### Section I. NP Education, Licensure and Workforce Participation

1. Do you have a current certification, licensure, or other legal recognition from a State Board of Nursing to practice as a Nurse Practitioner (NP)?
   
   Q1  
   - Yes  
   - No → If No go to #52 on page 8

2. In which state(s) do you currently have certification/licensure/recognition to practice as an NP? List up to 3
   
   Q2A  
   Q2B  
   Q2C

3. Which educational program(s) did you complete for your NP preparation? Check all that apply.
   
   Q3A  
   - Certificate Program (no master's degree)  
   Q3B  
   - Master's degree  
   Q3C  
   - Post Master's Certificate  
   Q3D  
   - Doctor of Nursing Practice degree  
   Q3E  
   - Other (specify)

4. In what year did you complete your initial NP education program?
   
   Q4

5. In which area(s) have you ever received certification from a national certifying organization for NPs? Check all that apply.
   
   Q5A  
   - Acute care adult  
   Q5B  
   - Acute care pediatric  
   Q5C  
   - Adult  
   Q5D  
   - Gerontology  
   Q5E  
   - Family  
   Q5F  
   - Pediatric  
   Q5G  
   - Neonatal  
   Q5H  
   - Psych/mental health  
   Q5I  
   - Women’s health  
   Q5J  
   - Other (specify)

6. Are you employed in any positions that require state certification/licensure/recognition to practice as an NP?
   
   Q6  
   - Yes → If Yes go to #8  
   - No

7. If you are not working as an NP, what are the reasons? Check all that apply.
   
   Q7A  
   - Overall lack of NP jobs/practice opportunities  
   Q7B  
   - Lack of NP jobs/practice opportunities in desired location  
   Q7C  
   - Lack of NP jobs/practice opportunities in desired type of facility  
   Q7D  
   - Lack of NP jobs/practice in desired specialty  
   Q7E  
   - Limited scope of practice for NPs in the state where practice is desired  
   Q7F  
   - Denied NP job due to lack of experience or qualification  
   Q7G  
   - Inadequate salary/compensation  
   Q7H  
   - Working outside the nursing field (describe)

   Q7HOS  

   Q7I  
   - Maternity/parenting/family leave  
   Q7J  
   - Poor health or disability  
   Q7K  
   - Choose not to work at this time  
   Q7L  
   - Retired  
   Q7M  
   - Other (specify)

   Q7MOS  

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8. Do you volunteer as an NP?
   1. Yes
   2. No  → If No go to #10

9. How many hours per month do you volunteer as an NP?
   Q9

10. Do you work for pay in nursing, as a Registered Nurse (RN) or as an NP?
   Q10
   1. Yes
   2. No  → If No go to #52 on page 8

11. Your principal position is the RN or NP position in which you work the most hours per week. Please report only nursing positions for which you are paid. Do not include volunteer positions or adjunct faculty status.
    Describe your principal position. Check only one.
    
    **NP position**
    
    Q11_1 1. NP in clinical practice
    Q11_2 2. Faculty requiring an NP credential
    Q11_3 3. Researcher requiring an NP credential
    Q11_4 4. Administrator requiring an NP credential
    Q11_5 5. Other (specify)
    Q11OS_5 100 A/N

    **Nursing position not requiring NP credential**
    
    Q11_6 1. RN staff nurse
    Q11_7 2. Faculty
    Q11_8 3. Administrator/Manager
    Q11_9 4. Patient care coordinator
    Q11_10 5. Other APRN role (specify)
    Q11OS_10 100 A/N

    Q11_11 1. Researcher
    Q11_12 2. Consultant
    Q11_13 3. Other (specify)
    Q11OS_13 100 A/N

12. In what type of setting do you work in your principal position? Check only one.
    **Ambulatory Settings**
    Q12_1 1. Private physician office/practice
    Q12_2 2. Private NP office/practice
    Q12_3 3. Nurse Managed clinic
    Q12_4 4. Retail based clinic
    Q12_5 5. Urgent care clinic
    Q12_6 6. Ambulatory surgery center
    Q12_7 7. Federal clinic (FQHC, VA, Military, NIH, IHS)

    **Hospital Settings**
    Q12_8 8. Hospital inpatient unit
    Q12_9 9. Hospital outpatient clinic (not an ED)
    Q12_10 10. Hospital emergency department
    Q12_11 11. Hospital-other (specify)
    Q12OS_11 100 A/N

    **Long Term and Elder Care**
    Q12_12 12. Federal Hospital (Military, VA, NIH, IHS)
    Q12_13 13. Long-term care facility
    Q12_14 14. Hospice
    Q12_15 15. Home care agency

