other, *Specify:*

18. For the principal nursing position you held on December 31, 2017, did you work full-time or part-time? Mark one box only.

- Full-time (including full-time for an academic year)
- Part-time (including working only part of the calendar or academic year)

19. For the principal nursing position you held on December 31, 2017, how many months did you normally work per year?

months per year

20. Next we will ask for information about the number of hours you worked in a typical week for the principal nursing position you held on December 31, 2017.

- Hours
(enter 0 if none)
- a. Number of hours worked, including all overtime and on-call hours, except on-call hours that were stand-by only
- b. Number of hours you stated above in "a" that were paid as overtime

21. For the principal nursing position you held on December 31, 2017, please estimate the percentage of your time spent in the following activities during a typical workweek. Do not use decimals.

- a. Patient care and charting %
- b. Non-nursing tasks (housekeeping, locating supplies) %
- c. Consultation with agencies and/or professionals %
- d. Supervision and management %
- e. Administration %
- f. Research %
- g. Teaching, precepting or orienting students or new hires (include preparation time) %
- h. Other %
- Total %

22a. For the principal nursing position you held on December 31, 2017, in what level of care or type of work did you spend most of your time? Mark all that apply.

- General or specialty inpatient
- Care coordination
- Patient Navigator
- Critical/intensive care
- Step-down, transitional, progressive, telemetry
- Sub-acute care
- Informatics
- Emergency
- Urgent care
- Rehabilitation
- Long-term care/nursing home
- Surgery (including ambulatory, pre-operative, post-operative, post-anesthesia)
- Ambulatory care (including primary care, outpatient settings, except surgical)
- Ancillary care (radiology, laboratory)
- Home health/Hospice
- Public health/community health
- Education
- Business, administration, review
- Research
- Other, Specify

22b. Did the principal nursing position you held on December 31, 2017, include any patient care?

- Yes
- No → Go to Question 23

22c. For the principal nursing position you held on December 31, 2017, please estimate the percentage of your patient care time spent with each population below. Do not use decimals.

Adult	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Geriatric	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%

Pre-natal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Newborn or Neonatal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Pediatric and/or Adolescent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Total	<input type="text" value="100"/>			<input type="text"/>	%

22d. For the principal nursing position you held on December 31, 2017, in what type of clinical specialty did you spend most of your patient care time?

Mark all that apply.

- General medical surgical
- Critical care
- Cardiac or cardiovascular care
- Chronic care
- Dermatology
- Emergency or trauma care
- Endocrinology
- Gastrointestinal
- Gynecology (women's health)
- Hospice
- Infectious/communicable disease
- Labor and delivery
- Neurological
- Obstetrics
- Occupational health
- Oncology
- Ophthalmology
- Orthopedics
- Otolaryngology (Ears, Nose and Throat)
- Primary care
- Psychiatric or mental health (substance abuse and counseling)
- Pulmonary/respiratory
- Radiology (diagnostic or therapeutic)
- Renal/dialysis
- Urology
- Other specialty for a majority of my time
- Specify:

23. In your principal nursing position did you use an Electronic Health Record (EHR) or Electronic Medical Record (EMR) system?

Do not include billing record systems.

- Yes

- No
- Don't know

24. To what extent did you participate in team-based care?

- To a great extent
- Somewhat
- Very little
- Not at all

25. What type(s) of training have you received to facilitate team-based care?

Mark all that apply.

- Online educational videos offered by your place of employment
- Formal classroom training at your place of employment
- Informal training (e.g., on the job)
- Formal classroom training at your college or university
- No training at all
- Other, Specify

26. To what extent are you confident in your ability to effectively practice in interprofessional teams?

- To a great extent
- Somewhat
- Very little
- Not at all

27. To what extent can you effectively use Health Information Technology in your practice to manage the health of your patient population?

- To a Great Extent
- Somewhat
- Very Little
- Not at All

28. In the principal nursing position you held on December 31, 2017, to what extent have you observed your organization emphasizing the following:

	To a Great Extent	Some what	Very little	Not at all
Team work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharge planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team-based care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence-based practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Thinking about the changes to the health care system created by the Affordable Care Act, what impact do think the change has had on the following aspects of patient care?

