

## Appendix A – 2008 NSSRN Questionnaire Content Changes for 2018

Questionnaire items from the 2008 NSSRN that have been changed for the 2018 survey are itemized in the table below. At left are images of the questions as they appeared in the 2008 questionnaire. At right are images displaying the enhanced questions as they appear in the 2018 questionnaire.

Enhancements include:

- Revised question and response option wording,
- Restructured response formats and locations of write-in boxes
- Enhanced instructions

*NOTE: The table below does not include questions where the only change was to remove parentheses from italicized instructional text.*

2008 Version	2018 Version
<p><b>1.</b> On March 10, 2008, were you <u>actively licensed</u> 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)?</p> <p><input type="checkbox"/> Yes → <b>Go to Question 2</b>  <input type="checkbox"/> No → <i>If No, you do not need to complete this questionnaire. Please mark "no" and return this questionnaire so we know you are not eligible.</i></p>	<p><b>A1a.</b> On December 31, 2017, were you <u>actively licensed</u> 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)?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No → <i>If No, you do not need to complete this questionnaire. Please mark "No" and return this questionnaire in the envelope provided so we know you are not eligible.</i></p>
<p><b>2.</b> In what U.S. State were you issued your <u>first</u> RN license?</p> <p>State: <input type="text"/> <input type="text"/>      Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><b>A2.</b> In what state and year were you issued your <u>first</u> U.S. RN license?</p> <p>State: <input type="text"/> <input type="text"/>      Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p><b>3.</b> Which type of nursing degree or nursing credential qualified you for your first U.S. RN license? <i>Mark one box only.</i></p> <p><input type="checkbox"/> Diploma Program  <input type="checkbox"/> Associate Degree  <input type="checkbox"/> Bachelor's Degree  <input type="checkbox"/> Master's Degree  <input type="checkbox"/> Doctorate  <input type="checkbox"/> Other</p> <p>Specify: <input type="text"/></p>	<p><b>A3.</b> Which type of nursing degree qualified you for your <u>first</u> U.S. RN license? <i>Mark one box only.</i></p> <p><input type="checkbox"/> Diploma  <input type="checkbox"/> Associate  <input type="checkbox"/> Bachelor's  <input type="checkbox"/> Master's  <input type="checkbox"/> Doctorate – PhD  <input type="checkbox"/> Doctorate – DNP  <input type="checkbox"/> Other</p>

2008 Version

2018 Version

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

Month:   Year:

A4. In what month and year did you graduate from this RN program?

Month:   Year:

5. In which U.S. State (including the District of Columbia), U.S. Territory, or foreign country was this program located?

State:    Philippines  
 Canada  
 United Kingdom  
 Nigeria  
 Other  
Specify:

A5. Where was this program located?

In the U.S.  
Print state abbreviation. →    
 Outside the U.S.  
Print name of foreign country or U.S. territory. ↴

6. Please indicate all post-high-school degrees you received before starting your initial RN educational program. Mark all that apply.

None → Go to Question 8  
 Associate Degree  
 Bachelor's Degree  
 Master's Degree  
 Doctorate  
 Other  
Specify:

A6. What post-high school degree(s) did you receive before starting your first RN program? Mark all that apply.

Associate  
 Bachelor's  
 Master's  
 Doctorate  
 Other  
 None

8. Have you ever been licensed as a licensed practical nurse (LPN) or licensed vocational nurse (LVN) in the U.S.?

Yes  
 No

A7. Have you ever been licensed as a Licensed Practical Nurse (LPN) or Licensed Vocational Nurse (LVN) in the U.S.?

Yes  
 No

**2008 Version**

**9.** Were you ever employed in any of the following health-related jobs before completing your initial RN education? *Mark all that apply.*

- No health-related position before RN education
- Nursing Aide or Nursing Assistant
- Home health aide or assistant
- Licensed Practical or Vocational Nurse
- Emergency Medical Technician (EMT) or Paramedic
- Medical assistant
- Dental assistant
- Allied Health technician or technologist (radiological technician, laboratory technician)
- Manager in health care setting
- Clerk in health care setting
- Military medical corps
- Medical doctor
- Midwife
- Another type of health-related position

Specify

**2018 Version**

**A8.** Were you ever employed in any of the following health-related jobs before completing your first RN program? *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

**10.** How did you finance your initial RN education? *Mark all that apply.*

- Earnings from your health-care-related employment
- Earnings from your non-health-care-related employment
- Earnings from other household members
- Personal household savings
- Other family resources (parents or other relatives)
- Employer tuition reimbursement plan (including Veterans Administration employer tuition plan)
- 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

**A9.** How did you finance your first RN degree? *Mark all that apply.*

- Self-financed
- Employer tuition reimbursement plan
- Department of Veterans Affairs employer tuition plan
- Health Resources and Services Administration Support (e.g., National Health Service Corps, Nurse Corps Loan Repayment, Faculty Loan Repayment)
- 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

2008 Version

18. 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 columns of the following table for each degree you earned.  
 No → Go to Question 14 on page 2

Type of Degree	A	B	C	D	E	F
	Did you receive this degree? (Select "No" if not applicable)	What was the primary focus of this degree? (Select "None" if not applicable)	Has this degree been related to your current practice?	In what year did you receive the degree?	In what state or country was this educational program located?	Was this degree program undertaken through a distance-based learning experience? (Only select "Yes" if you completed the program online)
<b>Nursing Degrees</b>						
a. Associate degree in nursing	<input type="checkbox"/>	→	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Bachelor's degree in nursing	<input type="checkbox"/>	→	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Master's in nursing	<input type="checkbox"/>	→	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Another Master's in nursing	<input type="checkbox"/>	→	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Doctorate in nursing (PhD, ScD, DNS, ND, DNP)	<input type="checkbox"/>	→	<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Non-nursing Degrees</b>						
f. Associate degree in non-nursing field	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Bachelor's degree in non-nursing field	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Master's in non-nursing field	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Another Master's in non-nursing field	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Doctorate in non-nursing field (PhD, JD, MD, EdD)	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

For Column B, enter the two-digit code for your Bachelor's, Master's, or Doctorate degree above.

Primary Focus of Degree

01 Clinical Practice	07 Humanities, Liberal Arts, or Social Sciences
02 Administration/ Business/Management	08 Information Systems
03 Education	09 Computer Science
04 Public Health/Community Health	10 Research
05 Law	11 Social Work
06 Biological or Physical Sciences	12 Other health field
	13 Other non-health field

2018 Version

A10. Did you earn any additional academic degrees after acquiring your first RN degree that you described in Question A3? Do not include degrees you are currently working towards.

