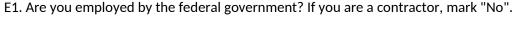
## **2026 NSSRN Content Cognitive Interviewing Screener**

The US Census Bureau is looking for participants to help test questions for an upcoming survey of nurses in the United States. Thank you for your interest in this research opportunity. Eligible participants who complete a 60-minute research session will receive a \$100 stipend. In order to establish your eligibility to participate, we need to ask you a few simple questions.

## **Eligibility Questions**



Yes

No

E1a. (If yes) Since you are a federal employee, we are not able to pay you the \$100 stipend. However, you may still be eligible for the study. Are you still interested in participating?

Yes

No ->Ineligible

E2. Have you participated in any other research studies with the U.S. Census Bureau in the past year?

Yes ->Ineligible

No

E3. This research study will take place remotely via video chat. You and the researcher will use a video chat application to talk and screen share. Do you have a desktop, laptop, or tablet capable of using video chat applications? We do not recommend using a phone to screen share.

Yes

No ->Ineligible

## Content-specific Screening Questions

Q1. Do 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  No → Ineligible
Q1a. (IF "Yes" to Q1) Are you currently working as a RN or APRN?
Yes, Registered Nurse – <i>Skip Q2</i> Yes, APRN No – <i>Skip Q2</i>
Q2. (IF "Yes, APRN" to Q1a) During the past 12 months, did you have FULL prescriptive authority?
Yes No
Q3. Do you have any active nursing certifications as a Nurse Practitioner, Clinical Nurse Specialist, Nurse Midwife, or Certified Registered Nurse Anesthetist?
Yes, Nurse Practitioner Yes, Clinical Nurse Specialist Yes, Nurse-Midwife Yes, Certified Registered Nurse Anesthetist No
Q4. Have you completed an RN transition-to-practice program?
Yes No Not sure
Q5. During the past 12 months have you precepted any RN or APRN students?
Yes No
Q6. Have you ever served on a peer review panel as a clinically practicing nurse or advanced practice registered nurse?
Yes
No

[IF RESPONDENT IS ELIGIBLE]		
Demo 1. What is your name?  First and Last Name		
Demo 2. What is your gender?		
Female Male Transgender, non-binary, or another gender Prefer not to answer		
Demo 3. What is your current age?  Age		
Demo 4. What is your race and/or ethnicity?  Select all that apply.		
American Indian or Alaska Native Asian Black or African American Hispanic or Latino Middle Eastern or North African Native Hawaiian or Pacific Islander		
White		
Demo 5. In what city, state, and ZIP code do you currently live?  City  State		
Zip Code		

Demo 6. What is your time zone?

<u>Demographics</u>

	Eastern Standard Time
	Central Standard Time
	Mountain Standard Time
	Pacific Standard Time
	Alaska Standard Time
	Hawaii-Aleutian Standard Time
Demo 7	'. How did you hear about this research opportunity?
in a rese	8. What is your telephone number? We may use it to contact you if you are selected to participate earch session.
Demo 9	P. What is your email address?
You ma	ou for your time. y be selected to participate in our study. If you are selected, our staff will contact you to schedule that works best for you.
	END SCREENER

## [IF RESPONDENT IS INELIGIBLE]

Unfortunately, you are not eligible to participate in this research project. Thank you for taking the time to complete this screener survey.