

# 2026 NSSRN Content Protocol

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Start of Block: Intro text

Q1 Participant ID

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Q2 Interviewer

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Q3

**\*\* Read/ Paraphrase the following text\*\***

Greeting: Hello. My name is \_\_\_\_\_, and I work for the Census Bureau. Thank you for agreeing to participate in our study.

**INTERVIEWER NOTE: CLEAR YOUR AREA OF ANY SENSITIVE INFORMATION OR INAPPROPRIATE MATERIALS THAT COULD BE VIEWED BY OTHERS BEFORE ACTIVATING YOUR WEBCAM**

I'm going to activate my webcam so that we can have a little bit more interpersonal interaction. If you want to do so as well, click on the camera icon and allow access. If you would prefer not to turn your camera on, that's fine too.

**What:**

Let me start by telling you a little about what we will be doing today. The survey that our research will center around is The National Sample Survey of Registered Nurses (NSSRN); it is conducted by the Census Bureau and the National Center for Health Workforce Analysis (NCHWA).

This survey collects information about the education and work experiences of the U.S. nursing workforce. We're working to improve the survey. Before we finalize the enhancements we've made, we want to test it with people like yourself to make sure the questions are easy to understand and answer. We're asking you to read through a selection of questions from the survey and answer the questions as if you were taking this on your own without me here.

If this were the real survey, you would receive an invitation to participate in the mail and either go online or fill out a paper survey and mail it back. But since this is a virtual interview, we will be looking at the questions online. You'll read and answer each question and I'll ask you some questions about them along the way. There are no right or wrong answers. We are interested in what people really think about the survey you will see today so please give me your honest impressions, whether good or bad. We appreciate your help so we can make this survey work well for everyone.

**How:**

In a couple of minutes, I am going to send you a link in our Teams Chat to ask you to look at the questions on your screen.

**Think Aloud:**

I would like you to think aloud as you go through the survey and answer my questions. I am interested in your feedback on the survey questions, but I am also interested in the process you go through in your mind as you come to your answers. I would like you to tell me everything that you are thinking and feeling as you see and read over this survey. You might have some questions that come up as we go. I want you to ask these questions, but so that I don't influence your impression of subsequent questions, I will wait until the end of our time together to answer them. I want to use this time to get your authentic thoughts and opinions.

**Interruptions:**

I might stop you at a couple of points and ask you some questions about your feedback, or about the materials themselves. I am also going to ask you some questions at some points throughout the survey. Again, there are no right or wrong answers, because only you know what you are thinking. Do you have any questions before we begin?

**Confidentiality:**

Our session today is completely confidential. Your participation in this study is completely voluntary, and you can decline to answer any question.

**Recording:**

So I don't have to rely on my memory later on, I'd like to record this interview. That way, I can focus today on what you're saying rather than having to concentrate on taking notes. Is that ok with you?

Screensharing: So that I can follow along with you as you go through the survey questions, I'm going to ask that you share your screen with me. I can walk you through how to do that if you don't know how.

**1. PASTE THE CONSENT FORM LINK IN THE CHAT WINDOW AND ASK THE PARTICIPANT TO CLICK ON IT**

CONSENT FORM ([Link forthcoming](#))

**\*\*HAVE PARTICIPANT SHARE THEIR SCREEN\*\***  
**(IF NEEDED) WALK THE PARTICIPANT THROUGH SHARING THEIR SCREEN:**

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#### Consent Process

**2. READ/PARAPHRASE THE PARAGRAPH BELOW TO VERBALLY INFORM THE PARTICIPANT THAT PART OF THE CONSENT FORM IS AUTHORIZATION FOR THE SESSION TO BE RECORDED:**

Consent Process: Before we turn our attention to the survey questions, we need to get some paperwork out of the way. I need you to sign this form acknowledging that your participation today is completely voluntary. You can stop at any time and can decline to answer any question you would prefer not to. **[IF INTERVIEW IS BEING RECORDED]** Signing this form also gives me permission to record this session for my notes. It will be stored in a secure location and no one but me or my colleagues on this project will ever access it.