    **Public or Community Health**
    Q12_16 16. Community clinic
    Q12_17 17. Correctional facility
    Q12_18 18. Health department
    Q12_19 19. Mental health center
    Q12_20 20. Rural health clinic

    **Other Settings**
    Q12_21 21. Academic (university/college) education program
    Q12_22 22. Health maintenance organization/managed care
    Q12_23 23. Occupational/employee health
    Q12_24 24. School/college health service
    Q12_25 25. Other (specify)
    Q12OS_25 100 A/N

13. What is the ZIP code where you practice in your principal position?
    Q13

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14. In your principal position do you use an electronic health record (EHR) or electronic medical record (EMR) system? Do not include billing record systems.
   - Yes
   - No
   - Don't know

15. In your principal position are there plans for installing a new EHR or EMR system within the next 18 months?
   - Yes
   - No
   - Don't know
   - Other (specify)

16. In a typical week, how many hours do you work in your principal position?

17. Please estimate your 2011 pre-tax annual earnings from your principal position. Include overtime, on-call earnings, and bonuses.

18. Do you have a National Provider Identifier (NPI) number?
   - Yes
   - No

19. Do you bill under your NPI number?
   - Yes
   - No

20. How satisfied are you with each of the following aspects of your principal position?

21. What is your overall level of satisfaction with your principal position?
   - Very Satisfied
   - Satisfied
   - Dissatisfied
   - Very Dissatisfied
   - Not Applicable

22. Do you plan to leave your principal position?
   - Yes, will leave in 2012
   - Yes, will leave in 1-2 years
   - No plans to leave in next 2 years
   - Undecided
23. Approximately when do you plan to retire from nursing and NP work?

- In 2012
- In 1-2 years
- In 3-5 years
- In 6-10 years
- More than 10 years from now
- Undecided

24. Aside from the principal position you just described, are you working for pay in any other nursing (RN or NP) positions?

- Yes
- No → If No go to #30

25. Your secondary position is the RN or NP position in which you work the second greatest number of hours per week. Please report only nursing positions for which you are paid. Do not include volunteer positions or adjunct faculty status. Describe your secondary position. Check only one.

- NP position
  - NP in clinical practice
  - Faculty requiring an NP credential
  - Researcher requiring an NP credential
  - Administrator requiring an NP credential
  - Other (specify)

- Nursing position not requiring NP credential
  - RN staff nurse
  - Faculty
  - Administrator/Manager
  - Patient care coordinator
  - Other APRN role (specify)

26. In what type of setting do you work in your secondary position? Check only one.

- Ambulatory Settings
  - Private physician office/practice
  - Private NP office/practice
  - Nurse Managed clinic
  - Retail based clinic
  - Urgent care clinic
  - Ambulatory surgery center
  - Federal clinic (FQHC, VA, Military, NIH, IHS)

- Hospital Settings
  - Hospital inpatient unit
  - Hospital outpatient clinic (not an ED)
  - Hospital emergency department
  - Hospital-other (specify)

- Long Term and Elder Care
  - Long-term care facility
  - Hospice
  - Home care agency

- Public or Community Health
  - Community clinic
  - Correctional facility
  - Health department
  - Mental health center
  - Rural health clinic

- Other Settings
  - Academic (university/college) education program
  - Health maintenance organization/managed care
  - Occupational/employee health
  - School/college health service
  - Other (specify)

27. What is the ZIP code where you practice in your secondary position?
28. In a typical week, how many hours do you work in your secondary position?

Q28

29. Please estimate your 2011 pre-tax annual earnings from your secondary position. Include overtime, on-call earnings, and bonuses.

Q29 $ , , , , , 0 0 per year

Section III. NP Employment Only

30. Your NP position may have been described as a principal or secondary position in Section II. In this section, we will gather additional details only on your NP employment. Do you work for pay as an NP?

Q30

1 Yes
2 No → If No go to #52 on page 8

Your main NP position is the one in which you work the most hours per week, if you work more than one NP job.

31. Check the one term below that best describes the specialty of the practice/facility in which you work for your main NP position.

Q31_OS_35 100 A/N

32. Do you have the title Hospitalist in your main NP position?

Q32

1 Yes
2 No

33. Thinking about your main NP position, what percent of your time do you spend on each of the following?

Q33A Q33B Q33C Q33D

Patient Care/Documentation %
Teaching/Precepting/Orienting %
Supervision/Management/Administration %
Other %
Total 100%
34. Do you provide any direct patient care in your main NP position?