Yes → Please complete all rows of the table below for each degree you earned  
 No → SKIP to Question A11 on page 4

	Nursing Degrees				
	Associate in nursing	Bachelor's in nursing	Master's in nursing	Another Master's in nursing	Doctorate in nursing (PhD, ScD, DNS, ND, DNP)
A10a. In what year did you receive this degree?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
A10b. In what U.S. state or foreign country was this program located?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
A10c. Was 50% or more of the coursework for this degree online or through correspondence?	<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
A10d. What was the primary focus of this degree? Enter two-digit code from the table at the bottom of the page.	N A	N A	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Non-nursing Degrees				
	Associate (Non-nursing)	Bachelor's (Non-nursing)	Master's (Non-nursing)	Another Master's (Non-nursing)	Doctorate in non-nursing field (PhD, JD, MD, EdD)
A10e. In what year did you receive this degree?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
A10f. In what U.S. state or foreign country was this program located?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
A10g. Was 50% or more of the coursework for this degree online or through correspondence?	<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
A10h. What was the primary focus of this degree? Enter two-digit code from the table below.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Primary focus of degree

01 Clinical Practice	05 Public Health/Community Health	09 Information Technology/Informatics
02 Clinical Nurse Leader	06 Law	10 Research
03 Administration/ Business Management	07 Biological or Physical Sciences	11 Other health field
04 Education	08 Humanities, Liberal Arts, or Social Sciences	12 Other non-health field



**2008 Version**

**2018 Version**

**17b.** What percent of your coursework was distance-based (online or correspondence)?

- 0%
- 1-25%
- 26-50%
- 51-75%
- 76-100%

**A12c.** What percentage of your coursework in this program was distance-based (online or correspondence)?

- ≤ 50%
- > 50%

**18.** What type of degree or certificate have you been working toward in this program? *Mark one box only.*

- Associate Degree
- Bachelor's Degree
- Master's Degree
- Doctorate
- Post-Master's Certificate
- Other Certificate

**A12d.** What type of degree or certificate were you working toward in this program?

*Mark one box only.*

- Certificate/Award
- Associate Degree
- Bachelor's Degree
- Master's Degree
- Post-Master's Certificate
- Doctorate – PhD
- Doctorate – DNP
- Doctorate – other

▼  
For all the questions in this section (Questions 20 - 32), your principal nursing position is the nursing position, on March 10, 2008, in which you spent the largest share of your working hours.

For all the questions in this section (Questions #2 - #26), your principal nursing position is the nursing position, on December 31, 2017, in which you spent the largest share of your working hours.

**20.** Are you required to maintain an active RN license in order to hold your principal nursing position?

- Yes
- No

**B7.** Were you required to maintain an active RN license for the principal nursing position you held on December 31, 2017?

- Yes
- No

**2008 Version**

**21.** Where was the location of the principal nursing position you held on March 10, 2008? (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+4 code  -

(if available)

**2018 Version**

**B2.** Where was the location of the principal nursing position you held on December 31, 2017? *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

**22.** In the principal nursing position you held on March 10, 2008, were you...  
*Mark one box only.*

- An employee of the organization or facility where you were working?
- Employed through an employment agency, but not as a traveling nurse?
- Employed through an employment agency as a traveling nurse?
- Self-employed, per diem, or working as-needed?

**B10.** For 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 I was working
- Self-employed, per-diem, or working as-needed

2008 Version

2018 Version

25. Which one of the following best describes the employment setting of the principal nursing position you held on March 10, 2008? *Mark one box only.*

*(Select one box only.)*

<p><b>Hospital, Outpatient, or Other, (Not on a Hospital Inpatient)</b></p> <p>Community hospital or special care, non-federal or other type</p> <p><input type="checkbox"/> Hospital unit</p> <p><input type="checkbox"/> Nursing home unit (not hospital)</p> <p><input type="checkbox"/> Outpatient clinic, ambulatory practice, specialty or hospital</p> <p><input type="checkbox"/> Outpatient clinic, ambulatory practice located at a hospital but not physically in the hospital</p> <p><input type="checkbox"/> Other ambulatory or other clinic unit</p> <p><b>Specialty hospital, Non-Federal (Children's, Heart, Cancer, Cancer)</b></p> <p><input type="checkbox"/> Hospital unit</p> <p><input type="checkbox"/> Outpatient clinic, ambulatory practice located at a hospital</p> <p><input type="checkbox"/> Outpatient clinic, ambulatory practice located at a hospital but not physically in the hospital</p> <p><input type="checkbox"/> Other ambulatory or other clinic unit</p> <p><b>Long-term hospital, Non-Federal</b></p> <p><input type="checkbox"/> Hospital unit</p> <p><input type="checkbox"/> Nursing home unit in hospital</p> <p><input type="checkbox"/> Other ambulatory or other clinic unit</p> <p><b>Free-Standing Hospital, Non-Federal</b></p> <p><input type="checkbox"/> Hospital unit</p> <p><input type="checkbox"/> Outpatient clinic, ambulatory practice located at a hospital</p> <p><input type="checkbox"/> Outpatient clinic, ambulatory practice located at a hospital but not physically in the hospital</p> <p><b>Other ambulatory or other clinic unit</b></p> <p><input type="checkbox"/> Federal Government hospital (Children, VA, NIH or IRL equivalent)</p> <p><input type="checkbox"/> Hospital unit</p> <p><input type="checkbox"/> Nursing home unit in hospital</p> <p><input type="checkbox"/> Outpatient clinic, ambulatory practice located at a hospital</p> <p><input type="checkbox"/> Outpatient clinic, ambulatory practice located at a hospital but not physically in the hospital</p> <p><input type="checkbox"/> Other ambulatory or other clinic unit</p> <p>Specify: _____</p> <p><b>The only Other Extended Care Facility</b></p> <p><input type="checkbox"/> Nursing home extended care facility unit in a hospital</p> <p><input type="checkbox"/> Facility not physically attached to a hospital but located on the same campus as a facility</p> <p><input type="checkbox"/> Other type of extended care facility</p> <p>Specify: _____</p> <p><b>Work Health Center</b></p> <p><input type="checkbox"/> Working away from a hospital</p> <p><input type="checkbox"/> Home health agency (not hospital based)</p> <p><input type="checkbox"/> Home health agency (not hospital based)</p> <p><input type="checkbox"/> Private duty in a home setting</p> <p><input type="checkbox"/> Clinics</p> <p><input type="checkbox"/> Other home health setting</p>	<p><b>Academic, Education Programs</b></p> <p><input type="checkbox"/> From an other sector (not a hospital) not located at a hospital</p> <p><input type="checkbox"/> Critical access hospital</p> <p><input type="checkbox"/> Outpatient program (ED)</p> <p><input type="checkbox"/> Inpatient program (ED)</p> <p><input type="checkbox"/> Inpatient unit or other program for patients</p> <p><input type="checkbox"/> Ambulatory program (not ED) not located at a hospital</p> <p><input type="checkbox"/> Other ambulatory program, specialty or other</p> <p>Specify: _____</p> <p><b>Public or Government Health Center</b></p> <p><input type="checkbox"/> State Health or State Health Agency</p> <p><input type="checkbox"/> City or County Health Department</p> <p><input type="checkbox"/> Community Health Center (not hospital)</p> <p><input type="checkbox"/> Community mental health center or clinic</p> <p><input type="checkbox"/> Substance abuse center clinic</p> <p><input type="checkbox"/> Other ambulatory setting</p> <p>Specify: _____</p> <p><b>Other Health Center</b></p> <p><input type="checkbox"/> School or other (not ED)</p> <p><input type="checkbox"/> Gallery or museum</p> <p><input type="checkbox"/> Other non-health setting</p> <p><b>Correctional Health, Correctional Health Center</b></p> <p><input type="checkbox"/> Health center</p> <p><input type="checkbox"/> Other correctional health services</p> <p><input type="checkbox"/> Other non-health setting</p> <p><b>Assisted Living, Senior Centers, and Residential Assisted Living</b></p> <p><input type="checkbox"/> Health center in program</p> <p><input type="checkbox"/> Health program</p> <p><input type="checkbox"/> In-home or non-clinic</p> <p><input type="checkbox"/> Community health center</p> <p><input type="checkbox"/> Medical clinic, Children, VA, NIH or IRL equivalent</p> <p><input type="checkbox"/> Hospital supported clinic unit or community health center</p> <p><input type="checkbox"/> Hospital supported off-site clinic or specialty clinic</p> <p><input type="checkbox"/> Ambulatory surgical center, not hospital based</p> <p><input type="checkbox"/> Clinic unit</p> <p><input type="checkbox"/> Other non-health or clinic, ambulatory hospital</p> <p><input type="checkbox"/> Other ambulatory setting</p> <p>Specify: _____</p> <p><b>Health Care Clinic, Health Education Center</b></p> <p><input type="checkbox"/> One treatment service (nutrition department, dental, vision, or hair)</p> <p><input type="checkbox"/> Diagnostic (imaging) or other private</p> <p><input type="checkbox"/> Other health or education service</p> <p><b>Other</b></p> <p><input type="checkbox"/> Public, religious, residential, or business space</p> <p><input type="checkbox"/> Commercial enterprise or not enterprise</p> <p><input type="checkbox"/> Non-health care enterprise</p> <p><input type="checkbox"/> Temporary, seasonal, or other clinic</p> <p><input type="checkbox"/> Transportation or medical administrative services</p> <p><input type="checkbox"/> Other</p> <p>Specify: _____</p>
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B13. 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.*