**3. HAVE PARTICIPANT FILL IN NAME AND ADDRESS, SIGN, AND SUBMIT ELECTRONIC CONSENT.**

**\*\*REMIND THE PARTICIPANT THAT THE ADDRESS THEY ENTER WILL BE WHERE THE \$100 WILL BE SENT TO THEM AFTER THE INTERVIEW SO TO MAKE SURE THEY ENTER IT CORRECTLY\*\***

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#### START INTERVIEW

OK, let's begin. Please remember to think aloud as you go through the survey.

**INTERVIEWER: NOTE ANY CONFUSION OR DIFFICULTIES PARTICIPANTS HAVE WITH THE QUESTIONNAIRE.**

**IF PARTICIPANT IS NOT BEING TALKATIVE DESPITE REMINDERS, ASK THEM TO POINT OUT THINGS THEY DON'T LIKE OR FIND CONFUSING, AS WELL AS THINGS THEY DO LIKE IN THE QUESTIONNAIRE.**

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**A1. On September 30, 2024, did you have an ACTIVE LICENSE to practice as a Registered Nurse (RN) or Advanced Practice Registered Nurse (APRN) in the U.S.?**

☐ Yes, I am licensed as an RN, but not an APRN.

- ☐ Yes, I am licensed as both an RN and an APRN → *Continue to Question A2. We will ask about your APRN in a later section.*
- ☐ No → *End Survey*

**A3. Were you living in the U.S. on September 30, 2024?**

*Select No if you were living in a U.S. territory.*

- ☐ Yes
- ☐ No --> *End Survey*

**A7. On September 30, 2024, did you have any active nursing certifications as a Nurse Practitioner, Clinical Nurse Specialist, Nurse-Midwife, or Certified Registered Nurse Anesthetist?**

- ☐ Yes
- ☐ No --> *SKIP to Question A12*

**A8a. On September 30, 2024, did you have any active certifications as a Nurse Practitioner (NP)?**

- ☐ Yes
- ☐ No --> *SKIP to Question A12*

**A8b. Were any of these NP certifications from a National NP Board?**

- ☐ Yes
- ☐ No

**A8c. Which of the following National NP Board Certifications did you hold? *Select ALL that apply.***

- ☐ Family NP
- ☐ Adult-Gerontology Primary Care NP
- ☐ Adult-Gerontology Acute Care NP
- ☐ Adult NP
- ☐ Gerontology NP
- ☐ Pediatric Primary Care NP
- ☐ Pediatric Acute Care NP
- ☐ Psychiatric-Mental Health NP
- ☐ Neonatal NP
- ☐ Women's Health NP

- ☐ Other

**Standard Probe(s):**

1. How easy or difficult was it to answer this question?
2. Are there any response options that are confusing or unclear? Missing?

**A12. On September 30, 2024, which of the following skill-based certifications did you have? Select ALL that apply.**

- ☐ No certifications
- ☐ Advanced Diabetes Management and Care (ADM-BC, CDE, CDCES, etc.)
- ☐ Ambulatory Care Certification (AMB-BC, etc.)
- ☐ Cardiac or Vascular Nursing (CMC, CSC, CV-BC, etc.)
- ☐ Case Management (CM, CCM, ACM, CMGT-BC, etc.)
- ☐ Critical Care Certificate (CCRN, etc.)
- ☐ Emergency Medicine or Nursing (BCEN, CEN, EMT, ENPC, ENP, etc.)
- ☐ Hospice and Palliative Care (ACHPN, CHPCA, CHPN, CHPPN, etc.)
- ☐ Informatics (NI-BC, etc.)
- ☐ Lactation (CLC, CLE, CLS, IBCLC, etc.)
- ☐ Life Support (BLS, ATLS, ACLS, BCLS, PALS, etc.)
- ☐ Medical-Surgical Nursing (CMSRN, MEDSURG-BC, etc.)
- ☐ Obstetrics or Women's Health (RNC-OB, C-ONQS, etc.)
- ☐ Oncology (OCN, AOCNP, CPHON, CPON, etc.)
- ☐ Pediatrics (CPN, C-NPT, PED-BC, etc.)
- ☐ Perioperative Nursing (CFPN, CNOR, CNS-CP, etc.)
- ☐ Progressive Care Nursing (PCCN, etc.)
- ☐ Psychiatric-Mental Health Nursing and Addiction or Substance Abuse Nursing (PMH-BC, PMHS, CARN, CBHC, etc.)
- ☐ Public Health Nurse (PHNA-BC, etc.)
- ☐ Resuscitation (CPR, NRP, etc.)
- ☐ Sexual Assault Nurse Examiner (SANE, etc.)
- ☐ Stroke and Related (SCRN, etc.)
- ☐ Trauma Nursing (TCRN, TNCC, ATCN, ATN, etc.)
- ☐ Wound Care or Ostomy Nurse (AWCC, CWCA, CWCN, CWOON, CWON, CWS, WCC, COCN, etc.)
- ☐ Other, specify \_\_\_\_\_

