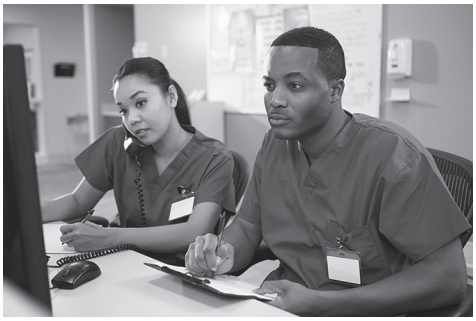
Appendix B

Draft 2026 NSSRN Paper Questionnaire

2026 NATIONAL SAMPLE SURVEY OF REGISTERED NURSES



Start Here

Respond online today at: **https://respond.census.gov/nssrn**

OR

Complete this form and mail it back as soon as possible.

The 2026 National Sample Survey of Registered Nurses (NSSRN) is being conducted by the United States Census Bureau on behalf of the Health Resources and Services Administration of the U.S. Department of Health and Human Services and is the twelfth cycle of the survey.

We appreciate your help with this important survey. If you need help or have questions about completing this form, please call 1-888-369-3598 or email us at addp.nssrn@census.gov.

Section A. Licensure and Certification

A1. On December 31, 2025, 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 ➜ *If No, you do not need to complete this questionnaire. Please mark "No" AND RETURN THIS QUESTIONNAIRE IN THE ENVELOPE PROVIDED SO WE KNOW YOU ARE NOT ELIGIBLE.*

A2. What U.S. state(s) ISSUED the active RN license(s) that you held on December 31, 2025? *Do not include APRN licenses.*

State	State	State	State
☐☐	☐☐	☐☐	☐☐
☐☐	☐☐	☐☐	☐☐

A3. Were you living in the U.S. on December 31, 2025? *Mark (X) No if you were living in a U.S. territory.*

- ☐ Yes
- ☐ No ➜ *If No, you do not need to complete this questionnaire. Please mark "No" AND RETURN THIS QUESTIONNAIRE IN THE ENVELOPE PROVIDED SO WE KNOW YOU ARE NOT ELIGIBLE.*

A4. What U.S. state issued your FIRST RN license?

State

A5. In what year were you issued your FIRST U.S. RN license?

Year

A6. Have you ever been LICENSED as a Licensed Practical Nurse (LPN) or Licensed Vocational Nurse (LVN) in the U.S.?

- ☐ Yes
- ☐ No

A7. On December 31, 2025, 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 on page 3*

A8a. On December 31, 2025, did you have any active certification(s) as a Nurse Practitioner (NP)?

- ☐ Yes
- ☐ No ➔ *SKIP to Question A9a*

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

- ☐ Yes
- ☐ No ➔ *SKIP to Question A9a*

A8c. Which of the following National NP Board Certifications did you hold? *Mark (X) 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

A9a. On December 31, 2025, did you have any active certifications as a Clinical Nurse Specialist (CNS)?

- ☐ Yes
- ☐ No ➔ *SKIP to Question A10a on page 3*

A9b. Were any of your CNS certification(s) from a NATIONAL CERTIFYING ORGANIZATION?

- ☐ Yes
- ☐ No ➔ *SKIP to Question A10a on page 3*

A9c. Which of the following CNS certifications did you have from a NATIONAL CERTIFYING ORGANIZATION? *Mark (X) ALL that apply.*

- ☐ Adult-Gerontology (ACCNS-AG, AGCNS-BC)
- ☐ Pediatric (ACCNS-P, PCNS-BC, CCNS)
- ☐ Neonatal (ACCNS-N, CCNS)
- ☐ Adult (ACNS-BC, CCNS)
- ☐ Gerontological (GCNS-BC)
- ☐ Psychiatric-Mental Health – Adult (PMHCNS-BC)
- ☐ Psychiatric-Mental Health – Child/Adolescent (PMHCNS-BC)
- ☐ Public/Community Health (PHCNS-BC)
- ☐ Other

A10a. On December 31, 2025, did you have an active certification as a Nurse-Midwife?

- ☐ Yes
- ☐ No ➔ *SKIP to Question A11a*

A10b. Was your Nurse-Midwife certification from a NATIONAL CERTIFYING ORGANIZATION?

- ☐ Yes
- ☐ No

A11a. On December 31, 2025, did you have an active certification as a Certified Registered Nurse Anesthetist?

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

A11b. Was your Certified Registered Nurse Anesthetist certification from a NATIONAL CERTIFYING ORGANIZATION?

- ☐ Yes
- ☐ No

A12. On December 31, 2025, which of the following skill-based certifications did you have? *Mark (X) 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 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.)
- ☐ Nutrition (CNSC, etc.)
- ☐ Obstetric Nursing 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, NHISS, etc.)
- ☐ Trauma Nursing (TCRN, TNCC, ATCN, ATN, etc.)
- ☐ Wound Care or Ostomy Nurse (AWCC, CWCA, CWCN, CWOCN, CWON, CWS, WCC, COCN, etc.)
- ☐ Other, *Specify:*

Section B. Education

B1a. Which type of nursing degree qualified you for your FIRST U.S. RN license? *Mark (X) ONE box only.*

- ☐ Diploma
- ☐ Associate
- ☐ Bachelor's
- ☐ Master's
- ☐ Doctorate – PhD
- ☐ Doctorate – DNP

B1b. Was this degree earned through any of the following types of programs? *Mark (X) ONE box only.*

- ☐ LPN- or LVN-to-RN program
- ☐ Accelerated degree program, *which allows students to complete their degree in a shorter period of time than usual*
- ☐ Direct degree program, *which allows students to move directly into a nursing program based on prior nursing or non-nursing degrees or credit hours*
- ☐ None of these

B2. In what year did you graduate with your first RN degree?

☐☐☐☐ Year

B3. What percent of the courses for this degree was completed online or through distance learning? *Do not include clinicals.*

- ☐ 0%
- ☐ 1%-49%
- ☐ 50%-99%
- ☐ 100%

B4. Where was this program located? *If the program was 100% online, report the college or university location.*

☐ In the U.S.
City/Town

State abbreviation ☐☐

☐ Outside the U.S.
Print name of foreign country or U.S. territory:

B5. How did you pay for your first RN degree? *Include the cost of tuition, room and board, fees, books, and supplies. Mark (X) ALL that apply.*

- ☐ Self-paid (including gifts from parents, spouse, or other family members or friends)
- ☐ Money borrowed from parents, spouse, or other family members or friends, with the expectation of paying it back
- ☐ Federally-assisted student loan
- ☐ Other type of student loan
- ☐ Other type of loan (such as a bank loan, line of credit, etc.)
- ☐ Employer tuition reimbursement plan
- ☐ Department of Veterans Affairs employer tuition plan
- ☐ Health Resources and Services Administration Support (e.g., National Health Service Corps, Nurse Corps Loan Repayment, Faculty Loan Repayment)
- ☐ Other federal traineeship, scholarship, or grant
- ☐ State or local government scholarship or grant
- ☐ Non-government scholarship or grant (includes private scholarships, school-provided scholarships, work-study programs, etc.)
- ☐ Other resources

B6. What post-high school degree(s) did you receive BEFORE starting your first RN degree?
Mark (X) ALL that apply.

- ☐ None
- ☐ Associate
- ☐ Bachelor's
- ☐ Master's
- ☐ Doctorate
- ☐ Other

B7. Were you ever employed in any of the following health-related jobs before completing your first RN degree? *Mark (X) Yes or No for EACH item.*

	Yes	No
a. Nurse aide or nursing assistant	☐	☐
b. Home health aide or assistant	☐	☐
c. Licensed Practical or Vocational Nurse	☐	☐
d. Counselor, social worker or behavioral health specialist	☐	☐
e. Community health worker	☐	☐
f. Midwife	☐	☐
g. Emergency Medical Technician (EMT) or paramedic	☐	☐
h. Medical assistant	☐	☐
i. Dental assistant	☐	☐
j. Laboratory technologist or technician or phlebotomist	☐	☐
k. All other health technologists and technicians	☐	☐
l. Nurse intern, extern or apprentice	☐	☐
m. Manager in health care setting	☐	☐
n. Clerk in health care setting	☐	☐
o. Other health-related job	☐	☐

B8. As of December 31, 2025, did you complete any ADDITIONAL nursing degrees or certificates AFTER acquiring your first RN degree that you described in Question B1a? *Do not include degrees or certificates you are currently working towards.*

☐ Yes ➜ *Complete all rows of the table below for each nursing degree or certificate you earned as of December 31, 2025.*