	Made better	Made worse	Had no effect
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timeliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient centeredness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assuring that the nation has an adequate supply of nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. If all nurses could join together to address one of the following health care problems, in your opinion which is the most important for nurses to address?

Mark only one.

- Racial and ethnic disparities in health care
- Number of Americans without health insurance
- Violence in America
- Drug and alcohol abuse
- Obesity in children and adults
- Chronic illness

31. What additional training opportunities would help you do your job better? Mark all that apply.

- Evidence-based care
- Patient-centered care
- Team-based integrated care
- Practice management and administration
- Social determinants of health
- Working in an underserved community
- Caring for medically complex/special needs patients
- Population based health
- Quality improvement
- Value based care

32. Using a scale from 1 to 5 with 1=Novice and 5=Expert, please rate your competency in the following areas of population health

- Monitoring health status to identify and solve community health problems
- Diagnosing and investigating health problems and hazards in the community
- Informing and educating people about health issues
- Mobilizing community partnerships and actions to identify and solve health problems
 - Developing policies and plans that support individual and community health efforts
 - Enforcing laws and regulations that protect health and ensure safety
 - Linking people to needed health care and assuring the provision of health care when otherwise unavailable
- Assuring competent public and personal health care workforce
- Evaluating effectiveness, accessibility and quality of health care services
- Researching new and innovative solutions to health problems

33. Using a scale from 1 to 5 where 1 means "not very prepared" and 5 means "very prepared" please rate how prepared you feel to care for the patient population at your site.

34. In your principal nursing position on December 31, 2017, did your practice use telehealth?

Yes → SKIP to Question 36
No

35. Why didn't your practice use telehealth?
Mark all that apply.

- Costs are too high
- Staff lacks technical knowledge
- Resistance from staff
- Licensing barriers
- Insufficient connectivity bandwidth
- Don't know

36. Did you personally use some form of telehealth in your principal nursing position on December 31, 2017?

Yes
No

37. How satisfied are/were you with the principal nursing position you held on December 31, 2017?

- Extremely satisfied
- Moderately satisfied
- Moderately dissatisfied
- Extremely dissatisfied

38. Please estimate your 2017 annual earnings from your principal nursing position. Include overtime and bonuses, but exclude sign-on bonuses.

\$.0
0 per year

39. Were you represented by a labor union or collective bargaining unit in the principal nursing position you held on December 31, 2017?

- Yes
- No

40a. Have you left the principal nursing position you held on December 31, 2017?

- Yes → SKIP to Question 44
- No

40b. Have you considered leaving, or do you plan to leave the principal nursing position you held on December 31, 2017?

- Yes
- No → SKIP to Question 43
- Undecided → SKIP to Question 41

40c. When do you plan to leave this position?

- Less than one year from now
- 1-3 years from now
- More than 3 years from now

40d. Do you plan to work in nursing after you leave this position?

- Yes
- No
- Unsure

41. How long do you plan to work in this geographic area?

- Less than a year
- 1-2 years
- 3-5 years
- More than 5 years
- Not sure

42. Which of the following reasons would contribute to your decision to leave your principal nursing position?

Mark all that apply.

- Patient population
- Burnout
- Stressful work environment
- Lack of advancement opportunities
- Lack of collaboration/communication between health care professionals
- Lack of good management or leadership
- Career advancement/promotion
- Inadequate staffing
- Interpersonal differences with colleagues or supervisors
- Physical demands of job
- Better pay/benefits
- Scheduling/inconvenient hours/too many hours
- Relocating to different geographic area
- Sign-on bonus offered
- Going back to school
- Retiring
- Disability / Illness
- Spouse's employment opportunities
- Children's schooling
- Length of commute
- Career change
- Other, Specify:

43. What factors contribute to your decision to remain in your principal nursing position?

Mark all that apply.

- Availability of loan repayment financial support
- Ability to provide full scope of services
- Commitment to underserved communities
- Salary and benefits
- Opportunities for advancement
- Cost of living
- Experience at site
- Balanced schedule/hours
- Use of electronic Health record system
- Use of telehealth
- Availability of training opportunities

Availability of resources to do my job well

Sense of community with peers

Proximity to extended

family/parents/siblings

Proximity to spouse's employment opportunities

Proximity to desirable school district

Difficulty finding another job

Length of commute

Other, Specify:

44. Approximately when do you plan to retire from nursing?

In 2018

In 1-2 years

In 3-5 years

More than 5 years from now

Undecided

**Section C.
Secondary Employment in Nursing**

45. Aside from the principal nursing position you just described, did you hold any other positions in nursing for pay on December 31, 2017?

