



INDIANA UNIVERSITY

SCHOOL OF MEDICINE

Bowen Center for Health Workforce Research and Policy

2018 LPN Re-Licensure Survey Instrument

1. Sex
Dropdown List
 - a. Male
 - b. Female

2. Ethnicity: Are you Hispanic or Latino?
Yes/No Dropdown
 - a. Yes
 - b. No

3. Race (Check all that apply.)
Multi Checkbox
 - a. American Indian or Alaska Native
 - b. Black or African American
 - c. White
 - d. Asian
 - e. Native Hawaiian or Other Pacific Islander

4. What type of nursing degree/credential qualified you for your first US LPN license?
Dropdown List
 - a. Vocational/Practical certificate – nursing
 - b. Diploma – nursing
 - c. Associate degree – nursing

5. Where did you complete the degree/credential that qualified you for your first U.S. LPN license?
Dropdown List
 - a. Indiana
 - b. Michigan
 - c. Illinois
 - d. Kentucky
 - e. Ohio
 - f. Another State (not listed)
 - g. Another Country (not U.S.)

6. What year did you complete the nursing education that first qualified you for your U.S. LPN license? Please indicate using the four digit year.
TEXT BOX

7. What is your highest level of education?
Dropdown List

- a. Vocational/Practical certificate – nursing
 - b. Diploma – nursing
 - c. Associate degree – nursing
 - d. Associate degree – other field
 - e. Baccalaureate degree – nursing
 - f. Baccalaureate degree – other field
 - g. Master’s degree – nursing
 - h. Master’s degree – other field
 - i. Doctoral degree – nursing
 - j. Doctoral degree – other field
8. What other degrees do you plan to pursue in the next 2 years?
Dropdown List
- a. Vocational/Practical certificate – nursing
 - b. Associate Degree – nursing
 - c. Bachelor’s Degree – nursing
 - d. Other – non-nursing
 - e. I do not intend to pursue further education in the next 2 years
9. What is your employment status?
Dropdown List
- a. Actively employed in nursing full-time
 - b. Actively employed in nursing part-time
 - c. Actively employed in nursing per diem
 - d. Actively employed in a field other than nursing
 - e. Working in nursing only as a volunteer
 - f. Unemployed and seeking work as a nurse
 - g. Unemployed and not seeking work as a nurse
 - h. Retired
10. What are your employment plans for the next 12 months?
Dropdown List
- a. Increase hours in patient care
 - b. Decrease hours in patient care
 - c. Seek employment in a field outside of patient care
 - d. Leave direct patient care to complete further training
 - e. Leave direct patient care for family reasons/commitments
 - f. Leave direct patient care due to physical demands
 - g. Leave direct patient care due to stress/burnout
 - h. Retire
 - i. Continue as you are
 - j. Unknown
11. In how many **paid positions** in nursing are you currently employed?
Dropdown List
- a. 1 position
 - b. 2 positions
 - c. 3 positions
 - d. 4 or more positions
12. How many weeks did you work in nursing in the past year? Please approximate and enter a number 1 through 52 (no decimals).

TEXT BOX

13. What is the street address of your primary practice location?

TEXT-BOX

14. In what city is your primary practice location?

TEXT-BOX

15. In what state is your primary practice location? Please indicate state using 2-letter postal abbreviation.

DROP-DOWN LIST OF STATES (2LETTER ABV.)

16. What is the 5-digit ZIP code of your primary practice location?

TEXT-BOX

17. Please identify the type of setting that most closely corresponds to your primary nursing practice location.

Dropdown List

- a. Hospital
- b. Nursing Home/Extended Care Facility/Assisted Living Facility
- c. Home Health
- d. Correctional Facility
- e. Academic Setting
- f. Public Health
- g. Community Health
- h. School Health Service
- i. Occupational Health
- j. Ambulatory Care Setting
- k. Insurance Claims/Benefits
- l. Policy/Planning/Licensing Agency
- m. Other

18. Please identify the employment specialty that most closely corresponds to your primary practice location.

Dropdown List

- a. Acute Care/Critical Care
- b. Adult Health/Family Health
- c. Anesthesia
- d. Community
- e. Geriatric/Gerontology
- f. Home Health
- g. Maternal-Child Health
- h. Medical Surgical
- i. Occupational Health
- j. Oncology
- k. Palliative Care
- l. Pediatrics/Neonatal
- m. Public Health
- n. Psychiatric/Mental Health/Substance Abuse
- o. Rehabilitation

- p. School Health
- q. Trauma
- r. Women's Health
- s. Other

19. Estimate the average number of hours per week spent at your primary practice location.

Dropdown List

- a. 0 hours per week
- b. 1 – 4 hours per week
- c. 5 – 8 hours per week
- d. 9 – 12 hours per week
- e. 13 – 16 hours per week
- f. 17 – 20 hours per week
- g. 21 – 24 hours per week
- h. 25 – 28 hours per week
- i. 29 – 32 hours per week
- j. 33 – 36 hours per week
- k. 37 – 40 hours per week
- l. 41 or more hours per week

20. 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

21. In what city is your secondary practice location? Please skip this question if you do not have a secondary practice location.

TEXT-BOX

22. 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.

DROP-DOWN LIST OF STATES (2LETTER ABV.)

23. 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

24. Please identify the type of setting that most closely corresponds to your secondary practice location. Please skip this question if you do not have a secondary practice location.

Dropdown List

- a. Hospital
- b. Nursing Home/Extended Care Facility/Assisted Living Facility
- c. Home Health
- d. Correctional Facility
- e. Academic Setting
- f. Public Health
- g. Community Health
- h. School Health Service
- i. Occupational Health
- j. Ambulatory Care Setting
- k. Insurance Claims/Benefits
- l. Policy/Planning/Licensing Agency
- m. Other

25. Please identify the employment specialty that most closely corresponds to your secondary practice location. Please skip this question if you do not have a secondary practice location.

Dropdown List

- a. Acute Care/Critical Care
- b. Adult Health/Family Health
- c. Anesthesia
- d. Community
- e. Geriatric/Gerontology
- f. Home Health
- g. Maternal-Child Health
- h. Medical Surgical
- i. Occupational Health
- j. Oncology
- k. Palliative Care
- l. Pediatrics/Neonatal
- m. Public Health
- n. Psychiatric/Mental Health/Substance Abuse
- o. Rehabilitation
- p. School Health
- q. Trauma
- r. Women's Health
- s. Other

26. 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.

Dropdown List

- a. 0 hours per week
- b. 1 – 4 hours per week
- c. 5 – 8 hours per week
- d. 9 – 12 hours per week
- e. 13 – 16 hours per week
- f. 17 – 20 hours per week
- g. 21 – 24 hours per week
- h. 25 – 28 hours per week
- i. 29 – 32 hours per week
- j. 33 – 36 hours per week
- k. 37 – 40 hours per week
- l. 41 or more hours per week