☐ No ➜ *SKIP to Question B9a on page 7*

	Additional Nursing Degrees & Certificates		
	Second Nursing Degree or Certificate	**Third Nursing Degree or Certificate**	**Fourth Nursing Degree or Certificate**
B8a. What type of degree or certificate is this? *Mark (X) ONE box only.*	☐ Associate ☐ Bachelor's ☐ Master's ☐ Post-Master's Certificate ☐ Doctor of Nursing Practice ☐ Research Doctorate (PhD, DNS, etc.) ☐ Other	☐ Associate ☐ Bachelor's ☐ Master's ☐ Post-Master's Certificate ☐ Doctor of Nursing Practice ☐ Research Doctorate (PhD, DNS, etc.) ☐ Other	☐ Associate ☐ Bachelor's ☐ Master's ☐ Post-Master's Certificate ☐ Doctor of Nursing Practice ☐ Research Doctorate (PhD, DNS, etc.) ☐ Other
B8b. In what year did you receive this degree or certificate?	☐☐☐☐	☐☐☐☐	☐☐☐☐
B8c. Where was this program located? *If the program was 100% online, report the college or university location.*	☐ In the U.S. ↙ City/Town ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ State abbr. ☐☐ ☐ Outside the U.S.	☐ In the U.S. ↙ City/Town ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ State abbr. ☐☐ ☐ Outside the U.S.	☐ In the U.S. ↙ City/Town ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ State abbr. ☐☐ ☐ Outside the U.S.
B8d. Did this degree or certificate qualify you to be any of the following? *Mark (X) ONE box only.*	☐ Nurse Practitioner ☐ Clinical Nurse Specialist ☐ Nurse-Midwife ☐ Certified Registered Nurse Anesthetist ☐ None of these	☐ Nurse Practitioner ☐ Clinical Nurse Specialist ☐ Nurse-Midwife ☐ Certified Registered Nurse Anesthetist ☐ None of these	☐ Nurse Practitioner ☐ Clinical Nurse Specialist ☐ Nurse-Midwife ☐ Certified Registered Nurse Anesthetist ☐ None of these
B8e. What percent of the courses for this degree or certificate were completed online or through distance learning? *Do not include clinicals.*	☐ 0% ☐ 1%-49% ☐ 50%-99% ☐ 100%	☐ 0% ☐ 1%-49% ☐ 50%-99% ☐ 100%	☐ 0% ☐ 1%-49% ☐ 50%-99% ☐ 100%
B8f. What was the primary focus of this degree or certificate?	*Enter the two-digit code listed below.* ☐☐	*Enter the two-digit code listed below.* ☐☐	*Enter the two-digit code listed below.* ☐☐

Primary Focus of Nursing Degree or Certificate

01 Clinical Practice 02 Clinical Nurse Leader	03 Administration/Business Management 04 Education	05 Public Health/Community Health 06 Informatics 07 Research	08 Other health field 09 No primary focus

B9a. For ANY of the nursing degrees you had completed as of December 31, 2025, did you borrow any money? *Include the cost of tuition, room and board, fees, books, and supplies.*

- ☐ Yes
- ☐ No ➔ *SKIP to Question B10a*

B9b. As of December 31, 2025, approximately how much debt from your nursing degree(s) did you still owe? *Include all sources of debt.*

- ☐ $0
- ☐ $1 - $10,000
- ☐ $10,001 - $20,000
- ☐ $20,001 - $30,000
- ☐ $30,001 - $40,000
- ☐ $40,001 - $50,000
- ☐ $50,001 - $60,000
- ☐ $60,001 - $70,000
- ☐ $70,001 - $80,000
- ☐ $80,001 - $90,000
- ☐ $90,001 or more

B10a. As of December 31, 2025, did you have any NON-NURSING academic degrees? *Do not include degrees you are currently working towards.*

- ☐ Yes
- ☐ No ➔ *SKIP to Question B11a*

B10b. As of December 31, 2025, what was the HIGHEST non-nursing degree you received? *Mark (X) ONE box only.*

- ☐ Associate
- ☐ Bachelor's
- ☐ Master's
- ☐ Doctorate
- ☐ Other

B10c. In what year did you receive your highest non-nursing degree?

☐☐☐☐ Year

B10d. What was the primary focus of your highest non-nursing degree? *Mark (X) ONE box only.*

- ☐ Clinical Practice
- ☐ Administration or Business Management
- ☐ Education
- ☐ Public Health or Community Health
- ☐ Social Work, Psychology, or Other Behavioral Health
- ☐ Law
- ☐ Biological or Physical Sciences
- ☐ Humanities, Liberal Arts, or Social Sciences
- ☐ Information Technology or Informatics
- ☐ Research
- ☐ Health Policy
- ☐ Other Policy
- ☐ Other health field
- ☐ Other non-health field

B11a. During the FALL TERM OF 2025, were you enrolled in a formal education program leading to an academic degree or certificate?

- ☐ Yes, in nursing
- ☐ Yes, in a non-nursing field
- ☐ No ➔ *SKIP to Question B12 on page 8*

B11b. Were you a full-time or part-time student?

- ☐ Full-time student
- ☐ Part-time student

B11c. What percent of the courses for this degree or certificate were completed online or through distance learning, excluding clinicals?

- ☐ 0%
- ☐ 1%-49%
- ☐ 50%-99%
- ☐ 100%

B11d. What type of degree or certificate were you working towards in this program? *Mark (X) ONE box only.*

- ☐ Certificate or Award
- ☐ Associate Degree
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Post-Master's Certificate
- ☐ Doctorate – PhD
- ☐ Doctorate – DNP
- ☐ Doctorate – Other
- ☐ Post-Doctoral Certificate

B12. As of December 31, 2025, were you planning to continue your formal nursing education leading to an academic degree or certificate? *Do not consider degrees or certificates you were working towards in 2025.*

- ☐ Yes
- ☐ No
- ☐ I was undecided at that time

B13a. Have you completed an RN transition-to-practice program? *A transition-to-practice program is a training program that helps new nurses transition from academic education to professional nursing practice.*

- ☐ Yes ➜ *Year completed* ☐☐☐☐
- ☐ No ➜ *SKIP to Question B14*

B13b. 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

B13c. Did you have one or more preceptors assigned to you during this RN transition-to-practice program?

- ☐ Yes
- ☐ No

B14. Within the past year, have you received or provided emergency preparedness training in any of the following areas specifically related to patient care or medical response to these emergencies? *Mark (X) Yes or No for EACH item.*

	Yes	No
a. Chemical accident or attack	☐	☐
b. Biological accident or attack	☐	☐
c. Nuclear or radiological accident or attack	☐	☐
d. Infectious disease epidemics	☐	☐
e. Natural disaster	☐	☐
f. Other public health emergencies	☐	☐

B15. 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? *Mark (X) 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
- ☐ None of these

Section C. Employment

C1. On December 31, 2025, 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 on page 25*

Questions C2-C30 ask about your primary nursing position. If you had multiple nursing positions, the primary nursing position is the one you held on December 31, 2025 in which you spent the largest share of your working hours.

C2. Where was the location of the primary nursing position you held on December 31, 2025? *If you were not employed in a fixed location, enter the location that best reflects where you practiced.*

City/Town

State Zip

C3. Did you work 100% remotely for the primary nursing position you held on December 31, 2025?

- ☐ Yes
- ☐ No

C4. Thinking about the primary nursing position you held on December 31, 2025, how long had you been working for this EMPLOYER?

- ☐ Less than 1 year
- ☐ 1 - 5 years
- ☐ More than 5 years ➔ *SKIP to Question C6*

C5. How long were you actively looking for new employment before accepting a position with this employer? *Please give your best estimate.*

- ☐ 6 months or fewer
- ☐ 7 - 12 months
- ☐ More than a year
- ☐ I was not actively looking for new employment

Questions C6-C28 ask about your experiences in 2025 only.

C6. In 2025, which of the following state licensures, certifications, or recognitions were you required to maintain for the primary nursing position you held on December 31, 2025? *Mark (X) ALL that apply.*

- ☐ RN
- ☐ APRN, Nurse Practitioner
- ☐ APRN, Clinical Nurse Specialist
- ☐ APRN, Nurse-Midwife
- ☐ APRN, Certified Registered Nurse Anesthetist
- ☐ None of the above ➔ *SKIP to Question C8*

Thinking of the primary nursing position you held on December 31, 2025, indicate your level of agreement with the statements in Questions C7a and C7b.

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 2025.*

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

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 2025.*

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

C8. In your primary nursing position, did you use an Electronic Health Record (EHR) or Electronic Medical Record (EMR) system in 2025? *Do not include billing record systems.*

- ☐ Yes
- ☐ No
- ☐ Don't know

C9a. For the primary nursing position you held on December 31, 2025, were you employed as a traveling nurse?