**Standard Probe(s):**

1. How easy or difficult was it to answer this question?
2. Were any of the response options confusing or unclear?
3. Do you have any other thoughts or feedback about this question?

**B1. Which type of nursing degree qualified you for your FIRST U.S. RN license? Select ONE box only.**

- ☐ Diploma

- ☐ Associate
- ☐ Bachelor's
- ☐ Master's
- ☐ Doctorate – PhD
- ☐ Doctorate – DNP
- ☐ Other, Specify:

**B1b. Was this degree earned through any of the following types of programs?** *Select only one.*

- ☐ LPN- or LVN-to-RN program
- ☐ An accelerated or direct degree program
- ☐ None of these

**Standard Probe(s):**

1. In your own words, what is this question asking?
2. Do you see a difference between the first two categories?" Or do you think of them as the same thing?

**B\_New\_1. The Health Resources and Services Administration sponsors a number of programs to support nursing workforce development. Which of the following programs are you aware of?** *Select ALL that apply.*

- ☐ Faculty Loan Repayment
- ☐ Maternity Care Nursing Workforce Expansion Program
- ☐ National Health Service Corps
- ☐ Nurse Anesthetist Traineeship
- ☐ Nurse Education, Practice, Quality and Retention Program
- ☐ Nurse Corps Loan Repayment
- ☐ Nurse Corps Scholarship Program
- ☐ Nursing Student Loans
- ☐ Pediatric Specialty Loan Repayment
- ☐ Scholarships for Disadvantaged Students Program

**Standard Probe(s):**

1. In your own words, what is this question asking?
2. How easy or difficult was it to answer this question?
3. (IF NEEDED) How confident are you in your answer?
4. Are any of the response options unclear or confusing?
5. How familiar are you with the Health Resources and Services Administration? (IF NEEDED) Do you know what it is?

**B13a. Have you completed an RN transition-to-practice program?**

- ☐ Yes -----> Year completed \_\_\_\_\_
- ☐ No -----> *SKIP to Question C1*

**Standard Probe(s) for NPs:**

1. What do you think is meant by "RN transition-to-practice program?"
2. (if Yes) Tell me about the program you completed.

**B\_New\_2. How long did this program last? Your best estimate is fine.**

- ☐ 0 to 3 months
- ☐ 4 to 6 months
- ☐ 7 to 9 months
- ☐ 10 to 12 months
- ☐ Longer than 12 months

**Standard Probe(s):**

1. How easy or difficult was it to answer this question?
2. How confident are you in your answer?

**B13b. Did you have one or more preceptors assigned to you during this RN transition-to-practice program?**

- ☐ Yes
- ☐ No

**Standard Probe(s):**

1. What were you thinking about while answering to this question?
  2. **(IF NEEDED)** Was there anything confusing or unclear about this question?
- INTERVIEWER: NOTE WHETHER THE PARTICIPANT MENTIONS THE PHRASING "ONE OR MORE" AND PROBE AS NEEDED.**

**C1. On September 30, 2024, were you employed or self-employed in the United States in any type of nursing position (LVN, LPN, RN, or APRN)? *Employed includes working for pay, even if on temporary leave.***

- ☐ Yes
- ☐ No → *SKIP to Section G*

*The next questions ask about your primary nursing position. If you had multiple nursing positions, the primary nursing position is the one you held on September 30, 2024, in which you spent the largest share of your working hours.*

**C7a. In my primary nursing position, my employer enables me to practice to the full extent of my state's legal scope of practice. Answer only about the year 2024.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

**Standard Probe(s):**

1. In your own words, what is this question asking?
2. How easy or difficult was it to answer this question?
3. **(IF NEEDED)** What were you thinking about while answering to this question?
4. What do you think is meant by the phrase "your state's legal scope of practice?"  
**(IF NEEDED:)** What does your state's legal scope of practice include?
5. How confident are you in your answer?

