

1. What is your employment status?
 - Actively employed in nursing full-time
 - Actively employed in nursing part-time
 - Actively employed in nursing per diem
 - Actively employed in a field other than nursing
 - Working in nursing only as a volunteer
 - Unemployed and seeking work as a nurse
 - Unemployed and not seeking work as a nurse
 - Retired

2. What is your racial background? Please select all that apply.
 - White
 - American Indian or Alaska Native
 - Native Hawaiian/Pacific Islander
 - Black or African American
 - Asian
 - Other

3. What is your ethnicity?
 - Hispanic or Latino
 - Not Hispanic or Latino

4. What type of nursing degree/credential qualified you for your first US nursing license?
 - Vocational/Practical certificate – nursing
 - Diploma – nursing
 - Associate degree – nursing
 - Baccalaureate degree – nursing
 - Master's degree – nursing
 - Doctoral degree – nursing

5. What is the name of the school (education program) you graduated from that qualified you for your first US RN license?

6. In what city was this education program located?

7. In what state was this education program located? Please indicate the state with its 2-letter postal abbreviation.

8. What is your highest level of education?
 - Vocational/Practical certificate – nursing
 - Diploma – nursing
 - Associate degree – nursing
 - Associate degree – other field
 - Baccalaureate degree – nursing
 - Baccalaureate degree – other field
 - Master's degree – nursing
 - Master's degree – other field
 - Doctoral degree – nursing
 - Doctoral degree – other field

9. What other nursing degrees do you plan to pursue in the next 2 years?
Please select all that apply.
 - Bachelor's Degree
 - Master's Degree
 - Doctor of Nursing Practice (DNP)
 - PhD
 - I do not intend to pursue further nursing education in the next 2 years

10. Please identify the type of setting that most closely corresponds to your primary nursing practice position.
 - Hospital
 - Nursing Home/Extended Care Facility/Assisted Living Facility
 - Home Health
 - Correctional Facility
 - Academic Setting
 - Public Health
 - Community Health
 - School Health Service
 - Occupational Health
 - Ambulatory Care Setting
 - Insurance Claims/Benefits
 - Policy/Planning/Licensing Agency
 - Other

11. Please identify the position title that most closely corresponds to your primary nursing practice position.
 - Consultant/Nurse Researcher
 - Nurse Executive
 - Nurse Manager
 - Nurse Faculty
 - Advanced Practice Nurse
 - Staff Nurse
 - Other – Health Related
 - Other – Non-Health Related

12. Please identify the employment specialty that most closely corresponds to your primary nursing practice position.
 - Acute Care/Critical Care
 - Adult Health/Family Health
 - Anesthesia
 - Community
 - Geriatric/Gerontology
 - Home Health
 - Maternal-Child Health
 - Medical Surgical
 - Occupational Health
 - Oncology
 - Palliative Care
 - Pediatrics/Neonatal
 - Public Health
 - Psychiatric/Mental Health/Substance Abuse
 - Rehabilitation
 - School Health
 - Trauma
 - Women's Health
 - Other

13. If you are licensed as an Advanced Practice Nurse or Nurse Midwife, indicate the specialty of the physician(s) with whom you have a practice. If you have your own practice, please select the specialty that best describes your practice.
 - Primary Care Specialties
 - Internal Medicine Subspecialties
 - Pediatric Subspecialties
 - Obstetrics & Gynecology
 - General Surgery
 - Surgical Specialties
 - Psychiatry (Adult and Child)
 - Anesthesiology, Pathology, Radiology or Emergency Medicine
 - Other Specialty
14. What is the street address of your primary practice location?
15. In what city is your primary practice location?
16. In what state is your primary practice location? Please indicate state using 2-letter postal abbreviation.
17. What is the 5-digit ZIP code of your primary practice location?
18. Estimate the average number of hours per week spent at your primary practice location.
 - 0 hours per week
 - 1 – 4 hours per week
 - 5 – 8 hours per week
 - 9 – 12 hours per week
 - 13 – 16 hours per week
 - 17 – 20 hours per week
 - 21 – 24 hours per week
 - 25 – 28 hours per week
 - 29 – 32 hours per week
 - 33 – 36 hours per week
 - 37 – 40 hours per week
 - 41 or more hours per week
19. What is the street address of your secondary practice location? Please skip this question if you do not have a secondary practice location.
TEXT-BOX (64 CHARACTER LIMIT)
20. In what city is your secondary practice location? Please skip this question if you do not have a secondary practice location.
TEXT-BOX (64 CHARACTER LIMIT)
21. In what state is your secondary practice location? Please indicate state using 2-letter postal abbreviation. Please skip this question if you do not have a secondary practice location.
TEXT-BOX (2 CHARACTER LIMIT)
22. What is the 5-digit ZIP code of your secondary practice location? Please skip this question if you do not have a secondary practice location.
TEXT-BOX (5 CHARACTER LIMIT)

23. Estimate the average number of hours per week spent at your secondary practice location.
Please skip this question if you do not have a secondary practice location.
- 0 hours per week
 - 1 – 4 hours per week
 - 5 – 8 hours per week
 - 9 – 12 hours per week
 - 13 – 16 hours per week
 - 17 – 20 hours per week
 - 21 – 24 hours per week
 - 25 – 28 hours per week
 - 29 – 32 hours per week
 - 33 – 36 hours per week
 - 37 – 40 hours per week
 - 41 or more hours per week
24. In how many paid positions in nursing are you currently employed?
- 1 position
 - 2 positions
 - 3 positions
 - 4 or more positions