- ☐ Yes
- ☐ No ➔ *SKIP to Question C10*

C9b. What factors contributed to your decision to become a travel nurse? *Mark (X) ALL that apply.*

- ☐ Better pay
- ☐ Flexibility
- ☐ Travel opportunities
- ☐ Opportunity to build my network
- ☐ Learn new skills or develop my career
- ☐ Opportunity to serve different populations
- ☐ Other, *Specify:*

C10. For the primary nursing position you held on December 31, 2025, which of the following best describes your employment situation in 2025? *Mark (X) ONE box only.*

- ☐ Employed through an employment agency
- ☐ Employed by an organization or facility
- ☐ Self-employed or independent contractor

C11. Which one of the following best describes the job title of the primary nursing position you held on December 31, 2025? *Mark (X) ONE box only.*

- ☐ Staff nurse or direct care nurse
- ☐ Charge nurse or team leader
- ☐ Front-line management (Nurse Manager, Unit or Department Supervisor)
- ☐ Middle management or administration (director, house supervisor, associate dean, department head)
- ☐ Senior management or administration (CEO, vice president, CNO, CNE, dean)
- ☐ Certified Registered Nurse Anesthetist (CRNA)
- ☐ Certified Nurse-Midwife (CNM)
- ☐ Clinical Nurse Specialist (CNS)
- ☐ Nurse Practitioner (NP)
- ☐ Wound or ostomy nurse
- ☐ School nurse
- ☐ Occupational health nurse
- ☐ Public health nurse
- ☐ Home health nurse
- ☐ Community health nurse
- ☐ Patient educator
- ☐ Clinical Nurse Educator, staff educator, professional practice specialist, or instructor in clinical setting
- ☐ Academic educator, faculty member, professor, or instructor in a school of nursing
- ☐ Patient care coordinator, case manager, discharge planner, or nurse navigator
- ☐ Quality improvement nurse or utilization review nurse
- ☐ Infection control nurse
- ☐ Advice or triage nurse
- ☐ Informatics nurse
- ☐ Forensics or crisis nurse
- ☐ Transport, EMS, or Flight Nurse
- ☐ Nutrition nurse
- ☐ Legal nurse
- ☐ Researcher
- ☐ Surveyor, auditor, or regulator
- ☐ No position title
- ☐ Other

C12. Which one of the following best describes the employment setting of the primary nursing position you held on December 31, 2025? *Mark (X) ONE box only.*

Hospital (not including mental health or rehabilitation facilities)

- ☐ Critical Access Hospital (CAH) – *a rural community hospital that receives cost-based reimbursement from Medicare*
- ☐ Hospital Inpatient Department or Unit, not Critical Access Hospital
- ☐ Hospital Emergency Department or Transport, not Critical Access Hospital
- ☐ Hospital-Sponsored Ambulatory or Outpatient Clinic or Center (Clinic, Specialty, Surgery, etc.) (Non-ED)
- ☐ Hospital-Sponsored Urgent Care
- ☐ Hospital Administration, Education, Quality, etc.
- ☐ Hospital Nursing Home Unit
- ☐ Hospital Ancillary Unit (Radiology, Lab, GI lab, Consult Services, etc.)
- ☐ Other Hospital Setting

Other Inpatient settings

- ☐ Skilled Nursing Facility or Nursing Home
- ☐ Rehabilitation, Long Term Care, or Long Term Acute Care Facility
- ☐ Hospice - Inpatient
- ☐ Mental or Behavioral Health Facility - Inpatient
- ☐ Substance Use Treatment Center - Inpatient
- ☐ Other Inpatient Setting

Non-Patient Care settings

- ☐ Public Health or Community Health Agency (including Public Health Departments)
- ☐ Local, State, or Federal Government Agency (excluding Public Health Departments)
- ☐ University or College Academic Department
- ☐ Insurance Company
- ☐ Call Center, Telenursing Center, or Remote Nursing
- ☐ Regulatory Agency or Organization
- ☐ Consulting Agency or Organization
- ☐ Professional Organization
- ☐ Other Non-Patient Care Setting

Outpatient, Ambulatory, or Other Clinical settings (non-hospital based)

- ☐ Urgent, Emergency Care, or Transport (not hospital-sponsored)
- ☐ Occupational Health or Employee Health Services
- ☐ Correctional Facility
- ☐ Private Practice - Medical or NP
- ☐ Nurse-Managed Health Clinic or Center
- ☐ Ambulatory Surgery Center (not hospital based)
- ☐ Community Health Center or Federally Qualified Health Center (FQHC)
- ☐ Hospice – Outpatient
- ☐ Health Maintenance Organization or Managed Care
- ☐ Federally-run Clinic (VA, Military, NIH, IHS)
- ☐ Home Health or Day Care Services
- ☐ Public Clinic or Rural Health Clinic or Center
- ☐ Retail Clinic
- ☐ Rehabilitation - Outpatient
- ☐ Stand-Alone Dialysis or Infusion Clinic
- ☐ School Health Service (K-12 or Post-secondary)
- ☐ Mental or Behavioral Health Facility - Outpatient
- ☐ Substance Use Treatment Center - Outpatient
- ☐ Other Outpatient, Ambulatory, or Other Clinical Setting

C13. For the primary nursing position you held on December 31, 2025, did you work full-time or part-time in 2025? *Mark (X) ONE box only. If you worked both full-time and part-time in 2025, select the schedule you worked for the largest portion of the year.*

- ☐ Full-time (including full-time for an academic year)
- ☐ Part-time (including working only part of the calendar or academic year)

C14. For the primary nursing position you held on December 31, 2025, did you work EVERY week in 2025? *Include paid vacation, paid sick leave, and military service as weeks worked.*

- ☐ Yes ➔ *SKIP to Question C16*
- ☐ No

C15. For the primary nursing position you held on December 31, 2025, how many WEEKS did you work in 2025? *Include paid vacation, paid sick leave, and military service, and include weeks where you only worked for a few hours.*

☐☐ Weeks worked in 2025

C16. For the primary nursing position you held on December 31, 2025, how many hours were you SCHEDULED to work in a typical week in 2025? *Exclude additional, unscheduled hours worked. You will be asked about actual hours worked in question C17.*

☐☐ Hours scheduled per week

C17. Next, we will ask for information about how much you WORKED in a typical week in 2025 for the primary nursing position you held on December 31, 2025. *Standby hours are a period of time when a nurse is not actively working but must remain available to come in and work immediately, if needed.*

Hours (*enter 0 if none*)

a. **How many hours did you work in a typical week in 2025?** *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.* ☐☐☐

Of the hours you reported above, how many of these hours were -

b. **Worked at the base pay rate?** ☐☐☐

c. **Worked at the overtime pay rate?** ☐☐☐

d. **Worked at a differential pay rate?** ☐☐☐

e. **Unpaid?** ☐☐☐

f. **During a typical week in 2025, how many of your work hours were on-call hours?** *Do not include standby hours.* ☐☐☐

C18. For the primary nursing position you held on December 31, 2025, please estimate the percentage of your time/effort spent in the following activities during a typical workweek. *Do not use decimals. Percentages should add to 100%.*

a. Clinical Activities (including patient care, charting, care coordination) ☐☐☐ %

b. Management and Administration Activities (including supervising and scheduling) ☐☐☐ %

c. Educational Activities (including teaching, precepting, and continuing education) ☐☐☐ %

d. Research Activities ☐☐☐ %

e. All Other Activities ☐☐☐ %

Total = 100%

C19. For the primary nursing position you held on December 31, 2025, in what levels of care or types of work did you spend your time? *Mark (X) ALL that apply.*

- ☐ General or specialty inpatient
- ☐ Primary care (including inpatient and outpatient settings)
- ☐ Maternal care
- ☐ Other ambulatory care (not including surgical)
- ☐ Ancillary care (radiology, laboratory)
- ☐ Care coordination or patient navigation
- ☐ Critical or intensive care
- ☐ Education
- ☐ Emergency
- ☐ Health care management or administration
- ☐ Home health
- ☐ Hospice
- ☐ Informatics
- ☐ Long-term care or nursing home
- ☐ Public health or community health
- ☐ Rehabilitation
- ☐ Research
- ☐ School nurse
- ☐ Step-down, transitional, progressive, telemetry
- ☐ Sub-acute care
- ☐ Surgery (including ambulatory, pre-operative, post-operative, post-anesthesia)
- ☐ Urgent care
- ☐ Other

In questions C20-C23, the term telehealth refers to the use of information technology to support clinical health care, health education or administration and public health. Telehealth methods include videoconferencing, the internet, phone, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

C20. For the primary nursing position you held on December 31, 2025, did your workplace use telehealth to provide patient care? *Answer only about the year 2025.*

- ☐ Yes
- ☐ No ➔ *SKIP to Question C24 on page 14*

C21. Did you personally use some form of telehealth in the primary nursing position you held on December 31, 2025? *Answer only about the year 2025.*

- ☐ Yes
- ☐ No ➔ *SKIP to Question C24 on page 14*

C22. In 2025, which type(s) of telehealth did you personally use in the primary nursing position you held on December 31, 2025? *Mark (X) ALL that apply.*

- ☐ Live Video-Conferencing (a two-way audiovisual link between a patient and a care provider)
- ☐ Telephone calls without video
- ☐ Text messages or live chat
- ☐ Asynchronous Video-Conferencing (transmission of a recorded health history to a health practitioner, usually a specialist)
- ☐ Remote Patient Monitoring (the use of connected electronic tools to record personal health and medical data in one location for review by a provider in another location, usually at a different time)
- ☐ mHealth (health care and public health information provided through mobile devices; the information may include general educational information, targeted texts, and notifications about disease outbreaks)
- ☐ Other

C23. For the primary nursing position you held on December 31, 2025, about how many hours did you spend using telehealth during a typical week in 2025?