**C7b. In my primary nursing position, my state's scope of practice laws allow me to practice to the full extent of my education and training. Answer only about the year 2024.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree

**Standard Probe(s):**

1. In your own words, what is this question asking?
2. How easy or difficult was it to answer this question?
3. **(IF NEEDED)** How did you come up with your answer to this question?
4. How confident are you in your answer?

**C17. For the primary nursing position you held on September 30, 2024, how many hours were you SCHEDULED to work in a typical week in 2024?**

☐ Hours scheduled per week

**C18. Next, we will ask for information about how much you WORKED in a typical week in 2024 for the primary nursing position you held on September 30, 2024.**



**a. How many hours did you work in a typical week in 2024?** *Include unpaid hours and hours paid at the base, overtime, and differential rates. Include on-call hours EXCEPT on-call hours that were standby only.*

hours

**b. Of the hours you reported above, how many of these hours were...**

Hours  
(enter 0 if none)

- |   |   |
|---|---|
| a. Worked at the base pay rate?         | <input type="text"/> <input type="text"/> |
| b. Worked at the overtime pay rate?     | <input type="text"/> <input type="text"/> |
| c. Worked at the differential pay rate? | <input type="text"/> <input type="text"/> |
| d. Unpaid                               | <input type="text"/> <input type="text"/> |

**c. During a typical week in 2024, how many of your work hours were on-call hours?** *Do not include standby hours.*

hours

**Standard Probe(s):**

1. How easy or difficult was it to answer this question? (IF NEEDED) What made it difficult?
2. How did you come up with your answer?
3. In part a., what do you think is meant by on call hours that were "standby only?"
4. In part b., what do you think is meant by "Unpaid?"
5. How confident are you in your answer?

**C19. For the primary nursing position you held on September 30, 2024, 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. Management, supervision, and administrative tasks \_\_\_\_\_%
- c. Teaching, precepting, or orienting students or new hires (include preparation time) \_\_\_\_\_%
- d. Other \_\_\_\_\_%

**Standard Probe(s):**

1. How easy or difficult was it to answer this question? (IF NEEDED) What made it difficult?
2. How did you come up with your answer?
3. What sorts of things were you thinking of for "Management, supervision, and administrative tasks?"
4. How confident are you in your answer?



**C\_New\_1. Did you provide primary care services in the primary nursing position you held on September 30, 2024? Answer only about the year 2024.**

- ☐ Yes, primary care was my main job function  
☐ Yes, but primary care was not main job function  
☐ No

**Standard Probe(s):**

1. How easy or difficult was this question?  
2. In your own words, what is this question asking?  
3. **(IF NEEDED)** What do you think is meant by "primary care services?"

**C28. For the primary nursing position you held on September 30, 2024, what were your primary and secondary clinical specialties? Select ONE box in each column.**

Primary Specialty	Secondary Specialty
<input type="checkbox"/> General medical surgical <input type="checkbox"/> Cardiac or cardiovascular care <input type="checkbox"/> Chronic care <input type="checkbox"/> Community or public health <input type="checkbox"/> Critical care or intensive care <input type="checkbox"/> Emergency or trauma care <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Geriatrics or gerontology <input type="checkbox"/> Home health <input type="checkbox"/> Hospice or palliative care <input type="checkbox"/> Infectious or communicable disease <input type="checkbox"/> Informatics <input type="checkbox"/> Labor and delivery <input type="checkbox"/> Neonatal care <input type="checkbox"/> Neurological <input type="checkbox"/> Obstetrics and Gynecology <input type="checkbox"/> Occupational health <input type="checkbox"/> Oncology <input type="checkbox"/> Orthopedics <input type="checkbox"/> Primary care <input type="checkbox"/> Psychiatric or mental health <input type="checkbox"/> Pulmonary or respiratory <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Renal or dialysis <input type="checkbox"/> Pediatrics <input type="checkbox"/> School health service (K-12 or post-secondary) <input type="checkbox"/> Specialty care (e.g., dermatology, endocrinology, ophthalmology,	<input type="checkbox"/> General medical surgical <input type="checkbox"/> Cardiac or cardiovascular care <input type="checkbox"/> Chronic care <input type="checkbox"/> Community or public health <input type="checkbox"/> Critical care or intensive care <input type="checkbox"/> Emergency or trauma care <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Geriatrics or gerontology <input type="checkbox"/> Home health <input type="checkbox"/> Hospice or palliative care <input type="checkbox"/> Infectious or communicable disease <input type="checkbox"/> Informatics <input type="checkbox"/> Labor and delivery <input type="checkbox"/> Neonatal care <input type="checkbox"/> Neurological <input type="checkbox"/> Obstetrics and Gynecology <input type="checkbox"/> Occupational health <input type="checkbox"/> Oncology <input type="checkbox"/> Orthopedics <input type="checkbox"/> Primary care <input type="checkbox"/> Psychiatric or mental health <input type="checkbox"/> Pulmonary or respiratory <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Renal or dialysis <input type="checkbox"/> Pediatrics <input type="checkbox"/> School health service (K-12 or post-secondary) <input type="checkbox"/> Specialty care (e.g., dermatology, endocrinology, ophthalmology,