- Yes
- No → SKIP to Section D

46. Which of the following best describes your employment with the **other** nursing position(s) held on December 31st, 2017?

Mark all that apply.

- Employed through an employment agency as a traveling nurse
- Employed through an employment agency, but not as a traveling nurse
- Employed by the organization or facility at which you are working
- Self-employed, per diem, or working as needed

47. What type of work setting(s) best describe where you worked for the other nursing position(s) held on December 31st, 2017?

Mark all that apply.

- Hospital
- Nursing home/Extended care facility
- Academic education program
- Home health setting
- Public or community health setting
- Long-term acute care
- Mental Health/ substance Abuse
- School health service
- Occupational health
- Ambulatory care setting
- Insurance claims/benefits
- Telehealth, telenursing or call center
- Other

48. In your additional nursing position(s) held on December 31, 2017, please indicate how much you worked, and where the job was located:

	Weeks Per Year	Average hours per week, during weeks of work	Locations of where most of work was done (state or country)
Additional job #1			
Additional job #2			
All other jobs			

49. Please estimate your 2017 annual earnings from all your other nursing position(s). Do not include earnings from your principal nursing position.

\$, , .00 per year

**Section D.
Nurse Practitioners**

50. On December 31, 2017, did 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 → SKIP to Section E

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

- Acute Care adult
- Acute Care pediatric
- Adult
- Family
- Gerontology
- Neonatal
- Pediatric
- Psychiatric & Mental Health
- Women's Health
- Other, Specify

52. To what extent did your master's or doctoral training prepare you to be an independent practitioner?

- To a Great Extent
- Somewhat
- Very Little
- Not at All

53. Did you complete an NP post-graduate residency program?

- Yes
- No

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

- Yes
- No → SKIP to Question 56

55. Do you or have you ever billed under your NPI number?

- Yes
- No

56. On December 31, 2017, were you employed in any positions that required state certification/licensure/recognition to practice as an NP?

- Yes
- No → SKIP to Q 74

For the next several questions, please think about all of the NP positions you held on December 31, 2017.

57. To what extent would you agree or disagree with the following: In my NP position(s), I am allowed to practice to the fullest extent of my state's legal scope of practice.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

58. To what extent would you agree or disagree with the following: In my NP position(s), my NP skills are being fully utilized.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

59. Across all of the NP positions you held on December 31, 2017, about how many patients did you see in a typical week?

Number (3 digits)

60. Did you have a panel of patients that you managed, where you were the primary provider?

- Yes
- No → SKIP to Question 66a

61. Across all of those NP positions, about how many patients were on your panel?

62. What percentage of your panel were patients from racial/ethnic minority groups?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
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63. What percentage of your panel were patients with limited English proficiency?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
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64. Were the majority of your patients reimbursed through:

Mark only one.

- Fee-for-service
- Capitated (HMO)
- Other
- Don't Know

65. What percentage of your patient panel was covered by the following types of insurance?

- Private Insurance
- Medicare, for people 65 and older, or people with certain disabilities
- Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
- TRICARE or other military health care
- VA
- Indian Health Service
- Self-pay/Uninsured
- Other

66a. Were you a Nurse Practitioner prior to 2010?

- Yes
- No → SKIP to Question 67

66b. Did your overall patient population size increase, decrease, or stay the same since 2010?