<p><b>Hospital (not mental health)</b></p> <p><input type="checkbox"/> Critical Access Hospital</p> <p><input type="checkbox"/> Inpatient unit, not Critical Access Hospital</p> <p><input type="checkbox"/> Emergency Department, not Critical Access Hospital</p> <p><input type="checkbox"/> Hospital sponsored ambulatory care (outpatient, surgery, clinic, urgent care, etc.)</p> <p><input type="checkbox"/> Hospital ancillary unit</p> <p><input type="checkbox"/> Hospital nursing home unit</p> <p><input type="checkbox"/> Hospital administration</p> <p><input type="checkbox"/> Hospital other, <i>Specify:</i> _____</p> <p>Specify: _____</p>	<p><b>Clinic/Ambulatory</b></p> <p><input type="checkbox"/> Nurse managed health center</p> <p><input type="checkbox"/> Private medical practice (clinic, physician office, etc.)</p> <p><input type="checkbox"/> Public clinic (Rural Health Center, FQHC, Indian Health Service, Tribal Clinic, etc.)</p> <p><input type="checkbox"/> School health service (K-12 or college)</p> <p><input type="checkbox"/> Outpatient mental health/substance abuse</p> <p><input type="checkbox"/> Urgent care (not hospital based)</p> <p><input type="checkbox"/> Ambulatory surgery center (free standing)</p> <p><input type="checkbox"/> Other, <i>Specify:</i> _____</p> <p>Specify: _____</p>
<p><b>Other inpatient setting</b></p> <p><input type="checkbox"/> Nursing home unit NOT in hospital</p> <p><input type="checkbox"/> Rehabilitation facility/long-term care</p> <p><input type="checkbox"/> Inpatient mental health/substance abuse</p> <p><input type="checkbox"/> Correctional facility</p> <p><input type="checkbox"/> Inpatient hospice</p> <p><input type="checkbox"/> Other inpatient setting, <i>Specify:</i> _____</p> <p>Specify: _____</p>	<p><b>Other types of settings</b></p> <p><input type="checkbox"/> Home health agency/service</p> <p><input type="checkbox"/> Occupational health or employee health service</p> <p><input type="checkbox"/> Public health or community health agency (not a clinic)</p> <p><input type="checkbox"/> Government agency other than public/community health or correctional facility</p> <p><input type="checkbox"/> Outpatient dialysis center</p> <p><input type="checkbox"/> University or college academic department</p> <p><input type="checkbox"/> Insurance company</p> <p><input type="checkbox"/> Call center/telenursing center</p> <p><input type="checkbox"/> Other, <i>Specify:</i> _____</p> <p>Specify: _____</p>

25. For the principal nursing position you held on March 10, 2008, did you work...? *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)

B11. 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)

26. For the principal position you held on March 10, 2008, how many months would you normally work per year?

months

B12. For the principal nursing position you held on December 31, 2017, how many months did you normally work per year?

months per year



**2008 Version**

**27.** For the principal nursing position you held on March 10, 2008, please provide information about the number of hours you work in a typical week.

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 worked from on-call duty. Do not include stand-by hours
- c. Number of hours you stated above in "a" that were paid as overtime
- d. Number of paid overtime hours you stated above in "c" that were mandatory overtime
- e. Number of paid or unpaid on-call hours that were stand-by only
- f. Number of stand-by hours you stated above in "e" that were paid at an on-call stand-by rate

**2018 Version**

**B14.** Next, we will ask for information about how much you worked in a typical week for the principal nursing position you held on December 31, 2017. Include on-call hours except on-call hours that were standby only.

Hours  
(enter 0 if none)

- a. Number of hours scheduled in a typical week:
- b. Number of hours worked in a typical week:
- c. Number of hours paid at the following rates in a typical week:
  - 1. Regular hourly rate or salary
  - 2. Overtime
- d. Number of hours unpaid in a typical week

**28.** For the principal nursing position you held on March 10, 2008, please estimate the percentage of your time spent in the following activities during a usual workweek. Do not use decimal places.

- 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    %

The total should equal 100% 100%

**B15.** 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. Care coordination (including consultation with agencies and/or professionals)    %
- c. Management, supervision, and administrative tasks    %
- d. Research    %
- e. Teaching, precepting or orienting students or new hires (include preparation time)    %
- f. Non-nursing tasks (e.g. housekeeping, locating supplies)    %
- g. Other    %

Total = 100%

2008 Version

2018 Version

**29a.** For the principal nursing position you held on March 10, 2008, in what level of care or type of work did you spend the majority of your time? *Mark one or more boxes.*

- General or specialty inpatient
- Critical/intensive care
- Step-down, transitional, progressive, telemetry
- Sub-acute care
- 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
- Public health/community health
- Education
- Business, administration, review, case management
- Research
- Other

Specify

**B16.** 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
- Ambulatory care (including primary care outpatient settings, except surgical)
- Ancillary care (radiology, laboratory)
- Care coordination/patient navigation
- Critical/intensive care
- Education
- Emergency
- Health care management/administration
- Home health/hospice
- Informatics
- Long-term care/nursing home
- Public health/community health
- Rehabilitation
- Research
- Step-down, transitional, progressive, telemetry
- Sub-acute care
- Surgery (including ambulatory, pre-operative, post-operative, post-anesthesia)
- Urgent care
- Other, *Specify:* ↴

