



INDIANA UNIVERSITY

SCHOOL OF MEDICINE

Bowen Center for Health Workforce Research and Policy

2015 RN Licensure Survey Instrument

1. What is your employment status?

DROP-DOWN LIST OR RADIO BUTTONS

- 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.

DROP-DOWN LIST OR RADIO BUTTONS

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

3. What is your ethnicity?

DROP-DOWN LIST OR RADIO BUTTONS

- Hispanic or Latino
- Not Hispanic or Latino

4. What type of nursing degree/credential qualified you for your first US nursing license?

DROP-DOWN LIST OR RADIO BUTTONS

- 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?

TEXT-BOX (128 CHARACTER LIMIT)

6. In what city was this education program located?

TEXT-BOX (64 CHARACTER LIMIT)

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

TEXT-BOX (2 CHARACTER LIMIT)

8. What is your highest level of education?

DROP-DOWN LIST OR RADIO BUTTONS

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.

DROP-DOWN LIST OR RADIO BUTTONS

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.

DROP-DOWN LIST OR RADIO BUTTONS

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.

DROP-DOWN LIST OR RADIO BUTTONS

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.

DROP-DOWN LIST OR RADIO BUTTONS

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.

DROP-DOWN LIST OR RADIO BUTTONS

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?

TEXT-BOX (64 CHARACTER LIMIT)

15. In what city is your primary practice location?

TEXT-BOX (64 CHARACTER LIMIT)

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

TEXT-BOX (2 CHARACTER LIMIT)

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

TEXT-BOX (5 CHARACTER LIMIT)

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

DROP-DOWN LIST OR RADIO BUTTONS

- 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.

DROP-DOWN LIST OR RADIO BUTTONS

- 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?
DROP-DOWN LIST OR RADIO BUTTONS

- 1 position
- 2 positions
- 3 positions
- 4 or more positions