☐☐ Hours per week

C24. Did the primary nursing position you held on December 31, 2025 include any patient care? *Answer only about the year 2025.*

- ☐ Yes
- ☐ No ➔ *SKIP to Question C29 on page 16*

C25. Did you provide primary care services in the nursing position you held on December 31, 2025? *Answer only about 2025. Primary care is care provided at a basic rather than specialized level for people making an initial approach to a doctor or nurse for treatment or diagnosis. Primary care may also include follow-up visits.*

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

C26. For the primary nursing position you held on December 31, 2025, what percent of your patient care time was spent providing prenatal care? *Answer only about 2025. Your best estimate is fine.*

- ☐ 0%
- ☐ 1%-25%
- ☐ 26%-50%
- ☐ 51%-75%
- ☐ 76%-99%
- ☐ 100%

C27. For the primary nursing position you held on December 31, 2025, please estimate the percentage of your patient care time spent with each population below. *Answer only about the year 2025. Mark (X) ONE box only for each row.*

	0%	1%-25%	26%-50%	51%-75%	76%-99%	100%
a. **Neonatal, Newborn, or Infant** *(less than 2 years old)*	☐	☐	☐	☐	☐	☐
b. **Pediatric** *(2 to 11 years old)*	☐	☐	☐	☐	☐	☐
c. **Adolescent** *(12 to 17 years old)*	☐	☐	☐	☐	☐	☐
d. **Adult** *(18 to 65 years old)*	☐	☐	☐	☐	☐	☐
e. **Geriatric** *(more than 65 years old)*	☐	☐	☐	☐	☐	☐

C28. For the primary nursing position you held on December 31, 2025, what were your primary and secondary clinical specialties?

Primary Specialty
Mark (X) ONE box only.

- ☐ General medical surgical
- ☐ Cardiac or cardiovascular care
- ☐ Chronic care
- ☐ Community or public health
- ☐ Critical care or intensive care
- ☐ Emergency or trauma care
- ☐ Gastrointestinal
- ☐ Geriatrics or gerontology
- ☐ Home health
- ☐ Hospice or palliative care
- ☐ Infectious or communicable disease
- ☐ Informatics
- ☐ Labor and delivery
- ☐ Neonatal care
- ☐ Neurological
- ☐ Obstetrics and gynecology
- ☐ Occupational health
- ☐ Oncology
- ☐ Orthopedics
- ☐ Primary care
- ☐ Psychiatric or mental health
- ☐ Pulmonary or respiratory
- ☐ Rehabilitation
- ☐ Renal or dialysis
- ☐ Pediatrics
- ☐ School health service (K-12 or post-secondary)
- ☐ Substance use disorder
- ☐ Specialty care (e.g., dermatology, endocrinology, ophthalmology, otolaryngology)
- ☐ Surgery, pre-op, post-op, PACU, or anesthesia
- ☐ Other specialty, *Specify:*

Secondary Specialty
Mark (X) ONE box only.

- ☐ No Secondary Specialty
- ☐ General medical surgical
- ☐ Cardiac or cardiovascular care
- ☐ Chronic care
- ☐ Community or public health
- ☐ Critical care or intensive care
- ☐ Emergency or trauma care
- ☐ Gastrointestinal
- ☐ Geriatrics or gerontology
- ☐ Home health
- ☐ Hospice or palliative care
- ☐ Infectious or communicable disease
- ☐ Informatics
- ☐ Labor and delivery
- ☐ Neonatal care
- ☐ Neurological
- ☐ Obstetrics and gynecology
- ☐ Occupational health
- ☐ Oncology
- ☐ Orthopedics
- ☐ Primary care
- ☐ Psychiatric or mental health
- ☐ Pulmonary or respiratory
- ☐ Rehabilitation
- ☐ Renal or dialysis
- ☐ Pediatrics
- ☐ School health service (K-12 or post-secondary)
- ☐ Substance use disorder
- ☐ Specialty care (e.g., dermatology, endocrinology, ophthalmology, otolaryngology)
- ☐ Surgery, pre-op, post-op, PACU, or anesthesia
- ☐ Other specialty, *Specify:*

C29. Thinking of the primary nursing position you held on December 31, 2025, to what extent did you...
Answer only about the year 2025. Mark (X) ONE box only for each row.

	A great extent	Somewhat	Very little	Not at all
a. **Participate in evidence-based care** *(evidence-based care is care that utilizes best practices and clinical decisions supported by scientific research and clinical expertise)*	☐	☐	☐	☐
b. **Participate in patient-centered care** *(care that is responsive to patient preferences, needs and values, and ensures that patient values guide clinical decisions)*	☐	☐	☐	☐
c. **Participate in team-based care** *(comprehensive health services by at least two health professionals working collaboratively to provide safe, quality care)*	☐	☐	☐	☐
d. **Participate in value-based care** *(care that improves health outcomes relative to the cost of care)*	☐	☐	☐	☐
e. **Participate in population-based health care** (*care that focuses on the health status and needs of a target population possessing similar health concerns or characteristics*)	☐	☐	☐	☐
f. **Care for patients from tribal communities**	☐	☐	☐	☐
g. **Care for patients from rural communities**	☐	☐	☐	☐
h. **Care for medically complex/special needs patients**	☐	☐	☐	☐
i. **Care for patients with pain management needs**	☐	☐	☐	☐
j. **Care for patients with mental health conditions**	☐	☐	☐	☐
k. **Care for patients with substance use disorders**	☐	☐	☐	☐
l. **Work on quality improvement measures or procedures**	☐	☐	☐	☐
m. **Provide guidance to patients on nutrition and other healthy behaviors**	☐	☐	☐	☐

C30. Thinking of the primary nursing position you held on December 31, 2025, to what extent did you observe your organization doing the following? *Answer only about the year 2025. Mark (X) ONE box only for each row.*

	A great extent	Somewhat	Very little	Not at all
a. **Promoting evidence-based care** *(care that utilizes best practices and clinical decisions supported by scientific research and clinical expertise)*	☐	☐	☐	☐
b. **Promoting patient-centered care** *(care that is responsive to patient preferences, needs and values, and ensures that patient values guide clinical decisions)*	☐	☐	☐	☐
c. **Promoting team-based care** *(comprehensive health services by at least two health professionals working collaboratively to provide safe, quality care)*	☐	☐	☐	☐
d. **Promoting value-based care** *(care that improves health outcomes relative to the cost of care)*	☐	☐	☐	☐
e. **Promoting population-based health care** *(care that focuses on the health status and needs of a target population possessing similar health concerns or characteristics)*	☐	☐	☐	☐
f. **Promoting quality improvement**	☐	☐	☐	☐

Please answer questions C31-C33 thinking about any nursing position you have ever held.