**2008 Version**

**29b.** For the principal nursing position you held on March 10, 2008, with what patient population did you spend at least 50% of your patient care time? *Mark only one box.*

No patient care → **Go to Question 30**

- Adult
- Geriatric
- Pre-natal
- Newborn or neonatal
- Pediatric and/or Adolescent
- Multiple age groups (less than 50% time spent with any of the above)

*Specify*

**2018 Version**

**B17b.** 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.*

- Pre-natal  %
- Newborn or Neonatal (less than 2 years old)  %
- Pediatric (2 to 11 years old)  %
- Adolescent (12 to 17 years old)  %
- Adult (18 to 65 years old)  %
- Geriatric (more than 65 years old)  %

Total =            100%

2008 Version

29c. For the principal nursing position you held on March 10, 2008, in what type of clinical specialty did you spend most of your patient care time? *Mark one or more boxes.*

- No patient care
- General medical surgical
- Critical care
- Cardiac or cardiovascular care
- Chronic care
- Dermatology
- Emergency or trauma care
- Gastrointestinal
- Gynecology (women's health)
- Hospice
- Infectious/communicable disease
- Labor and delivery
- Neurological
- Obstetrics
- Occupational health
- Oncology
- Primary care
- Psychiatric or mental health (substance abuse and counseling)
- Pulmonary/respiratory
- Radiology (diagnostic or therapeutic)
- Renal/dialysis
- No specific area
- Other specialty for a majority of my time

Specify

2018 Version

B17c. 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 one box only.*

- General medical surgical
- Ambulatory care
- Cardiac or cardiovascular care
- Chronic care
- Critical care
- Dermatology
- Emergency or trauma care
- Endocrinology
- Gastrointestinal
- Gynecology (women's health)
- Home health/hospice
- Infectious/communicable disease
- Labor and delivery
- Neurological
- Obstetrics
- Occupational health
- Oncology
- Ophthalmology
- Orthopedics
- Otolaryngology (ear, nose and throat)
- Primary care
- Psychiatric or mental health (substance abuse and counseling)
- Pulmonary/respiratory
- Radiology (diagnostic or therapeutic)
- Renal/dialysis
- Other specialty, *Specify:*

2008 Version	2018 Version
<p><b>30.</b> Please estimate your 2008 pre-tax <u>annual</u> earnings from your principal nursing position. Include overtime and bonuses, but exclude sign-on bonuses.</p> <p>\$ <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"/> .00 per year</p>	<p><b>B26.</b> Please estimate your 2017, pre-tax annual earnings from your principal nursing position. Include overtime and bonuses, but exclude sign-on bonuses.</p> <p>\$ <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"/> .00</p>
<p><b>31.</b> Were you represented by a labor union or collective bargaining unit in the principal nursing position you held on March 10, 2008?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p>	<p><b>B27.</b> Were you represented by a labor union or collective bargaining unit in the principal nursing position you held on December 31, 2017?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p>
<p><b>32a.</b> Do you plan to leave or have you left the principal nursing position you held on March 10, 2008?</p> <p><input type="checkbox"/> Yes, have left or will leave within the next 12 months  <input type="checkbox"/> Yes, in 1 year to 3 years  <input type="checkbox"/> No plans to leave within next 3 years  <input type="checkbox"/> Undecided</p> <p>→ Go to Question 33 on page 10</p>	<p><b>B28.</b> Have you left the principal nursing position you held on December 31, 2017?</p> <p><input type="checkbox"/> Yes → Continue to Section C  <input type="checkbox"/> No → Skip to Section D on page 11</p>
<p><b>32b.</b> Do you plan to work in nursing after you leave that position?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unsure</p>	<p><b>C2.</b> Did you continue to work in nursing after leaving this position?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No → SKIP to Section E on page 13</p>
<p><b>34.</b> In your other nursing position(s), are you...?  <i>Mark all that apply.</i></p> <p><input type="checkbox"/> An employee of the organization or facility for which you are working?  <input type="checkbox"/> Employed through an employment agency, but <u>not</u> as a traveling nurse?  <input type="checkbox"/> Employed through an employment agency as a traveling nurse?  <input type="checkbox"/> Self-employed, per diem, or working as needed?</p>	<p><b>E2.</b> Which of the following best describes your employment with the <u>other</u> nursing position(s) held on December 31, 2017?  <i>Mark all that apply.</i></p> <p><input type="checkbox"/> Employed through an employment agency as a traveling nurse  <input type="checkbox"/> Employed through an employment agency, but not as a traveling nurse  <input type="checkbox"/> Employed by the organization or facility at which I am working  <input type="checkbox"/> Self-employed, per diem, or working as needed</p>

**2008 Version**

35. What type of work settings best describe where you work for your other nursing position(s)? Mark all that apply.

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

Specify:

**2018 Version**

E3. What type(s) of work setting(s) best describe where you worked for the other nursing position(s) held on December 31, 2017? Mark all that apply.

- Hospital
- Nursing home/extended care facility
- Academic education program
- Home health setting
- Public or community health setting
- Rehabilitation facility/long-term care
- Mental health/substance abuse
- School health service
- Occupational health
- Physician practice (individual or group)
- Ambulatory care clinic
- Insurance claims/benefits
- Telehealth, telenursing or call center
- Other, Specify:

36. In your additional nursing position(s), please indicate how much you work, and where the job is located:

	Weeks per year	Average hours per week, during weeks of work	Locations of where most of work is done (state, or country)
Additional job #1	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Additional job #2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
All other jobs	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	N/A

E4. In your other 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	Location where most work was done (state or country)
Additional job #1	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Additional job #2	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
All other jobs	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	N/A

37. Please estimate your 2008 pre-tax annual earnings from all your other nursing position(s). Do not include earnings from your principal nursing position.

\$  .  .00 per year

E5. Please estimate your 2017, pre-tax annual earnings from all of the nursing positions that you reported in Question E4. Do not include earnings from your principal nursing position.

\$  ,  .00

**2008 Version**

**2018 Version**

If you were working for pay in nursing on March 10, 2008, please go to Section E on page 11.

If you were working for pay in nursing on December 31, 2017, please SKIP to Section 11.

38. What are your intentions regarding paid work in registered nursing? *Mark one box only.*

- Have returned to nursing since March 10, 2008  
↳ **Go to Section F on page 11**
- Actively looking for work in nursing
- Plan to return to nursing in the future, not looking for work now  
↳ **Go to Question 41**
- No future intention to work for pay in nursing  
↳ **Go to Question 42 on page 11**
- Undecided at this time  
↳ **Go to Question 42 on page 11**

G1. What are your intentions regarding paid work in nursing? *Mark one box only.*

- Actively looking for work in nursing
- Plan to return to nursing in the future, not looking for work now → **SKIP to Question G4**
- No future intention to work for pay in nursing → **SKIP to Question G5a**
- Undecided at this time → **SKIP to Question G5a**
- Have returned to nursing since December 31, 2017 → **SKIP to Section H**

39. How long have you been actively looking for paid work in nursing?

- Months (if one or more)
- Less than one month

G2. How long have you been actively looking for paid work in nursing?  
*Enter zero if less than one month.*

- Month(s)

40. Are you looking for a position that is ...?

- Full-time
  - Part-time
  - Either
- ↳ **Go to Question 42 on page 11**

G3. Are you looking for a position that is full-time or part-time?