otolaryngology) <input type="checkbox"/> Substance use disorder <input type="checkbox"/> Surgery, pre-op, post-op, PACU, or anesthesia <input type="checkbox"/> Other specialty, Specify:	otolaryngology) <input type="checkbox"/> Substance use disorder <input type="checkbox"/> Surgery, pre-op, post-op, PACU, or anesthesia <input type="checkbox"/> Other specialty, Specify: <input type="checkbox"/> No secondary specialty
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**Standard Probe(s):**

1. How easy or difficult was it to answer this question? Is anything confusing or unclear?
2. In your own words, what is this question asking?

**C\_New\_2. Have you ever precepted any RN or APRN students? Select ALL that apply.**

- ☐ Yes
- ☐ No → *SKIP to Question C37*

**Standard Probe(s):**

1. In your own words, what is this question asking?
2. How did you come up with your answer?

**C\_New\_3. Did you precept any RN or APRN students in 2024? Select ALL that apply.**

- ☐ Yes, I precepted RN students
- ☐ Yes, I precepted NP students
- ☐ Yes, I precepted other APRN students
- ☐ No → *SKIP to Question C37*

**Standard Probe(s):**

1. How easy or difficult was it to answer this question?

**C\_New\_4. In 2024, how many students did you precept? Enter zero if none.**

- ☐ RN students \_\_\_\_\_
- ☐ NP students \_\_\_\_\_
- ☐ Other APRN students \_\_\_\_\_

**Standard Probe(s):**

1. How easy or difficult was it to answer this question?
2. How confident are you in your answer?

**C\_New\_5. In 2024, how many hours did you spend precepting students to meet their clinical requirements?**

Hours

**Standard Probe(s):**

1. How easy or difficult was it to answer this question?
2. How did you come up with your answer?
3. How confident are you in your answer?

**C\_New\_6. Did you receive any remuneration (e.g. money, tuition reduction, free CEs, etc.) to precept RN or APRN students in 2024?**

- ☐ Yes  
☐ No

**Standard Probe(s):**

1. How easy or difficult was it to answer this question?

**C\_New\_7. Which of the following types of remuneration did you receive from precepting students in 2024? Select ALL that apply.**

- ☐ Money  
How much money did you receive in 2024? \$ \_\_, \_\_.00
- ☐ Tuition reduction  
☐ Free CEs  
☐ Library access  
☐ Other

**Standard Probe(s):**

1. How easy or difficult was it to answer this question?
2. How confident are you in your answer?

**C37. Did you hold the same primary nursing position from September 30, 2022 through September 30, 2024?**

- ☐ Yes  
☐ No → SKIP to Question C\_New\_13

**C\_New\_8. To what extent do you agree or disagree with the following statements about the primary nursing position you held on September 30, 2024?**

Strongly Agree, Agree, Disagree, Strongly Disagree

- |   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> I enjoy my work, but occasionally feel overwhelmed                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> I feel stressed quite often, but can manage it                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> I am exhausted and frequently feel burnout and frustration at work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> I feel completely burnt out and often feel like I can't go on      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Standard Probe(s):**

1. How easy or difficult was it for you to answer this question?
2. In your own words, what do you think this question is asking?
3. Were any of the statements more difficult to choose an answer for? (IF NEEDED) Tell me more about that.