	C31. Have you received training in the following areas through formal education, work or professional development? *Mark (X) Yes or No for EACH row.*		**C32. Do you feel that you have received sufficient training in this area?** *Mark (X) Yes, No, or N/A for EACH row.*		
Care Delivery	**Yes**	**No**	**Yes**	**No**	**N/A**
a. Evidence-based care *(care that utilizes best practices and clinical decisions supported by scientific research and clinical expertise)*	☐	☐	☐	☐	☐
b. Patient-centered care *(care that is responsive to patient preferences, needs and values, and ensures that patient values guide clinical decisions)*	☐	☐	☐	☐	☐
c. Team-based care *(comprehensive health services by at least two health professionals working collaboratively to provide safe, quality care)*	☐	☐	☐	☐	☐
d. Value-based care *(care that improves health outcomes relative to the cost of care)*	☐	☐	☐	☐	☐
Population-Focused Care	**Yes**	**No**	**Yes**	**No**	**N/A**
e. Population-based health care *(care that focuses on the health status and needs of a target population possessing similar health concerns or characteristics)*	☐	☐	☐	☐	☐
f. Working in an underserved community	☐	☐	☐	☐	☐
g. Caring for medically complex/special needs patients	☐	☐	☐	☐	☐
h. Social determinants of health *(e.g., impact of race and socioeconomic status)*	☐	☐	☐	☐	☐
i. Caring for patients with pain management needs	☐	☐	☐	☐	☐
j. Caring for patients with mental health conditions	☐	☐	☐	☐	☐
k. Caring for patients with substance use disorders	☐	☐	☐	☐	☐
Healthcare Leadership	**Yes**	**No**	**Yes**	**No**	**N/A**
l. Quality improvement	☐	☐	☐	☐	☐
m. Practice management and administration	☐	☐	☐	☐	☐

C33. Have you ever precepted any RN or APRN STUDENTS?

- ☐ Yes
- ☐ No ➔ *SKIP to Question C39*

C34. Did you precept any RN or APRN STUDENTS in 2025? *Mark (X) ALL that apply.*

- ☐ Yes, I precepted RN students
- ☐ Yes, I precepted NP students
- ☐ Yes, I precepted other APRN students
- ☐ No ➔ *SKIP to Question C39*

C35. In 2025, how many STUDENTS did you precept? *Enter zero if none. Your best estimate is fine.*

RN students ☐☐

NP students ☐☐

Other APRN students ☐☐

C36. In 2025, how many hours did you spend precepting STUDENTS to meet their clinical requirements? *Your best estimate is fine.*

☐☐☐ Hours

C37. Did you receive any remuneration (e.g. money, tuition reduction, free CEs, etc.) to precept RN or APRN STUDENTS in 2025?

- ☐ Yes
- ☐ No ➔ *SKIP to Question C39*

C38. Which of the following types of remuneration did you receive from precepting STUDENTS in 2025? *Mark (X) ALL that apply.*

- ☐ Money
- ☐ Tuition reduction
- ☐ Free CEs
- ☐ Library access
- ☐ Other

Questions C39-C53 ask about your primary nursing position.

C39. In 2025, which of the following educational benefits did your employer offer to support employee professional development? *Mark (X) ALL that apply.*

- ☐ Tuition reimbursement (full or partial)
- ☐ Loan forgiveness
- ☐ Flexible scheduling
- ☐ Other
- ☐ None

C40. Please estimate your 2025 pre-tax annual earnings from your primary nursing position. *Include overtime and bonuses, but exclude sign-on bonuses.*

$ ☐☐☐,☐☐☐.00

C41. In 2025, were you represented by a labor union or collective bargaining unit in the primary nursing position you held on December 31, 2025?

- ☐ Yes
- ☐ No

C42. How satisfied were you with the following aspects of the primary nursing position you held on December 31, 2025? *Mark (X) ONE box only for each row.*

	Extremely Satisfied	Moderately Satisfied	Moderately Dissatisfied	Extremely Dissatisfied
a. Workplace safety?	☐	☐	☐	☐
b. Your immediate supervisor?	☐	☐	☐	☐
c. Your senior management?	☐	☐	☐	☐
d. Opportunities for advancement?	☐	☐	☐	☐
e. Job security?	☐	☐	☐	☐

C43. How satisfied were you with the primary nursing position you held on December 31, 2025?

- ☐ Extremely satisfied
- ☐ Moderately satisfied
- ☐ Moderately dissatisfied
- ☐ Extremely dissatisfied

C44. Did you hold the same primary nursing position from January 1, 2024 through December 31, 2025?

- ☐ Yes
- ☐ No

C45. Thinking about the primary nursing position you held on December 31, 2025, have you EVER felt burned-out?

- ☐ Yes
- ☐ No ➔ *SKIP to Question C51 on page 21*

C46. Thinking about the primary nursing position you held on December 31, 2025, did you ever feel burned-out DURING 2025?

- ☐ Yes
- ☐ No ➔ *SKIP to Question C51 on page 21*

C47. To what extent do you agree or disagree with the following statements about the primary nursing position you held on December 31, 2025? *Mark (X) ONE box only for each row.*

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. I enjoy my work, but occasionally feel overwhelmed	☐	☐	☐	☐
b. I feel stressed quite often, but can manage it	☐	☐	☐	☐
c. I am exhausted and frequently feel burnout and frustration at work	☐	☐	☐	☐
d. I feel completely burnt out and often feel like I can't go on	☐	☐	☐	☐

C48. How often did you feel burned-out in your primary nursing position in 2025?

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

C49. Which of the following reasons contributed to your feelings of burnout in your primary nursing position during 2025? *Mark (X) 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:*

C50. Thinking about the primary nursing position you held on December 31, 2025, which of the following best describes your feelings of burnout during 2025, compared to 2024?

- ☐ I felt more burned-out in 2025
- ☐ I felt less burned-out in 2025
- ☐ I felt the same amount of burnout

C51. Did you experience physical violence, harassment, intimidation, or other threatening behavior in your primary nursing position in 2025?

- ☐ Yes
- ☐ No ➔ *SKIP to Question C53*
- ☐ Prefer not to answer ➔ *SKIP to Question C53*

C52. Who committed the physical violence, harassment, intimidation, or other threatening behavior? *Mark (X) 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

C53. Have you left the primary nursing position you held on December 31, 2025?

- ☐ Yes ➔ *Continue to Section D on page 22*
- ☐ No ➔ *SKIP to Section E on page 23*

Section D. Left the Primary Nursing Position Held on December 31, 2025

D1. Which of the following reasons contributed to your decision to LEAVE the primary nursing position you held on December 31, 2025? *Mark (X) ALL that apply.*

- ☐ Better pay or benefits
- ☐ Burnout
- ☐ Career advancement or promotion
- ☐ Career change
- ☐ Disability or illness
- ☐ Family caregiving
- ☐ High risk working conditions
- ☐ Inability to practice to the full extent of my license
- ☐ Inadequate staffing
- ☐ Interpersonal differences with colleagues or supervisors
- ☐ Lack of advancement opportunities
- ☐ Lack of collaboration or communication between health care professionals
- ☐ Lack of good management or leadership
- ☐ Length of commute
- ☐ Physical demands of job
- ☐ Relocation to different geographic area
- ☐ Retirement
- ☐ Scheduling (inconvenient hours, too many hours, or too few hours)
- ☐ School or educational program
- ☐ Spouse's or partner's employment opportunities
- ☐ Stressful work environment
- ☐ Employer prioritized profit over patient health and safety
- ☐ Unsatisfactory safety protocols
- ☐ Workplace harassment or violence
- ☐ Other

D2. Did you continue to work in nursing after leaving this position?

- ☐ Yes
- ☐ No ➔ *SKIP to Section F on page 24*

D3. How long do you plan to work in NURSING in the geographic area of the primary nursing position you held on December 31, 2025?

- ☐ Already left the geographic area
- ☐ Less than a year
- ☐ 1-2 years
- ☐ 3-5 years
- ☐ More than 5 years
- ☐ Not sure

D4. Approximately when do you plan to retire from nursing?

- ☐ Already retired
- ☐ Within a year
- ☐ In 1-2 years
- ☐ In 3-5 years
- ☐ More than 5 years from now
- ☐ Undecided

SKIP to Section F on page 24

Section E. Remained in the Primary Nursing Position Held on December 31, 2025

E1. Have you ever considered leaving the primary nursing position you held on December 31, 2025?

- ☐ Yes
- ☐ No ➔ *SKIP to Question E7 on page 24*

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

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

E3. When do you plan to leave this position?

- ☐ Less than one year from now
- ☐ 1-3 years from now
- ☐ More than 3 years from now
- ☐ Not sure

E4. Do you plan to work in nursing after you leave this position?

- ☐ Yes
- ☐ No
- ☐ Not sure

E5. How long do you plan to work in NURSING in the geographic area of the primary nursing position you held on December 31, 2025?