- Full-time → **SKIP to Question G5a**
- Part-time → **SKIP to Question G5a**
- Either → **SKIP to Question G5a**

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

- Years (if one or more)
- Less than one year
- Never worked as a Registered Nurse

G5b. How long has it been since you were last employed or self-employed as a nurse?  
*Enter zero if less than one year.*

- Year(s)

**2008 Version**

**2018 Version**

43. What are the primary reasons you are not working in a nursing position for pay? *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
- Travel
- Volunteering in nursing
- Went back to school
- Other

Specify

G6. What are the primary reasons you were not working in a nursing position for pay on December 31, 2017? *Mark all that apply.*

- Burnout
- Career change
- Difficulty finding a nursing position
- Disability/illness
- Family caregiving
- Inability to practice nursing on a professional level
- Inability to practice to the full extent of my license
- Inadequate staffing
- Lack of advancement opportunities
- Lack of collaboration/communication between health care professionals
- Lack of good management or leadership
- Liability concerns
- Physical demands of job
- Retirement
- Salaries too low/better pay elsewhere
- Scheduling/inconvenient hours/too many hours/too few hours
- School/educational program
- Skills are out-of-date
- Stressful work environment
- Other, *Specify:*

50. For this question count only the years you worked at least 50% of the calendar year in nursing. Since receiving your first U.S. RN license, how many years have you worked in nursing?

Years (if one or more)

Less than one year

H1. 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.*

Year(s)



**2008 Version**

**2018 Version**

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

- Yes   Total years (if one or more)
- No
- Have not worked in nursing more than one year

**H2.** Have you left work in nursing for one or more years since becoming an RN?

- Yes → For how many years?
- No

**52.** Were you employed in nursing one year ago (March 10, 2007)?

- Yes
- No → Go to Section G on page 14

**H3.** 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 I on page 20

**53.** For the principal nursing position you held on March 10, 2007, did you work...? Mark one box.

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

**H4.** For the principal nursing position you held on December 31, 2016, 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)

**54.** How would you describe the principal nursing position you held on March 10, 2007?

- Same position/same employer as principal nursing position on March 10, 2008  
↳ Go to Section G on page 14
- Different position/same employer as current one
- Different employer than current one

**H5.** 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 I on page 20
- 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

2008 Version

55. What was the location of the principal nursing position you held on March 10, 2007? (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+4 code:  -   
(if available)

2018 Version

H6. 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

2008 Version

56. Were any of the following the primary reason(s) for your employment change? *Mark all that apply.*

- Burnout
- Stressful work environment
- Interested in another position/job
- 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
- Opportunity to do the kind of nursing that I like
- Pay/benefits better
- Scheduling/inconvenient hours/too many hours
- Relocated to different geographic area
- Reorganization that shifted positions
- Laid off/downsizing of staff
- Sign-on bonus offered
- Personal/family
- Went back to school
- Retired
- Disability
- Illness
- Other

Specify:

2018 Version

H7. What were the primary reason(s) for your employment change? *Mark all that apply.*

- Better pay/benefits
- Burnout
- Career advancement/promotion
- Career change
- Change in child's school
- Disability/illness
- Family caregiving
- Inability to practice to the full extent of my license
- Inadequate staffing
- Interpersonal differences with colleagues or supervisors
- Lack of advancement opportunities
- Lack of collaboration/communication between health care professionals
- Lack of good management or leadership
- Length of commute
- Patient population
- Physical demands of job
- Relocation to different geographic area
- Retirement
- Scheduling/inconvenient hours/too many hours/too few hours
- School/educational program
- Sign-on bonus offered
- Spouse's employment opportunities
- Stressful work environment
- Other, Specify: ↴

**2008 Version**

57. Which one of the following best describes the employment setting of the principal nursing position you held on March 18, 2017? *Mark one box only.*

**Hospital (Mark one of all rows of one of a hospital location)**

**Emergency hospital or medical center, New Federal, short-term hospital unit**

Short-term medical hospital

Outpatient clinic medical services owned by a hospital

Outpatient clinic medical services located at a hospital but not owned by the hospital

Other administrative or fractional unit

**Specialty hospital, Non-Federal (children's, heart, burn, cancer)**

Hospital unit

Outpatient clinic medical services owned by a hospital

Outpatient clinic medical services located at a hospital but not owned by the hospital

**Other administrative or fractional unit**

**Emergency hospital, Non-profits/for-profit, Non-Federal**

Hospital unit

Short-term medical hospital

Outpatient clinic medical services owned by a hospital

Outpatient clinic medical services located at a hospital but not owned by the hospital

Other administrative or fractional unit

**Psychiatric hospital, Non-Federal**

Hospital unit

Short-term medical hospital

Outpatient clinic medical services owned by a hospital

Outpatient clinic medical services located at a hospital but not owned by the hospital

Other administrative or fractional unit

**Federal Government hospital (Military, VA, NIH or DHEC-supported)**

Hospital unit

Short-term medical hospital

Outpatient clinic medical services located at a hospital

Other administrative or fractional unit

**Hospital unit in an institution (nursing, correctional facility)**

**All other**

**Other Type of hospital**

Hospital unit

Short-term medical hospital

Outpatient clinic medical services owned by a hospital

Outpatient clinic medical services located at a hospital but not owned by the hospital

Other administrative or fractional unit

**Specify:**

**Nonacute, Home-based/extended care facility**

Short-term medical hospital

Outpatient clinic medical services owned by a hospital

Outpatient clinic medical services located at a hospital but not owned by the hospital

Other administrative or fractional unit

**Specify:**

**Home Health Setting**

Visiting nurse service (VNS/VNA)

Home health care unit (long-term care)

Home health agency (short-term care)

Private duty or home care agency

Hospice

Other home health setting

**Academic Education Program**

Training site and/or formal basic skills program

LPN/LVN program

Diploma degree (DIP)

Associate degree (AD) program

Bachelor's and/or master's degree (BS/MS) program

Associate degree (AD) and LPN/LVN program

Associate degree (AD) and RN program

Other education program, see patient education

**Specify:**

**Public or Community Health Setting**

State Health or Mental Health Agency

City or County Health Department

Correctional Health Care (prison)

Community mental health association or clinic

Substance abuse center/clinic

Other community setting

**Specify:**

**Inpatient Health Setting**

Skilled nursing facility (SNF)

End-stage renal disease (ESRD)

Other skilled nursing facility

**Occupational Health (Employee Health Services)**

Private industry

Governmental occupational health services

Other occupational health setting

**Ambulatory Care Setting, not located in a hospital**

Individual physician practice

Nurse practice

Equestrian or mental clinic

Community health center

Federal clinic (Military, VA, NIH or DHEC-supported)

Federally-supported clinic (not a community health center)

Hospital-owned office clinic or surgery center

Ambulatory surgical center, not hospital-owned

Urgent care

District center or clinic, not in a hospital

Other ambulatory setting

**Specify:**

**Domestic Violence Shelter/Refuge/Rescue Center**

Governmental or non-governmental (private, public, or non-profit)

For-profit or non-profit organization

Other

Police, sheriff, magistrate, or housing agency

Consulting organization or self-employed

Home-based self-employment

Freelance, independent, or contract worker

Freelance or contract worker of direct medical or health care

Other

**Specify:**

**2018 Version**

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

**Hospital (not mental health)**

Critical Access Hospital

Inpatient unit, not Critical Access Hospital

Emergency Department, not Critical Access Hospital

Hospital sponsored ambulatory care (outpatient, surgery, clinic, urgent care, etc.)