Q34

1. Yes
2. No → If No go to #47

35. Thinking about your main NP position, for how many of your patients do you provide the following services?

<table>
<thead>
<tr>
<th>Service</th>
<th>Most Patients</th>
<th>Some Patients</th>
<th>Few Patients</th>
<th>No Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis, treatment, and management of acute illnesses Q35A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Diagnosis, treatment, and management of chronic illnesses Q35B</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Conduct physical examinations and obtain medical histories Q35C</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Order, perform, and interpret lab tests, x-rays, EKGs, and other diagnostic studies Q35D</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Prescribe drugs for acute and chronic illnesses Q35E</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Provide preventative care, including screening and immunizations Q35F</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Perform procedures Q35G</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Counsel and educate patients and families Q35H</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Provide care coordination Q35I</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Make referrals Q35J</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Participate in practice improvement activities Q35K</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

36. Which of the following best describes your billing arrangements for your main NP position?

Q36

1. Bill under my provider number
2. Bill under my clinic/facility number
3. Bill under a physician’s provider number
4. No billing, cash only
5. No billing, grant supported/free clinic
6. Other (specify)

Q36S 100 A/N

37. How often is a physician present on site to discuss patient problems as they occur in your main NP position?

Q37

1. 0% of the time
2. 1%-25% of the time
3. 26%-50% of the time
4. 51%-75% of the time
5. 76%-100% of the time

38. What type of professional relationship do you have with the physician(s) in your main NP position? Check all that apply.

Q38A (0) No physician in my practice
Q38B (0) Collaborate with a physician at another site
Q38C (0) Collaborate with a physician on site
Q38D (0) Equal colleagues/no hierarchy
Q38E (0) S/he is the medical director who oversees all of our practice and I am accountable to the medical director, as are all other providers
Q38F (0) Hierarchical/supervisory in which I must accept his/her clinical decision about the patients I see
Q38G (0) Physician sees and signs off on the patients I see
Q38H (0) Other (specify)

Q38S 100 A/N
39. To what extent would you agree or disagree with the following: In my main NP position I am allowed to practice to the fullest extent of my state's legal scope of practice.
   1. Strongly Agree
   2. Agree
   3. Disagree
   4. Strongly Disagree

40. To what extent would you agree or disagree with the following: In my main NP position, my NP skills are being fully utilized.
   1. Strongly Agree
   2. Agree
   3. Disagree
   4. Strongly Disagree

41. How are you paid in your main NP position?
   1. Annual salary
   2. By the hour
   3. Percentage of billing
   4. Other (specify)

42. Now please think about all of your NP positions. In a typical week, how many patients do you see?

43. Thinking about all of your NP positions, do you have a panel of patients that you manage, where you are the primary provider?
   1. Yes
   2. No → If No go to #45

44. Across all of your NP positions, how many patients are on your panel?

45. Do you take evening or weekend call for any of your NP positions?
   1. Yes
   2. No

46. Do you have hospital admitting privileges?
   1. Yes
   2. No

47. Are you covered by malpractice insurance?
   1. Yes
   2. No → If No go to #49

48. Who pays for your malpractice insurance?
   1. Self
   2. Employer
   3. Both

49. Do you have prescriptive authority?
   1. Yes → If Yes go to #51
   2. No

50. Why don’t you have prescriptive authority?
   1. In process of applying
   2. MD or other NP writes all my prescriptions
   3. Other (specify)

51. Do you currently have a personal drug enforcement administration (DEA) number?
   1. Yes
   2. No
Thank you so much for completing this questionnaire!

**Section IV. Demographic Characteristics**

52. Are you...
   - [ ] Male
   - [ ] Female

53. What is your year of birth?

54. Are you of Latino or Hispanic ethnicity?
   - [ ] Yes
   - [ ] No

55. Which one or more of the following would you use to describe your race? 
   *Check all that apply.*
   - [ ] American Indian or Alaska Native
   - [ ] Asian
   - [ ] Black or African-American
   - [ ] Native Hawaiian or Other Pacific Islander
   - [ ] White

56. What is your marital status?
   - [ ] Never Married
   - [ ] Married
   - [ ] Separated
   - [ ] Divorced
   - [ ] Widowed

57. Please check all educational degree(s) you have earned.
   - [ ] Diploma in Registered Nursing
   - [ ] Associate degree - Nursing
   - [ ] Associate degree - Non-nursing
   - [ ] Baccalaureate degree - Nursing
   - [ ] Baccalaureate degree - Non-nursing
   - [ ] Master's degree - Nursing
   - [ ] Master's degree - Non-nursing
   - [ ] Doctorate of Nursing Practice (DNP)
   - [ ] PhD or other Doctorate - Nursing
   - [ ] Doctorate - Non-nursing
   - [ ] Other (specify) 

58. In what year did you obtain your initial U.S. licensure as an RN?

59. What is your home address ZIP code:

60. Would you be willing to share your e-mail address to receive the results of the survey?
   If so, please provide it here:

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Thank you so much for completing this questionnaire!