- Increased
- Decreased
- Stayed the same
- I don't know

67. Did you have hospital admitting privileges on December 31, 2017?

- Yes
- No

68. Were you covered by malpractice insurance on December 31, 2017?

- Yes
- No → SKIP to Question 70

69. Who paid for your malpractice insurance?

- Self
- Employer
- Both

70. Did you have prescriptive authority?

- Yes → SKIP to question 72
- No

71. Why didn't you have prescriptive authority? Mark all that apply.

- Was in the process of applying
- MD or other NP wrote all of my prescriptions
- State Scope of Practice regulations
- Other (specify)

72. On December 31, 2017 did you have a personal drug enforcement administration (DEA) number?

- Yes
- No

73. In any of your NP positions, did you have the title Hospitalist?

- Yes → SKIP to Section F
- No → SKIP to Section F

Please SKIP to section F

74. What are the reasons that you were not working as a Nurse Practitioner on December 31, 2017? Mark 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
- Lack of experience or qualification
- Inadequate salary/compensation
- Working outside the nursing field
- Maternity/parenting/family leave
- Poor health or disability
- Choose not to work at this time
- Retired
- Other, Specify

**Section E.
Nurses Not Working in Nursing**

If you were working for pay in nursing on December 31, 2017, please go to Section F on page XX.

75. What are your intentions regarding paid work in nursing?

Mark one box only.

- Have returned to nursing since December 31, 2017
→SKIP to Section F on page XX
- Plan to return to nursing in the future, not looking for work now
→SKIP to Question 78
- No future intention to work for pay in nursing
→SKIP to Question 79a
- Undecided at this time
→SKIP to Question 79a
- Actively looking for work in nursing

76. How long have you been actively looking for paid work in nursing? Enter zero if less than one month.

months (if one or more)

77. Are you looking for a position that is full-time or part-time?

- Full-time →SKIP to Question 79a
- Part-time →SKIP to Question 79a
- Either →SKIP to Question 79a

78. When do you plan to return to paid work in nursing? Enter zero if less than one year.

years

79a. Have you ever been employed or self employed in nursing?

- Yes
- No →SKIP to Question 80

79b. How long has it been since you were last employed or self-employed as a nurse?

Enter zero if less than one year

years

80. What are the primary reasons you were not working in a nursing position for pay on December 31, 2017? Mark all that apply.

- Retired
- Taking care of home and family
- Burnout
- Stressful work environment
- Scheduling/inconvenient hours/too many hours
- Physical demands of job
- Disability/Illness
- Inadequate staffing
- Salaries too low/better pay elsewhere
- Skills are out-of-date
- Liability concerns
- Lack of collaboration/communication between health care professionals

- Inability to practice nursing on a professional level
- Lack of advancement opportunities
- Lack of good management or leadership
- Career change
- Difficult to find a nursing position
- Went back to school
- Other

Section F. Prior Nursing Employment

81. Since receiving your first U.S. RN license, how many years have you worked in nursing? Count only the years in which you worked at least 6 months. Enter zero if less than one year.

years

82a. Have you left work in nursing for one or more years since becoming an RN?

- Yes
- No → *SKIP to question 83*

82b. For how many years? Enter zero if less than one year.

years

83. Next, we are going to ask about your employment approximately one year ago. Were you employed in nursing on December 31, 2016?

- Yes
- No → *SKIP to Section G on page XX*

84. For the principal nursing position you held on December 31, 2016, did you work full-time or part-time? Mark one box.

- Full-time (including full-time for an academic year)
- Part-time (including working only part of the calendar or academic year)

85. How would you describe the principal nursing position you held on December 31, 2016?

- Same position and same employer as principal nursing position on December 31, 2017 → *SKIP to Section G on page XX*
- Different position but same employer as principal nursing position held on December 31, 2017
- Different employer than principal nursing position held on December 31, 2017.

86. What was the location of the principal nursing position you held on December 31, 2016? If you were not employed in a fixed location enter the location that best reflects where you practiced.

City/Town

County

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

ZIP

87. What were the primary reason(s) for your employment change? Mark all that apply.

- Patient Population
- Burnout
- Stressful work environment
- Lack of advancement opportunities
- Lack of collaboration/communication between health care professionals
- Lack of good management or leadership
- Career advancement/promotion
- Inadequate staffing
- Interpersonal differences with colleagues or supervisors
- Physical demands of job
- Better pay/benefits
- Scheduling/inconvenient hours/too many hours
- Relocated to different geographic area

Laid off/downsizing of staff/
 reorganization/
 Sign-on bonus offered
 Personal/family
 Went back to school
 Retired
 Disability / Illness
 Spouse's employment opportunities
 Children's schooling
 Length of commute
 Career change
 Other, Specify:

Ambulatory surgery center (free
 standing)
 Nurse managed health center
 Other, Specify

88. Which one of the following best describes the employment setting of the principal nursing position you held December 31, 2016? Mark one box only.