- ☐ Less than a year
- ☐ 1-2 years
- ☐ 3-5 years
- ☐ More than 5 years
- ☐ Not sure

E6. Which of the following reasons would contribute to your decision to LEAVE your primary nursing position? *Mark (X) ALL that apply.*

- ☐ Better pay or benefits
- ☐ Burnout
- ☐ Career advancement or promotion
- ☐ Career change
- ☐ Change in child's school
- ☐ Disability or illness
- ☐ Family caregiving
- ☐ High risk working conditions
- ☐ Inability to practice to the full extent of my license
- ☐ Inadequate staffing
- ☐ Interpersonal differences with colleagues or supervisors
- ☐ Lack of advancement opportunities
- ☐ Lack of collaboration or communication between health care professionals
- ☐ Lack of good management or leadership
- ☐ Length of commute
- ☐ Patient population
- ☐ Physical demands of job
- ☐ Relocation to different geographic area
- ☐ Retirement
- ☐ Scheduling (inconvenient hours, too many hours, or too few hours)
- ☐ School or educational program
- ☐ Spouse's or partner's employment opportunities
- ☐ Stressful work environment
- ☐ Employer prioritized profit over patient health and safety
- ☐ Unsatisfactory safety protocols
- ☐ Workplace harassment or violence
- ☐ Other

E7. What factors contribute to your decision to REMAIN in your primary nursing position?
Mark (X) ALL that apply.

- ☐ Ability to provide full scope of services
- ☐ Adequate staffing
- ☐ Availability of loan repayment financial support
- ☐ Availability of resources to do my job well
- ☐ Availability of training opportunities
- ☐ Balanced schedule or hours
- ☐ Commitment to underserved communities
- ☐ Cost of living
- ☐ Difficulty finding another job
- ☐ Experience at site
- ☐ Length of commute
- ☐ Liking the job
- ☐ Opportunities for advancement
- ☐ Proximity to desirable school district
- ☐ Proximity to extended family, parents, or siblings
- ☐ Proximity to spouse's or partner's employment opportunities
- ☐ Remote work opportunities
- ☐ Salary and benefits
- ☐ Satisfactory safety protocols
- ☐ Sense of community with peers
- ☐ Use of Electronic Health Records
- ☐ Use of telehealth
- ☐ Other

E8. Approximately when do you plan to retire from nursing?

- ☐ Already retired
- ☐ Within a year
- ☐ In 1-2 years
- ☐ In 3-5 years
- ☐ More than 5 years from now
- ☐ Undecided

Section F. Secondary Employment in Nursing

The questions in this section (Questions F1-F9) will ask about your "secondary nursing position." This is any nursing position(s) you held on December 31, 2025 in addition to your primary nursing position. This can be any position that required an LVN, LPN, RN, or APRN license.

F1. In addition to your primary nursing position, were you working for pay in nursing in any OTHER positions on December 31, 2025?
Do not report any positions where you worked outside the United States or in a U.S. territory.

- ☐ Yes
  How many OTHER positions?
  ☐☐☐
- ☐ No ➔ *SKIP to Section G on page 25*

Questions F2-F9 ask about your experience in 2025 only.

F2. For any other nursing position(s) you held on December 31, 2025, were you employed as a traveling nurse?

- ☐ Yes
- ☐ No

F3. Did you provide primary care services in any of the other nursing positions you held on December 31, 2025?

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

F4. For the other position(s) you held on December 31, 2025, which of the following best describes your employment situation(s) in 2025? *Mark (X) ALL that apply.*

- ☐ Employed through an employment agency
- ☐ Employed by an organization or facility
- ☐ Self-employed or independent contractor

F5. What type of work setting best describes where you worked for the other position(s) held on December 31, 2025? *Answer only about the year 2025. If you have more than one additional position, answer about the position where you spend the most time. Mark (X) ONE box only.*

- ☐ Hospital
- ☐ Nursing home or extended care facility
- ☐ Academic education program
- ☐ Home health setting
- ☐ Public health or community health setting
- ☐ Rehabilitation or long-term care facility
- ☐ Mental or behavioral health setting
- ☐ School or college health service
- ☐ Occupational health or employee health services
- ☐ Physician practice (individual or group)
- ☐ Ambulatory care clinic or surgical center
- ☐ Insurance company
- ☐ Telehealth, telenursing, or call center
- ☐ Hospice care setting
- ☐ Government agency
- ☐ Consulting, regulatory urgent, retail, or convenience clinic
- ☐ Substance abuse setting

F6. Across all of the other nursing positions you held on December 31, 2025, how many weeks did you work in 2025? *Enter a number from 1-52. Do not include weeks where you only worked in your primary nursing position.*

☐☐ Weeks in 2025

F7. Across all of the other nursing positions you held on December 31, 2025, on average how many hours per week did you work in 2025? *Do not include hours worked in your primary nursing position.*

☐☐☐ Hours

F8. Across all of the other nursing positions you held on December 31, 2025, in what state was most of the work done in 2025?

☐☐ State

F9. Please estimate your 2025 pre-tax annual earnings from all of the nursing positions that you reported about in THIS SECTION. *Include overtime and bonuses, but exclude sign-on bonuses. Do NOT include earnings from your primary nursing position.*

$ ☐☐☐,☐☐☐.00

Section G. Nurse Practitioners

G1a. On December 31, 2025, 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 ➔ *SKIP to Section H on page 28*

G1b. What U.S. state(s) issued the active NP license(s), certification(s), or recognition(s)? *List up to 8.*

State	State	State	State
☐☐	☐☐	☐☐	☐☐
☐☐	☐☐	☐☐	☐☐

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

- ☐ Yes
- ☐ No ➔ *SKIP to Question G4 on page 26*

G3. Under which NPI number(s) have you or your company billed for your work? *Mark (X) ALL that apply.*

- ☐ My own NPI number
- ☐ Another provider's NPI number
- ☐ An organizational NPI number
- ☐ None of these
- ☐ I don't know

G4. Indicate your level of agreement with the following statement: **My education prepared me to provide care and services without supervision from a physician or other health care provider.**

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

G5. Did you complete an NP post-graduate residency or fellowship program?

- ☐ Yes
- ☐ No

Questions G6-G25 ask about your experiences in 2025 only.

G6. Were you working as a Nurse Practitioner on December 31, 2025?

- ☐ Yes
- ☐ No ➔ *SKIP to Question G25 on page 28*

G7. In any of the NP position(s) you held on December 31, 2025, did you provide patient care?

- ☐ Yes
- ☐ No ➔ *SKIP to Question G17 on page 27*

G8. Across ALL of the NP positions you held on December 31, 2025, about how many patients did you see in a typical day in 2025? *If none, enter zero.*

☐☐☐ Patients per day

Questions G9-G22 ask about your primary NP position. If you had multiple NP positions, the primary NP position is the one you held on December 31, 2025 in which you spent the largest share of your NP working hours.

G9. Did the primary NP position you held on December 31, 2025, include any patient care? *Answer only about the year 2025.*

- ☐ Yes
- ☐ No ➔ *SKIP to Question G17 on page 27*

G10. Do you have a collaborative/supervisory agreement with a physician?

- ☐ Yes
- ☐ No ➔ *SKIP to Question G12*

G11. Please select the reason that you have a collaborative/supervisory agreement. *Mark (X) ALL that apply.*

- ☐ It is a state legal requirement
- ☐ My employer/institution requires it for employment
- ☐ Insurance companies require it for reimbursement
- ☐ Personal choice/informal agreement
- ☐ Other, *Specify:*

G12. In the primary NP position you held on December 31, 2025, what percentage of your patients were from racial or ethnic minority groups in 2025? *Your best estimate is fine.*

☐☐☐ % ☐ Don't know

G13. In the primary NP position you held on December 31, 2025, what percentage of your patients had limited English proficiency in 2025? *Your best estimate is fine.*

☐☐☐ % ☐ Don't know

G14. Thinking about the primary NP position you held on December 31, 2025, please estimate the percentage of your patients that were covered by the following types of insurance in 2025.
Your best estimate is fine.

Private insurance	___ %
Medicare or Medicare Advantage, for people 65 and older, or people with certain disabilities	___ %
Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	___ %
TRICARE or other military health care	___ %
VA	___ %
Indian Health Service	___ %
Uninsured	___ %
Other	___ %
☐ Don't know	**Total =** **100%**

G15. In the primary NP position you held on December 31, 2025, did you have a panel of patients that you managed, where you were the primary provider? *A panel is a group of patients that you see across a period of time. Answer only about the year 2025.*

☐ Yes

☐ No ➔ *SKIP to Question G17*

G16. In the primary NP position you held on December 31, 2025, on average, about how many patients were on your panel in 2025?
Your best estimate is fine.

____ Patients

G17. In the primary NP position that you held on December 31, 2025, did you have the title Hospitalist in 2025?

☐ Yes

☐ No

G18. Did you have hospital admitting privileges on December 31, 2025?

☐ Yes

☐ No

G19. Were you covered by malpractice insurance on December 31, 2025?

☐ Yes

☐ No ➔ *SKIP to Question G21*

G20. Who paid for your malpractice insurance?