Hospital ancillary unit

Hospital nursing home unit

Hospital administration

Hospital other, *Specify:*

**Clinic/Ambulatory**

Nurse managed health center

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)

Other, *Specify:*

**Other inpatient setting**

Nursing home unit NOT in hospital

Rehabilitation facility/long-term care

Inpatient mental health/substance abuse

Correctional facility

Inpatient hospice

Other inpatient setting, *Specify:*

**Other types of settings**

Home health agency/service

Occupational health or employee health service

Public health or community health agency (not a clinic)

Government agency other than public/community health or correctional facility

Outpatient dialysis center

University or college academic department

Insurance company

Call center/tele nursing center

Other, *Specify:*

58. How satisfied are you with your principal job, or most recent job if you are not now working? *Mark one box only.*

Extremely satisfied

Moderately satisfied

Neither satisfied nor dissatisfied

Moderately dissatisfied

Extremely dissatisfied

Neither currently nor previously employed

B24. How satisfied were you with the principal nursing position you held on December 31, 2017?

Extremely satisfied

Moderately satisfied

Moderately dissatisfied

Extremely dissatisfied

59. Where do you currently reside? This information is critical for producing State estimates of the nursing workforce.

City/Town:

County:

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

ZIP+4 code:  -

(if available)

J1. 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:

**2008 Version**

**2018 Version**

**60.** Did you reside in the same city/town a year ago (March 10, 2007)?

- Yes → Go to Question 62
- No



**J2.** Where did you reside on December 31, 2016? This information is critical for producing state/county estimates.

- Same address reported in Question J1

City/Town

County

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

Zip

**61.** Where did you reside a year ago? This information is critical for producing State estimates.

City/Town:

County:

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

ZIP+4 code

 - 

(if available)

**J2.** Where did you reside on December 31, 2016? This information is critical for producing state/county estimates.

- Same address reported in Question J1

City/Town

County

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

Zip

**62.** What is your gender?

- Male
- Female

**J3.** What is your sex?

- Male
- Female

**63.** What is your year of birth?

1 9

**J4.** What is the year of your birth?

**2008 Version**

**2018 Version**

**64a.** Are you of Latino or Hispanic ethnicity?

- Yes
- No

**J5.** Are you of Hispanic, Latino or Spanish origin?

- Yes
- No

**64b.** Which one or more of the following would you use to describe your race? *Please see page 16 for definitions. Mark all that apply.*

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

**J6**

**J6.** 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

**65.** 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)
- French
- German
- American Sign Language
- Other
- Other
- Other

**J7.** 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)

**66.** Which best describes your current marital status?

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

**J8.** What is your marital status?

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

**2008 Version**

**67.** Describe 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.*

- No children/parents/dependents at home
- 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)

**2018 Version**

**J10.** 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 (e.g., parents or dependents)
- Others living elsewhere (e.g., children, parents or dependents)
- None

**68.** Including employment earnings, investment earnings, and other income of all household members, what is your current, pre-tax annual total household income? *Pick one appropriate category.*

- \$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

**J11.** 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.*

- \$25,000 or less
- \$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

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


**K1.** Please provide any other names under which you may have held a nursing license. *If none, leave blank.*

First name M.I.

--	--

Last name

--

First name M.I.

--	--

Last name

--

**2008 Version**

**70a.** Do you currently have any National nursing certifications?

- Yes
- No → Go to Section I on page 16

**70b.** Which of the following skill-based certifications do you currently have? *Mark all that apply.*

- No current skill-based certifications
  - Life Support (BLS, A&S, BCLS, and others)
  - Resuscitation (CPR, NRP, and others)
  - Emergency Medicine/Nursing (EMT, ENPC, and others)
  - Trauma Nursing (TNCC, ATCN, ATN, and others)
  - Other
- Specify:
- Other
- Specify:

**70c.** Which of the following Nurse Practitioner, Clinical Nurse Specialist, Nurse Midwife, or Nurse Anesthetist certifications do you currently have? *Mark all that apply.*

- No current Nurse Practitioner, Clinical Nurse Specialist, Nurse Midwife, or Nurse Anesthetist certifications

**Nurse Practitioner (NP)**

- Acute Care NP
- Adult NP
- Diabetes Management NP
- Family NP
- Gerontological NP
- Hospice and Palliative Care NP
- Neonatal NP
- Oncology NP
- Pediatric NP (CPNP/CPNP-PC/CPNP-AC)
- Psychiatric & Mental Health NP - Adult
- Psychiatric & Mental Health NP - Family
- School NP
- Urologic NP
- Women's Health Care NP
- Other

Specify:

**2018 Version**

**K3.** On December 31, 2017, did you have any active national nursing certifications as a Clinical Nurse Specialist, Nurse Midwife, or Nurse Anesthetist?

- Yes
- No → SKIP to Section L on page 23

**K2.** On December 31, 2017, which of the following skill-based certifications did you have? *Mark all that apply.*

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

**K3.** On December 31, 2017, did you have any active national nursing certifications as a Clinical Nurse Specialist, Nurse Midwife, or Nurse Anesthetist?

- Yes
- No → SKIP to Section L on page 23

**K4a.** On December 31, 2017, did you have an active certification as a Clinical Nurse Specialist (CNS)?

- Yes
- No → SKIP to Question K5a on page 23

**K4b.** Was this certification required by your employer for your job?

- Yes
- No



2008 Version

**Clinical Nurse Specialist (CNS)**

- 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
- Urologic CNS
- Other

Specify

**Nurse Midwife**

- Nurse Midwife (CNM)

**Nurse Anesthetist**

- Nurse Anesthetist (CRNA)

2018 Version

K4c. Was this certification from a national certifying organization?

- Yes
- No

K4d. Which of the following Clinical Nurse Specialist (CNS) certifications did you have? *Mark all that apply.*

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

K5a. On December 31, 2017, did you have an active certification as a Nurse-Midwife?

- Yes
- No → SKIP to Question K6a

K5b. Was this certification required by your employer for your job?

- Yes
- No

2008 Version

(Corresponds to 70c above)

2018 Version

K5c. Was this certification from a national certifying organization?

Yes

No

K6a. On December 31, 2017, did you have an active certification as a Nurse Anesthetist?

Yes

No → SKIP to Section L

K6b. Was this certification required by your employer for your job?

Yes

No

K6c. Was this certification from a national certifying organization?

Yes

No

Section I. Contact Information/Comments

71. If we need to contact you about any of your responses, please provide your e-mail address and telephone number, as well as the best time of day to reach you.

E-mail address:

Telephone No.:  Home  Work  Cell (    )   -

Area Code

Telephone Number

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

L1. Please provide your e-mail address and telephone number. This information will only be used in the event that we need to contact you about any of your responses.