Other types of setting

Occupational health or employee health service
 Public health or community health agency (not a clinic)
 Government agency other than public/community health or corrections
 Outpatient dialysis center
 University or college academic department
 Home health agency/service
 Case management/disease management
 Call center/telenursing center
 Other, Specify

Hospital (not mental health)

Inpatient
 Emergency department
 Hospital ambulatory care department (outpatient, surgery, clinic etc.)
 Hospital ancillary unit
 Hospital, nursing home unit
 Hospital, Critical access
 Hospital other (administration)

Other inpatient setting

Nursing home/extended care/skilled nursing facility/ group home
 Rehabilitation facility/ long-term acute care
 Inpatient mental health
 Correctional facility
 Inpatient hospice
 Other inpatient setting, Specify – ↙

Clinic/Ambulatory

Private medical practice, clinic, physician office, etc.
 Public clinic (Rural health center, FQHC, Indian Health service, Tribal Clinic etc.)
 School health service (K-12 or college)
 Outpatient mental health/substance abuse
 Urgent care (not hospital based)

**Section G.
 National Practitioner Data Bank**

89. The National Practitioner Data Bank (NPDB), which includes the Healthcare Integrity and Protection Data Bank (HIPDB), is a nationwide repository of negative actions taken against healthcare professionals. Its primary function is to aid employers in making well-informed hiring decisions. Currently, certain entities are required to query the NPDB on physicians and dentists, prior to making hiring and clinical privileges decisions. Do you think the query requirement should be expanded to other healthcare professions?

Yes, it should be expanded to all healthcare professions.
 Yes, it should be expanded to some but not all healthcare professions.
 No, it should not be expanded.

90. Have you been reported to the NPDB or the HIPDB?

Yes

No → SKIP to Question 93

91. Who submitted the report?

State licensing board

Medical malpractice payer, such as an insurance company

Hospital

Federal agency

Other (Specify)

Unknown

92. Did the NPDB report impact your career? Mark all that apply.

No, the report did not impact my career.

Yes, the report had a negative impact on my current position (e.g., reprimand, termination, etc.).

Yes, the report made it difficult to obtain employment.

93. When making hiring decisions, do you feel that health care employers should consider prior negative health care related actions taken against prospective employees?

Yes, they should consider prior negative actions.

No, they should not consider negative prior actions.

94. The NPDB collects reports on adverse actions taken against a physician that affect that physician's clinical privileges. Many nurse practitioners currently perform job functions similar to primary care physicians. Do you feel the NPDB should also collect reports on adverse actions against a nurse practitioner that could affect their clinical privileges?

Yes, they should be reported

No, they should not be reported

95. Do you think nurse practitioners who are supervised by a physician should be subject to the same reporting requirements as physicians, less strict reporting requirements, or more strict reporting requirements?

Less strict reporting requirements for nurse practitioners who are supervised by a physician,

More strict reporting requirements for nurse practitioners who are supervised by a physician,

The same reporting requirements as physicians.

**Section H.
General Information**

96. Where did you reside on December 31, 2017? This information is critical for producing state/county estimates of the nursing workforce.

City/Town:
County
State (or country
if not U.S.A.)
ZIP

97. Did you reside in the same city/town a year ago (December 31, 2016)?

- Yes → *SKIP to Question 99*
 No

98. Where did you reside on December 31, 2016? This information is critical for producing state/county estimates

City/Town:
County
State (or country
if not U.S.A.)
ZIP

99. What is your gender?

- Male
 Female

100. What is the year of your birth?

101. Are you of Hispanic, Latino or Spanish origin?

- Yes
 No

102. What is your race?

Mark all that apply.

- White
 Black or African American
 Asian
 American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander
 Some other race

103. What languages do you speak fluently, other than English? *Mark all that apply.*

- No other languages
 Spanish
 Filipino language (Tagalog, other Filipino dialect)
 Chinese language (Cantonese, Mandarin, other Chinese language)
 Russian
 Korean
 Vietnamese
 American Sign Language
 Other language(s)

104. What is your marital status?

- Married or in domestic partnership
 Widowed, divorced, separated
 Never married

105. Which of the following best describes the children/parents/dependents who either live at home with you or for whom you provide a significant amount of care?