☐ Self

☐ Employer

☐ Both

G21. Did you have FULL prescriptive authority on December 31, 2025? *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 ➔ *SKIP to Question G23 on page 28*

☐ No

G22. Why didn't you have FULL prescriptive authority?
Mark (X) ALL that apply.

☐ Was in the process of applying

☐ State scope of practice regulations

☐ Employer or MD imposed limitations

☐ Not required

☐ Other

G23. On December 31, 2025 did you have a personal Drug Enforcement Administration (DEA) number?

- ☐ Yes
- ☐ No ➔ *SKIP to Section I on page 29*

G24. Did you prescribe buprenorphine to treat opioid use disorder (OUD) during 2025?

- ☐ Yes ➔ *SKIP to Section I on page 29*
- ☐ No ➔ *SKIP to Section I on page 29*

G25. What are the reasons that you were not employed in an NP position that required state certification, licensure, or recognition? *Mark (X) ALL that apply.*

- ☐ Overall lack of NP job opportunities
- ☐ Lack of NP job opportunities in desired location
- ☐ Lack of NP job opportunities in desired specialty
- ☐ Lack of NP job opportunities in desired type of facility
- ☐ Limited scope of practice for NPs in the state where practice was desired
- ☐ Lack of experience or qualification
- ☐ Inadequate salary or benefits
- ☐ Working outside the field of nursing
- ☐ Family caregiving
- ☐ Disability or illness
- ☐ Chose not to work
- ☐ Retirement
- ☐ Other

Section H. Nurses Not Working in Nursing

If you were working for pay in nursing on December 31, 2025, please SKIP to Section I on page 29.

H1. What are the primary reasons you were not working in a nursing position for pay on December 31, 2025? *Mark (X) ALL that apply.*

- ☐ Burnout
- ☐ Career change
- ☐ Difficulty finding a nursing position
- ☐ Disability or illness
- ☐ Family caregiving
- ☐ High risk working conditions
- ☐ Inability to practice nursing on a professional level
- ☐ Inadequate staffing
- ☐ Lack of advancement opportunities
- ☐ Lack of collaboration or communication between health care professionals
- ☐ Lack of good management or leadership
- ☐ Liability concerns
- ☐ Physical demands of job
- ☐ Retirement
- ☐ Salaries too low or better pay elsewhere
- ☐ Scheduling (inconvenient hours, too many hours, or too few hours)
- ☐ School or educational program
- ☐ Skills are out-of-date
- ☐ Stressful work environment
- ☐ Unsatisfactory safety protocol
- ☐ Workplace harassment or violence
- ☐ Other

H2. What are your intentions regarding paid work in nursing? *Mark (X) ONE box only.*

- ☐ Actively looking for work in nursing
- ☐ Plan to return to nursing in the future, not looking for work now ➔ *SKIP to Question H5*
- ☐ No future intention to work for pay in nursing ➔ *SKIP to Question H6a*
- ☐ Undecided at this time ➔ *SKIP to Question H6a*
- ☐ Have returned to nursing since December 31, 2025 ➔ *SKIP to Section I*

H3. How long have you been actively looking for paid work in nursing? *Enter zero if less than one month.*

☐☐ Month(s)

H4. Are you looking for a position that is full-time or part-time?

- ☐ Full-time ➔ *SKIP to Question H6a*
- ☐ Part-time ➔ *SKIP to Question H6a*
- ☐ Either ➔ *SKIP to Question H6a*

H5. When do you plan to return to paid work in nursing? *Enter zero if less than one year.*

☐☐ Year(s)

- ☐ Don't know

H6a. Have you ever been employed or self-employed in nursing?

- ☐ Yes
- ☐ No ➔ *SKIP to Section I*

H6b. In what year were you last employed or self-employed as a nurse? *Enter 4-digit year below.*

☐☐☐☐ Year

Section I. Prior Nursing Employment

I1. How many years have you worked in nursing since receiving your first U.S. RN license? *Count only the years in which you worked at least 6 months.*

- ☐ 0 - 5 years
- ☐ 6 - 10 years
- ☐ 11 - 20 years
- ☐ 21 - 30 years
- ☐ 31 or more years

I2. Have you left work in nursing since becoming an RN?

- ☐ No
- ☐ Yes, for less than a year
- ☐ Yes, for 1 - 2 years
- ☐ Yes, for 3 - 5 years
- ☐ Yes, for more than 5 years

Questions I3 - I9 ask about your employment in 2024.

I3. Were you employed in nursing on December 31, 2024?

- ☐ Yes
- ☐ No ➔ *SKIP to Section J on page 32*

I4. For the primary nursing position you held on December 31, 2024, did you work full-time or part-time in 2024? *Mark (X) ONE box only. If you worked both full-time and part-time in 2024, select the schedule you worked for the largest portion of the year.*

- ☐ Full-time (including full-time for an academic year)
- ☐ Part-time (including working only part of the calendar or academic year)

I5. How would you describe the primary nursing position you held on December 31, 2024?

- ☐ Same position and same employer as primary nursing position on December 31, 2025 ➔ *SKIP to Section J on page 32*
- ☐ Different position but same employer as primary nursing position held on December 31, 2025
- ☐ Different employer, same position as primary nursing position held on December 31, 2025
- ☐ Different employer, different position than primary nursing position held on December 31, 2025
- ☐ Was not working in a nursing position on December 31, 2025

I6. What was the location of the primary nursing position you held on December 31, 2024? *If you were not employed in a fixed location, enter the location that best reflects where you practiced.*

- ☐ In the U.S.

City/Town

State Zip

- ☐ Outside the U.S. - *Print name of foreign country or U.S. territory:*

I7. Did you work 100% remotely for the primary nursing position you held on December 31, 2024?

- ☐ Yes
- ☐ No

I8. What were the primary reason(s) for your employment change? *Mark (X) ALL that apply.*

- ☐ Better pay or benefits
- ☐ Burnout
- ☐ Career advancement or promotion
- ☐ Career change
- ☐ Family caregiving
- ☐ High risk working conditions
- ☐ Inability to practice to the full extent of my license
- ☐ Inadequate staffing
- ☐ Interpersonal differences with colleagues or supervisors
- ☐ Lack of advancement opportunities
- ☐ Lack of collaboration or communication between health care professionals
- ☐ Lack of good management or leadership
- ☐ Length of commute
- ☐ Patient population
- ☐ Physical demands of job
- ☐ Relocation to different geographic area
- ☐ Retirement
- ☐ Scheduling (inconvenient hours, too many hours, or too few hours)
- ☐ School or educational program
- ☐ Spouse's or partner's employment opportunities
- ☐ Stressful work environment
- ☐ Employer prioritized profit over patient health and safety
- ☐ Unsatisfactory safety protocol
- ☐ Workplace harassment or violence
- ☐ Other

I9. Which one of the following best describes the employment setting of the primary nursing position you held on December 31, 2024? *Mark (X) ONE box only.*

Hospital (not including mental health or rehabilitation facilities)

- ☐ Critical Access Hospital (CAH) – *a rural community hospital that receives cost-based reimbursement from Medicare*
- ☐ Hospital Inpatient Department or Unit, not Critical Access Hospital
- ☐ Hospital Emergency Department or Transport, not Critical Access Hospital
- ☐ Hospital-Sponsored Ambulatory or Outpatient Clinic or Center (Clinic, Specialty, Surgery, etc.) (Non-ED)
- ☐ Hospital-Sponsored Urgent Care
- ☐ Hospital Administration, Education, Quality, etc.
- ☐ Hospital Nursing Home Unit
- ☐ Hospital Ancillary Unit (Radiology, Lab, GI lab, Consult Services, etc.)
- ☐ Other Hospital Setting

Other Inpatient settings

- ☐ Skilled Nursing Facility or Nursing Home
- ☐ Rehabilitation, Long Term Care, or Long Term Acute Care Facility
- ☐ Hospice - Inpatient
- ☐ Mental or Behavioral Health Facility - Inpatient
- ☐ Substance Use Treatment Center - Inpatient
- ☐ Other Inpatient Setting

Non-Patient Care settings

- ☐ Public Health or Community Health Agency (including Public Health Departments)
- ☐ Local, State, or Federal Government Agency (excluding Public Health Departments)
- ☐ University or College Academic Department
- ☐ Insurance Company
- ☐ Call Center, Telenursing Center, or Remote Nursing
- ☐ Regulatory Agency or Organization
- ☐ Consulting Agency or Organization
- ☐ Professional Organization
- ☐ Other Non-Patient Care Setting

Outpatient, Ambulatory, or Other Clinical settings (non-hospital based)