E-mail address:

Telephone number: (Mark one box only)

Area Code + Number

-

Home

Work

Cell

## Appendix B – 2008 NSSRN Questionnaire Content Removed for 2018

Questionnaire items from the 2008 NSSRN that were not included in the 2018 survey are itemized in the table below.

### 2008 Questionnaire Items Removed for 2018

7. What was the field of study for your highest degree identified in Question 6? *Mark one box only.*

- Health-related field  
or  
Non-health related field
- Biological or Physical Science
- Business or Management
- Education
- Liberal Arts, Social Science, or Humanities
- Law
- Computer Science
- Social Work
- Other non-health related field

*Specify*

2008 Questionnaire Items Removed for 2018

**11a.** Within the past year, have you received or provided emergency preparedness training, in any of the following areas? *Mark all that apply.*

None → Go to Question 12

- Chemical accident or attack
- Nuclear/radiological accident or attack
- Infectious disease epidemics
- Biological accident or attack
- Natural disaster
- Other public health emergencies

**11b.** Please specify the total number of hours spent in the above training(s) within the past year.

*(enter 0 if none)*


*Hours of training received*

*Hours of training provided*

**11c.** Thinking about the area in which you are best prepared for an emergency, are you...?

- Very prepared
- Adequately prepared
- Somewhat prepared
- Not at all prepared

**12.** How well do you know the disaster/emergency plan at your place of employment?

- Full understanding
- Some understanding
- Little or no understanding
- No plan exists at my place of employment
- Do not have a place of employment

2008 Questionnaire Items Removed for 2018

24. Which one of the following best corresponds to the job title for the principal nursing position you held on March 10, 2008? *Mark one box only.*

- Staff nurse or direct care nurse
- Charge nurse or team leader
- First-line management (head nurse, floor supervisor)
- Middle management/administration (assistant director, house supervisor, associate dean, department head)
- Senior management/administration (CEO, vice president, nursing executive, dean)
- Certified Registered Nurse Anesthetist (CRNA)
- Clinical Nurse Specialist (CNS)
- Certified Nurse-Midwife (CNM)
- Nurse practitioner (NP)
- School nurse
- Public health nurse
- Community health nurse
- Patient educator
- Staff educator or instructor in clinical setting
- Staff development director
- Instructor/lecturer
- Professor
- Patient care coordinator, case manager, discharge planner
- Quality improvement nurse, utilization review nurse
- Infection control
- Advice/triage nurse
- Informatics nurse
- Consultant
- Legal nurse
- Researcher
- Surveyor/auditor/regulator
- No position title
- Other

*Specify*

41. When do you plan to return to paid work in nursing?

- Years (if one or more)
- Less than one year

44. On March 10, 2008, were you employed for pay in an occupation other than nursing?

- Yes
- No → Go to Section F on page 12

2008 Questionnaire Items Removed for 2018

45. On March 10, 2008, was this non-nursing employment with a health-related organization or in a health-related position?

- Yes
- No

46a. Please select from the list below the item that best describes the field of your principal position outside of nursing. *Mark one box only.*

- Computer services
- Consulting organization
- Emergency response (ambulance, fire, police)
- Financial, accounting, and insurance services
- Legal
- Education, elementary and secondary
- Food services
- Government
- Health-related services, outside nursing
- Pharmaceutical, biotechnology, or medical equipment
- Real estate
- Retail sales and services
- Other

Specify

46b. Which of the following best describes your job title for your principal position outside of nursing? *Mark one box only.*

- Business owner or proprietor
- Management
- Sales
- Instructor or professor
- Administrative or clerical support
- Consultant
- Other type of employee

Specify

47. How many months would you normally work per year in this principal position outside of nursing?

months per year

48. What is the average number of hours you work per week in your principal position outside of nursing?

hours per week

49. Please estimate your 2008, pre-tax annual earnings from your principal position outside of nursing.

\$  ,  .  .00 per year



## Appendix C – New NSSRN Questionnaire Content for 2018

Questionnaire items that are new for the 2018 NSSRN itemized in the table below.

New Questionnaire Items for 2018	
	<p><b>A1b.</b> What state(s) issued the license(s)? List up to 4.</p> <p>State:      State:      State:      State:</p> <p><input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/></p> <p><input type="checkbox"/> Check this box if you were issued a license by more than 4 states.</p>
	<p><b>B3.</b> Thinking about the principal nursing position you held on December 31, 2017, had you been working for <u>this employer</u> for less than 5 years?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → SKIP to Question B7</p>
	<p><b>B5.</b> Did you go through an orientation program for the principal nursing position you held on December 31, 2017?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → SKIP to Question B7</p>
	<p><b>B6.</b> Did you have a preceptor assigned to you during this orientation program?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
	<p><b>B17a.</b> Did the principal nursing position you held on December 31, 2017, include any <u>patient care</u>?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → SKIP to Question B18 on page 9</p>



## New Questionnaire Items for 2018

**B18.** Thinking about the principal nursing position you held on December 31, 2017, to what extent did you...

	A great extent	Somewhat	Very little	Not at all
Participate in team-based care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel confident in your ability to effectively practice in interprofessional teams?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectively use health information technology (IT) in your practice to manage the health of your patient population?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B19.** For the principal nursing position you held on December 31, 2017, to what extent did you observe your organization emphasizing the following?

	A great extent	Somewhat	Very little	Not at all
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 care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B21.** For the principal nursing position you held on December 31, 2017, did your workplace use telehealth?

- Yes
- No → *SKIP to Question B24 on page 10*

**B22.** Did you personally use some form of telehealth in the principal nursing you held on December 31, 2017?

- Yes
- No → *SKIP to Question B24 on page 10*

**B23.** Which type(s) of telehealth did you use in the principal nursing position you held on December 31, 2017? *Mark all that apply.*

- Provider to provider consults
- RN to patient direct calls (e.g. care management/home monitoring) by phone or video
- NP primary care e-visits
- Other, *Specify:* ↴

## New Questionnaire Items for 2018

C1. Which of the following reasons contributed to your decision to leave the principal nursing position you held on December 31, 2017?  
*Mark all that apply.*

- Better pay/benefits
- Burnout
- Career advancement/promotion
- Career change
- Change in child's school
- Disability/illness
- Family caregiving
- Inability to practice to the full extent of my license
- Inadequate staffing
- Interpersonal differences with colleagues or supervisors
- Lack of advancement opportunities
- Lack of collaboration/communication between health care professionals
- Lack of good management or leadership
- Length of commute
- Patient population
- Physical demands of job
- Relocation to different geographic area
- Retirement
- Scheduling/inconvenient hours/too many hours/too few hours
- School/educational program
- Sign-on bonus offered
- Spouse's employment opportunities
- Stressful work environment
- Other, *Specify:* ↴

### New Questionnaire Items for 2018

- C4. How long do you plan to work in the geographic area of the principal nursing position you held on December 31, 2017?
- Already left the geographic area
  - Less than a year
  - 1-2 years
  - 3-5 years
  - More than 5 years
  - Not sure

- D1. Have you ever considered leaving the principal nursing position you held on December 31, 2017?
- Yes
  - No → SKIP to Question D7 on page 12

- D4. 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
  - Not sure

- D5. Do you plan to work in nursing after you leave this position?
- Yes
  - No
  - Not sure

NOTE: Although new to the NSSRN, the following questions were taken from the 2012 National Sample Survey of Nurse Practitioners: F1a, F1b, F2, F5 - F10a, F13, F14, F19 - F26. Questions were altered slightly to fit the context of the NSSRN.