Mark all that apply.

- Child(ren) less than 6 years old at home
 Child(ren) 6 to 18 years old at home
 Other adults at home (i.e., parents or dependents)
 Others living elsewhere (i.e., children, parents or dependents)
 None

106. Including employment earnings, investment earnings, and other income of all household members, what was your 2017, pre-tax annual total household income? Mark one box only.

- \$15,000 or less
- \$15,001 to \$25,000
- \$25,001 to \$35,000
- \$35,001 to \$50,000
- \$50,001 to \$75,000
- \$75,001 to \$100,000
- \$100,001 to \$150,000
- \$150,001 to \$200,000
- More than \$200,000

**Section I.
License and Certification Detail**

107. Please provide any other names under which you may have held a nursing license.

First name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

First name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

108. On December 31, 2017, which of the following skill-based certifications did you have? Mark all that apply.

- No skill-based certifications
- Life Support (BLS, ALS, BCLS, etc.)
- Resuscitation (CPR, NRP, etc.)
- Emergency Medicine/Nursing (EMT, ENPC, etc.)
- Trauma Nursing (TNCC, ATCN, ATN, etc.)
- Critical Care Certificate
- Other, Specify
- Other, Specify

109. On December 31, 2017, did you have any current National nursing certifications as a Clinical Nurse Specialist, Nurse Midwife, or Nurse Anesthetist?

- Yes
- No → SKIP to Section J on page XX

110a. On December 31, 2017, did you have a current certification as a Clinical Nurse Specialist (CNS)?

- Yes
- No → SKIP to Question 111a

110b. Was this certification required by your employer for your job?

- Yes
- No

110c. Was this certification from a national certifying organization?

- Yes
- No

110d. Which of the following Clinical Nurse Specialist (CNS) certifications did you have?

- Acute Care/Critical Care CNS
- Adult Health CNS
- Community Health/Public Health CNS
- Diabetes Management CNS
- Gerontological CNS
- Home Health CNS
- Hospice and Palliative Care CNS
- Medical-Surgical CNS
- Oncology CNS
- Pediatric CNS
- Psychiatric & Mental Health CNS - Adult
- Psychiatric & Mental Health CNS - Child/Adolescent
- Psychiatric & Mental Health CNS - Family
- Other, Specify:

111a. On December 31, 2017, did you have a current certification as a Nurse-Midwife (CNM)?

- Yes
- No → SKIP to Question 112a

111b. Was this certification required by your employer for your job?

- Yes
- No

111c. Was this certification from a national certifying organization?

- Yes
- No

112a. On December 31, 2017, did you have a current certification as a Nurse Anesthetist (CRNA)?

- Yes
- No → skip to Section J

112b. Was this certification required by your employer for your job?

- Yes
- No

112c. Was this certification from a national certifying organization?

- Yes
- No

-

Section J. Contact Information

113. Please provide your e-mail address and telephone number, as well as the best time of day to reach you. This information will only be used in the event that we need to contact you about any of your responses.

E-mail address:

Telephone:

Home

(Area Code) Telephone Number

Work

Cell

Time of day/week best to contact you by phone:

Please return this survey and any duplicate surveys in the enclosed, postage-paid envelope.

*We estimate that it will take about XX minutes per person to collect the information. This includes time for reviewing the instructions and completing and reviewing your answers. You may send comments regarding time estimates or any other aspect of this data collection process, including suggestions for reducing this burden, to Paperwork Reduction Project XXXX-XXXX, U.S. Census Bureau, 4600 Silver Hill Road, Room 7H054, Washington, DC 20233. You may also e-mail comments to **DEMO.Paperwork@census.gov**; use "Demo Survey Comments XXXX-XXXX" as the subject.*

The U.S. Office of Management and Budget (OMB) approved this survey and gave it OMB approval number XXXX-XXXX; the expiration date is XX/XX/XXXX. Displaying this number shows that the Census Bureau is authorized to conduct this survey. If this number were not displayed, we could not request your participation. Please use this number in any correspondence concerning this survey.

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