- ☐ Urgent, Emergency Care, or Transport (not hospital-sponsored)
- ☐ Occupational Health or Employee Health Services
- ☐ Correctional Facility
- ☐ Private Practice - Medical or NP
- ☐ Nurse-Managed Health Clinic or Center
- ☐ Ambulatory Surgery Center (not hospital based)
- ☐ Community Health Center or Federally Qualified Health Center (FQHC)
- ☐ Hospice – Outpatient
- ☐ Health Maintenance Organization or Managed Care
- ☐ Federally-run Clinic (VA, Military, NIH, IHS)
- ☐ Home Health or Day Care Services
- ☐ Public Clinic or Rural Health Clinic or Center
- ☐ Retail Clinic
- ☐ Rehabilitation - Outpatient
- ☐ Stand-Alone Dialysis or Infusion Clinic
- ☐ School Health Service (K-12 or Post-secondary)
- ☐ Mental or Behavioral Health Facility - Outpatient
- ☐ Substance Use Treatment Center - Outpatient
- ☐ Other Outpatient, Ambulatory, or Other Clinical Setting

Section J.
National Practitioner Data Bank

J1. The National Practitioner Data Bank (NPDB) collects reports on adverse actions taken against a physician that affect that physician's clinical privileges. Many nurse practitioners and other health care professionals perform job functions similar to physicians or that impact patients.

Should it be mandatory that the NPDB collect reports on adverse actions against the following providers that could affect their clinical privileges? *Mark (X) Yes or No for EACH provider type.*

	Yes	No
a. Nurse Practitioners	☐	☐
b. Clinical Nurse Specialists	☐	☐
c. Certified Registered Nurse Anesthetists	☐	☐
d. Nurse Midwives	☐	☐
e. Other APRNs	☐	☐
f. Physician Assistants	☐	☐
g. Mental Health Professionals	☐	☐
h. Other Health Care Practitioners	☐	☐

J2. Have you EVER been reported to the NPDB?

☐ Yes

☐ No ➔ *SKIP to Question J5*

J3. Who submitted the report(s)?
Mark (X) ALL that apply.

☐ State licensing board

☐ Medical malpractice payer, such as an insurance company

☐ Hospital

☐ Federal agency

☐ Unknown

☐ Other, *Specify:*

J4. Did the NPDB report impact your career?
Mark (X) ALL that apply.

☐ No, the report did not impact my career

☐ Yes, the report had a negative impact on my position (e.g., reprimand, termination)

☐ Yes, the report made it difficult to obtain employment

☐ Yes, other, *Specify:*

☐ Don't know

J5. When making hiring decisions, do you feel that health care employers should consider prior negative health care related actions taken against prospective employees?

☐ Yes, they should consider prior negative actions

☐ No, they should not consider prior negative actions

J6. The NPDB collects reports on adverse actions taken against a physician that affect that physician's clinical privileges. Many Nurse Practitioners currently perform job functions similar to physicians.

Do you feel the NPDB should also collect reports on adverse actions against a Nurse Practitioner that could affect their clinical privileges?

☐ Yes, they should be reported

☐ No, they should not be reported

J7. Do you think Nurse Practitioners who are supervised by a physician should be subject to the same reporting requirements as physicians, less strict reporting requirements, or more strict reporting requirements?

☐ The same reporting requirements as physicians

☐ Less strict reporting requirements for Nurse Practitioners who are supervised by a physician

☐ More strict reporting requirements for Nurse Practitioners who are supervised by a physician

J8. Do you have clinical privileges at a hospital or some other healthcare facility?

☐ Yes

☐ No

☐ Don't know

J9. Have you ever served on a peer review panel as a clinically practicing nurse or advanced practice registered nurse?

- ☐ Yes
- ☐ No ➔ *SKIP to Section K*
- ☐ Don't know ➔ *SKIP to Section K*

J10. For which types of health care professionals have you served as a peer review panelist? *Mark (X) Yes or No for EACH item.*

	Yes	No
a. Nurse Practitioners	☐	☐
b. Clinical Nurse Specialists	☐	☐
c. Certified Registered Nurse Anesthetists	☐	☐
d. Nurse Midwives	☐	☐
e. Registered Nurses	☐	☐
f. Nurse Aides or Nursing Assistants	☐	☐
g. Practical or Vocational Nurses	☐	☐
h. Physicians	☐	☐
i. Physician Assistants	☐	☐
j. Other	☐	☐

Section K. General Information

K1. Where did you live on December 31, 2025? *This information is critical for producing state estimates of the nursing workforce.*

City/Town

State Zip

K2a. Did you live at the same address on December 31, 2024 and December 31, 2025?

- ☐ Yes ➔ *SKIP to Question K3*
- ☐ No

K2b. Where did you live on December 31, 2024?

- ☐ In the U.S.

City/Town

State Zip

- ☐ Outside the U.S. - *Print name of foreign country or U.S. territory:*

K3. What is your sex?

- ☐ Male
- ☐ Female

K4. What is the year of your birth?

Year

K5. Where were you born?

- ☐ In the United States
- ☐ In a U.S. territory
- ☐ In a foreign country

NOTE: Answer BOTH Question K6 about Hispanic origin and Question K7 about race. For this survey, Hispanic origins are not races.

K6. Are you of Hispanic, Latino, or Spanish origin? *Mark (X) ALL that apply.*

- ☐ No, not of Hispanic, Latino, or Spanish origin
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Cuban
- ☐ Yes, Puerto Rican
- ☐ Yes, another Hispanic, Latino, or Spanish origin

K7. What is your race? *Mark (X) ALL that apply.*

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander

K8. What languages do you speak fluently, other than English? *Mark (X) ALL that apply.*

- ☐ No additional languages
- ☐ Spanish
- ☐ Filipino language (Tagalog, other Filipino dialect)
- ☐ Chinese language (Cantonese, Mandarin, other Chinese language)
- ☐ French
- ☐ German
- ☐ Russian
- ☐ Korean
- ☐ Vietnamese
- ☐ American Sign Language
- ☐ Other language(s), *Specify:*

K9. What is your current marital status?

- ☐ Married or in a domestic partnership
- ☐ Widowed, divorced, or separated
- ☐ Never married

K10. Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? *Mark (X) ONE box only.*

- ☐ Never served in the military
- ☐ Only on active duty for training in the Reserves or National Guard
- ☐ Now on active duty
- ☐ On active duty in the past, but not now

K11. Which of the following best describes the dependents (children, parents, etc.) who either live at home with you or for whom you provide A SIGNIFICANT AMOUNT OF CARE?
Mark (X) ALL that apply.

- ☐ Child(ren) less than 6 years old at home
- ☐ Child(ren) 6 to 18 years old at home
- ☐ Other adults at home (e.g., parents or dependents)
- ☐ Others living elsewhere (e.g., children, parents, or dependents)
- ☐ None

K12. Including employment earnings, investment earnings, and other income of all household members, what was your 2025, pre-tax annual total household income? *Mark (X) ONE box only.*

- ☐ $25,000 or less
- ☐ $25,001 to $35,000
- ☐ $35,001 to $50,000
- ☐ $50,001 to $75,000
- ☐ $75,001 to $100,000
- ☐ $100,001 to $150,000
- ☐ $150,001 to $200,000
- ☐ $200,001 to $300,000
- ☐ $300,001 to $400,000
- ☐ More than $400,000

Thank you for your participation.

Please return this survey in the enclosed, postage-paid envelope.

If the envelope has been misplaced, please mail the questionnaire to:

U.S. Census Bureau
ATTN: DCB 60-A
1201 E. 10th Street
Jeffersonville, IN 47132-0001

The Census Bureau is required by law to protect your information. We are not permitted to publicly release your responses in a way that could identify you or your household. The Census Bureau is conducting this survey under the authority of Title 13, United States Code (U.S.C.), Section 8(b) (13 U.S.C. § 8(b)) and the Public Health Service Act, Title 42, U.S.C., Section 294n(b)(2)(A) and Title 42, U.S.C., Section 295k(a)-(b). Federal law protects your privacy and keeps your answers confidential under Title 13, U.S.C., Section 9 (13 U.S.C. § 9). Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. As permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a) and SORN COMMERCE/CENSUS-3, Demographic Survey Collection (Census Bureau Sampling Frame), access to records maintained in the system is restricted to Census Bureau employees and certain individuals authorized by Title 13, U.S. Code (designated as Special Sworn Status individuals). These individuals are subject to the same confidentiality requirements as regular Census Bureau employees identified above. Participation in this survey is voluntary and there are no penalties for refusing to answer questions. However, your cooperation in obtaining this much needed information is extremely important in order to ensure complete and accurate results.