## Section F. Nurse Practitioners

- F1a. On December 31, 2017, did you have an active certification, licensure, or other legal recognition from a State Board of Nursing to practice as a Nurse Practitioner (NP)?
- Yes
  - No → SKIP to Section G on page 17

**New Questionnaire Items for 2018**

**F1b.** What state(s) issued the license/certification/recognition? *List up to 4.*

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

Check this box if you were issued certification/licensure/recognition by more than 4 states.

**F2.** On December 31, 2017, in which area(s) were you certified by 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:*

### New Questionnaire Items for 2018

F3. To what extent did your master's or doctoral training prepare you to be a licensed independent practitioner?

A great extent

Somewhat

Very little

Not at all

F4. Did you complete an NP post-graduate residency or fellowship program?

Yes

No

F5. Do you have a National Provider Identifier (NPI) number?

Yes

No → SKIP to Question 17

F6. Do you or have you ever billed under your NPI number?

Yes

No

Don't know

F7. 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 Question 126 on page 16

**New Questionnaire Items for 2018**

**F8.** Thinking about the main NP position you held on December 31, 2017, what type of professional relationship did you have with the physician(s) you worked with? *Mark all that apply.*

- In my main NP position, there were no physicians on site
- I collaborated with a physician at another site
- I collaborated with a physician on site
- I was considered an equal colleague to the physician(s) I worked with
- I was accountable to a physician who served as a medical director
- I was supervised by a physician, and I had to accept his/her clinical decision about the patients I saw
- A physician saw and signed off on the patients I saw
- Other, *Specify:* ↴

**F9.** Thinking of all the NP positions you held on December 31, 2017, indicate your level of agreement with the following statements.

**F9a.** In my NP position(s), I could practice to the fullest extent of my state's legal scope of practice.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**F9b.** In my NP position(s), my NP education was fully utilized.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**New Questionnaire Items for 2018**

F10. In the NP position(s) you held on December 31, 2017, did you provide patient care?

- Yes
- No → SKIP to Question F19

F10a. Across all of the NP positions you held on December 31, 2017, about how many patients did you see in a typical week? If none, enter zero.

Patients

F11. Were you providing patient care as an NP in 2013?

- Yes
- No → SKIP to Question F13

F12. Did your overall patient population size increase, decrease, or stay the same since 2013?

- Increased
- Decreased
- Stayed the same
- Don't know

F13. Across all NP positions you held on December 31, 2017, did you have a panel of patients that you managed, where you were the primary provider? A panel is a group of patients that you see across a period of time.

- Yes
- No → SKIP to Question F19

F14. Across all of your NP positions, on average, about how many patients were on your panel?

Patients

F15. What percentage of your panel were patients from racial/ethnic minority groups?

%

F16. What percentage of your panel were patients with limited English proficiency?

%

**New Questionnaire Items for 2018**

**F17.** Please estimate the percentage of your patient panel that was covered by the following types of insurance. *Do not use decimals.*

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    %

Total = 100%

Don't know

**F18.** How were medical expenses reimbursed for the majority of your panel of patients? *Mark one box only.*

Fee-for-service (e.g. PPO and Original Medicare)

Capitated fees per patient (e.g. HMO)

Other

Don't know

**F19.** Did you have hospital admitting privileges on December 31, 2017?

Yes

No

**F20.** Were you covered by malpractice insurance on December 31, 2017?

Yes

No → SKIP to Question F22 on page 18



### New Questionnaire Items for 2018

F21. Who paid for your malpractice insurance?

Self

Employer

Both

F22. Did you have prescriptive authority?

Yes → SKIP to Question F24

No

F23. 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:

F24. On December 31, 2017 did you have a personal Drug Enforcement Administration (DEA) number?

Yes

No

F25. In any of your NP positions, did you have the title Hospitalist?

Yes → SKIP to Section II on page 17

No → SKIP to Section II on page 17

**New Questionnaire Items for 2018**

F26. What are the reasons that you were NOT working as an NP on December 31, 2017?  
*Mark all that apply.*

- Overall lack of NP job opportunities
- Lack of NP job opportunities in desired location
- Lack of NP job opportunities in desired specialty
- Lack of NP job opportunities in desired type of facility
- Limited scope of practice for NPs in the state where practice was desired
- Lack of experience or qualification
- Inadequate salary/benefits
- Working outside the field of nursing
- Family caregiving
- Disability/illness
- Chose not to work
- Retirement
- Other, *Specify:* ↴

G5a. Have you ever been employed or self-employed in nursing?

- Yes
- No → *SKIP to Question G6*

New Questionnaire Items for 2018

**Section I.**  
**National Practitioner Data Bank**

11. 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 decisions on hiring and clinical privileges. 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

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

- Yes
- No → SKIP to Question 15

13. Who submitted the report(s)?  
*Mark all that apply.*

- State licensing board
- Medical malpractice payer, such as an insurance company
- Hospital
- Federal agency
- Unknown
- Other, Specify:

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

- Yes, the report had a negative impact on my position (e.g., reprimand, termination)
- Yes, the report made it difficult to obtain employment
- No, the report did not impact my career

**New Questionnaire Items for 2018**

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

Yes, they should consider prior negative actions

No, they should not consider prior negative actions

16. 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

17. 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?

The same reporting requirements as physicians

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

19. Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? *Mark one box only.*

Never served in the military

Only on active duty for training in the Reserves or National Guard

Now on active duty

On active duty in the past, but not now

**New Questionnaire Items for 2018**

**K4a.** On December 31, 2017, did you have an active certification as a Clinical Nurse Specialist (CNS)?

Yes

No → SKIP to Question K5a on page 23

**K4b.** Was this certification required by your employer for your job?

Yes

No

**K4c.** Was this certification from a national certifying organization?

Yes

No

**K4d.** Which of the following Clinical Nurse Specialist (CNS) certifications did you have? Mark all that apply.

Acute Care/Critical Care

Adult Health

Community Health/Public Health

Diabetes Management

Gerontological

Home Health

Hospice and Palliative Care

Medical-Surgical

Oncology

Pediatric

Psychiatric & Mental Health - Adult

Psychiatric & Mental Health - Child/Adolescent

Psychiatric & Mental Health - Family

Other, Specify: ↴

**New Questionnaire Items for 2018**

**K5a.** On December 31, 2017, did you have an active certification as a Nurse-Midwife?

Yes

No → *SKIP to Question K6a*

**K5b.** Was this certification required by your employer for your job?

Yes

No

**K5c.** Was this certification from a national certifying organization?

Yes

No

**K6a.** On December 31, 2017, did you have an active certification as a Nurse Anesthetist?

Yes

No → *SKIP to Section 1.*

**K6b.** Was this certification required by your employer for your job?

Yes

No

**K6c.** Was this certification from a national certifying organization?

Yes

No