**C\_New\_9. Thinking about the primary nursing position you held on September 30, 2024, did you ever feel burned out DURING 2024?**

- ☐ Yes
- ☐ No --> Skip to Question C\_New\_13

**Standard Probe(s):**

1. How easy or difficult was it to answer this question?
2. What do you think is meant by "burned out?"

**C\_New\_10. How often did you feel burned out in your primary nursing position in 2024?**

- ☐ A few times a year or less
- ☐ A few times a month
- ☐ A few times a week
- ☐ Every day

**Standard Probe(s):**

1. How easy or difficult was it to choose one of these response options?
2. (IF NEEDED) How did you decide on an answer to this question?
3. How confident are you in your answer?

**C\_New\_11. Which of the following reasons contributed to your feelings of burnout in your primary nursing position during 2024? Select ALL that apply.**

- ☐ Inadequate staffing
- ☐ Lack of resources needed to do my job
- ☐ Poor management and/or communication
- ☐ Lack of autonomy or empowerment to make decisions
- ☐ Number of patients
- ☐ Long hours
- ☐ Lack of lunch time, break time, etc.
- ☐ Too many administrative tasks
- ☐ Inadequate training
- ☐ Shifting responsibilities or changing roles
- ☐ Personal or family commitments outside of work
- ☐ Other, specify \_\_\_\_\_

**Standard Probe(s):**

1. How easy or difficult was it to choose your answers to this question?
2. Was anything confusing or unclear?

**C\_New\_12. Thinking about the primary nursing position you held on September 30, 2024, which of the following best describes your feelings of burnout during 2024, compared to 2023?**

- ☐ I felt more burned out in 2024
- ☐ I felt less burned out in 2024
- ☐ I felt the same amount of burnout

**Standard Probe(s):**

1. How did you decide on an answer to this question?
2. (IF NEEDED) What types of things were you thinking about when coming up with your answer?

**C\_New\_13. Did you experience physical violence, harassment, intimidation, or other threatening behavior in your primary nursing position in 2024?**

- ☐ Yes
- ☐ No --> SKIP to Question C40

**Standard Probe(s):**

1. How easy or difficult was it to choose your answer to this question?
2. In your own words, what do you think this question is asking?

3. (IF YES) Tell me more about that.

**C\_New\_14. Who committed the physical violence, harassment, intimidation, or other threatening behavior? Select ALL that apply.**

- ☐ A co-worker
- ☐ My supervisor
- ☐ Other employee of the organization I work for
- ☐ A patient
- ☐ A family member of a patient
- ☐ A relative or acquaintance of mine
- ☐ Someone else from outside the organization I work for

**Standard Probe(s):**

1. How easy or difficult was it to choose your answer to this question?
2. Were any of the response options confusing or unclear?
3. Are there any response options missing from this list?

**C40. Have you left the primary nursing position you held on September 30, 2024?**

- ☐ Yes → Continue to F1
- ☐ No → SKIP to Section E

**E1. How often have you considered leaving the primary nursing position you held on September 30, 2024?**

- ☐ Frequently
- ☐ Occasionally
- ☐ Rarely
- ☐ Never --> SKIP to F1

**Standard Probe(s):**

1. How easy or difficult was it to choose your answer to this question?
2. (IF "Frequently" or "Occasionally" is selected) Tell me more about that.

**E2. DURING THE PAST YEAR, how often have you considered leaving this position?**

- ☐ Frequently
- ☐ Occasionally
- ☐ Rarely
- ☐ Never

**Standard Probe(s):**



1. In your own words, what do you think this question is asking?
2. **(IF NEEDED)** What do you think is meant by "during the past year?"
3. **(IF NEEDED)** Did you notice a difference between this question and the last question?

**F1. In addition to your primary nursing position, were you working for pay in nursing in any OTHER positions on September 30, 2024?** *Do not report any positions where you worked outside the United States or in a U.S. territory.*

- ☐ Yes --> How many OTHER positions? \_\_\_\_\_
- ☐ No

**Standard Probe(s):**

1. Was there anything confusing or unclear about this question?

**G1. On September 30, 2024, did you have an active certification, license, or other legal recognition to practice as a Nurse Practitioner (NP) from a STATE BOARD OF NURSING?**

- ☐ Yes
- ☐ No -> *END SURVEY*

**G2. Do you have a National Provider Identifier (NPI) number?**

- ☐ Yes
- ☐ No

**G3. Under which NPI number(s) have you billed?** *Mark all that apply.*

- ☐ My own NPI number
- ☐ Another provider's NPI number
- ☐ An organizational NPI number
- ☐ None of these

**Standard Probe(s):**

1. How easy or difficult was it to answer this question?
2. Is there anything confusing or unclear about this question or the response options?

**G4. To what extent did your education prepare you to provide care and services without supervision from a physician or other health care provider?**

- ☐ A great extent
- ☐ Somewhat
- ☐ Very little
- ☐ Not at all

**Standard Probe(s):**

1. How easy or difficult was it to answer this question?
2. Is there anything confusing or unclear about this question or its response options?

**G11. Were you working as a Nurse Practitioner on September 30, 2024?**

- ☐ Yes
- ☐ No → Go to K9

*The next question asks about your primary NP position. If you had multiple NP positions, the primary NP position is the one you held on September 30, 2024 in which you spent the largest share of your NP working hours.*

**G15. Thinking about the primary NP position you held on September 30, 2024, what type of professional relationship did you have with the physician(s) you worked with?**

*Select ALL that apply.*

- ☐ In my primary NP position, there were no physicians on site
- ☐ I had a collaborative or supervisory practice agreement with a physician at another site
- ☐ I had a collaborative or supervisory practice agreement 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

**Standard Probe(s):**

1. How easy or difficult was it to choose your answers to this question?
2. In your own words what is this question asking?
3. Are there any response options you think are missing from this list?

**G28a. Did you have FULL prescriptive authority on September 30, 2024?** *Full prescriptive authority means you were authorized to initiate and prescribe medications, including Schedule II-V controlled substances, without the requirement for a collaboration, supervision or delegation agreement with a physician or other health care provider, and you were regulated exclusively under the Board of Nursing.*

- ☐ Yes
- ☐ No

**G28b. Why didn't you have FULL prescriptive authority?** *Select ALL that apply.*

- ☐ Was in the process of applying
- ☐ State scope of practice regulations
- ☐ Employer or MD imposed limitations
- ☐ Not required
- ☐ Other

**Standard Probe(s):**

1. How easy or difficult was it to answer this question?
2. What do you think is mean by full prescriptive authority?
3. Is there anything confusing or unclear about this question or the response options?

**G\_New\_1. Did you prescribe buprenorphine to treat opioid use disorder (OUD) during 2024?**

- ☐ Yes
- ☐ No

**Standard Probe(s):**

1. Was there anything confusing or unclear about this question?
2. How confident are you in your answer?

**K9. Have you ever served on a peer review panel as a clinically practicing nurse or advanced practice registered nurse?**

- ☐ Yes
- ☐ No → *END SURVEY*
- ☐ Don't know → *END SURVEY*

**Standard Probe(s):**

1. In your own words, what do you think this question is asking?
2. What do you think the phrase "peer review panel" refers to?

**K10. For which types of health care professionals have you served as a peer review panelist?** *Mark yes or no for each type.*

	<b>Yes</b>	<b>No</b>
a. Nurse Practitioner	<input type="checkbox"/>	<input type="checkbox"/>
b. Clinical Nurse Specialist	<input type="checkbox"/>	<input type="checkbox"/>
c. Nurse Anesthetist	<input type="checkbox"/>	<input type="checkbox"/>
d. Nurse Midwife	<input type="checkbox"/>	<input type="checkbox"/>
e. Registered Nurse	<input type="checkbox"/>	<input type="checkbox"/>
f. Nurse Aide / Nursing Assistant	<input type="checkbox"/>	<input type="checkbox"/>
g. Practical or Vocational Nurse	<input type="checkbox"/>	<input type="checkbox"/>
h. Physician	<input type="checkbox"/>	<input type="checkbox"/>
i. Physician Assistant	<input type="checkbox"/>	<input type="checkbox"/>
j. Other	<input type="checkbox"/>	<input type="checkbox"/>

**Standard Probe(s):**

1. Was there anything confusing or unclear about this question?
2. How confident are you in your answer?