



# NATIONAL

## NURSING WORKFORCE SURVEY

## Marking Instructions

Use a No. 2 pencil or blue or black ink pen only.  
Do not use pens with ink that soaks through the paper.  
Make solid marks that fill the oval completely.

Make no stray marks on this form  
Do not tear or mutilate this form.

**Correct Mark**

### Incorrect Marks

## Demographics

**1. What is your gender?**

☐ Male

☐ Female

**2. What is your race/ethnicity? (Mark all that apply)**

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black/African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White/Caucasian
- ☐ Hispanic/Latino
- ☐ Other

**3. In what year were you born?**

YEAR	
1	9
	<input type="text"/> 0 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 8 <input type="text"/> 9 <input type="text"/> 9

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

- ☐ Vocational/practical certificate-nursing
- ☐ Diploma-nursing
- ☐ Associate degree-nursing
- ☐ Baccalaureate degree-nursing
- ☐ Master's degree-nursing
- ☐ Doctoral degree-nursing (DNP)
- ☐ Doctoral degree-nursing (PhD)
- ☐ Doctoral degree-nursing other

**5. What is your highest level of education?**

- ☐ Vocational/practical certificate-nursing
- ☐ Diploma-nursing
- ☐ Associate degree-nursing
- ☐ Associate degree-other field
- ☐ Baccalaureate degree-nursing
- ☐ Baccalaureate degree-other field
- ☐ Master's degree-nursing
- ☐ Master's degree-other field
- ☐ Doctoral degree-nursing practice (DNP)
- ☐ Doctoral degree-nursing (PhD)
- ☐ Doctoral degree-nursing other
- ☐ Doctoral degree-other field

## License/Certification Information

### 6. What type of license do you currently hold? (Mark all that apply)

- ☐ RN ☐ LPN/VN ☐ Advanced Practice RN license

### 7. Indicate whether you are credentialed in your state to practice as any of the following:

- ☐ Nurse Practitioner ☐ Certified Registered Nurse Anesthetist ☐ Not licensed/certified as any of the above  
☐ Clinical Nurse Specialist ☐ Certified Nurse Midwife

### 9. In what country did you receive your entry-level education?

- ☐ United States ☐ Philippines ☐ Other, please specify \_\_\_\_\_  
☐ Canada ☐ India

### 10. In what country were you initially licensed as RN or LPN?

- ☐ United States ☐ Philippines ☐ Other, please specify \_\_\_\_\_  
☐ Canada ☐ India

### 8. What year did you obtain your initial US licensure?

YEAR			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

### 11. Please indicate the states in which you hold an active license to practice as an RN or LPN/VN:

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="radio"/> AK | <input type="radio"/> IL | <input type="radio"/> ND | <input type="radio"/> TN |
| <input type="radio"/> AL | <input type="radio"/> IN | <input type="radio"/> NE | <input type="radio"/> TX |
| <input type="radio"/> AR | <input type="radio"/> KS | <input type="radio"/> NH | <input type="radio"/> UT |
| <input type="radio"/> AZ | <input type="radio"/> KY | <input type="radio"/> NJ | <input type="radio"/> VA |
| <input type="radio"/> CA | <input type="radio"/> LA | <input type="radio"/> NM | <input type="radio"/> VT |
| <input type="radio"/> CO | <input type="radio"/> MA | <input type="radio"/> NV | <input type="radio"/> WA |
| <input type="radio"/> CT | <input type="radio"/> MD | <input type="radio"/> NY | <input type="radio"/> WI |
| <input type="radio"/> DC | <input type="radio"/> ME | <input type="radio"/> OH | <input type="radio"/> WV |
| <input type="radio"/> DE | <input type="radio"/> MI | <input type="radio"/> OK | <input type="radio"/> WY |
| <input type="radio"/> FL | <input type="radio"/> MN | <input type="radio"/> OR | <input type="radio"/> AS |
| <input type="radio"/> GA | <input type="radio"/> MO | <input type="radio"/> PA | <input type="radio"/> GU |
| <input type="radio"/> HI | <input type="radio"/> MS | <input type="radio"/> RI | <input type="radio"/> MP |
| <input type="radio"/> IA | <input type="radio"/> MT | <input type="radio"/> SC | <input type="radio"/> VI |
| <input type="radio"/> ID | <input type="radio"/> NC | <input type="radio"/> SD |                          |

### 12. Please indicate the states in which you are currently practicing as an RN or LPN/VN:

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="radio"/> AK | <input type="radio"/> IL | <input type="radio"/> ND | <input type="radio"/> TN |
| <input type="radio"/> AL | <input type="radio"/> IN | <input type="radio"/> NE | <input type="radio"/> TX |
| <input type="radio"/> AR | <input type="radio"/> KS | <input type="radio"/> NH | <input type="radio"/> UT |
| <input type="radio"/> AZ | <input type="radio"/> KY | <input type="radio"/> NJ | <input type="radio"/> VA |
| <input type="radio"/> CA | <input type="radio"/> LA | <input type="radio"/> NM | <input type="radio"/> VT |
| <input type="radio"/> CO | <input type="radio"/> MA | <input type="radio"/> NV | <input type="radio"/> WA |
| <input type="radio"/> CT | <input type="radio"/> MD | <input type="radio"/> NY | <input type="radio"/> WI |
| <input type="radio"/> DC | <input type="radio"/> ME | <input type="radio"/> OH | <input type="radio"/> WV |
| <input type="radio"/> DE | <input type="radio"/> MI | <input type="radio"/> OK | <input type="radio"/> WY |
| <input type="radio"/> FL | <input type="radio"/> MN | <input type="radio"/> OR | <input type="radio"/> AS |
| <input type="radio"/> GA | <input type="radio"/> MO | <input type="radio"/> PA | <input type="radio"/> GU |
| <input type="radio"/> HI | <input type="radio"/> MS | <input type="radio"/> RI | <input type="radio"/> MP |
| <input type="radio"/> IA | <input type="radio"/> MT | <input type="radio"/> SC | <input type="radio"/> VI |
| <input type="radio"/> ID | <input type="radio"/> NC | <input type="radio"/> SD |                          |

## Employment Information

### 13. What is your employment status? (Mark all that apply)

- ☐ 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 full-time  
☐ Actively employed in a field other than nursing part-time  
☐ Actively employed in a field other than nursing per diem  
☐ Working in nursing only as a volunteer  
☐ Unemployed, seeking work as a nurse  
☐ Unemployed, not seeking work as a nurse  
☐ Retired

### 14. If unemployed, please indicate the reasons:

- ☐ Taking care of home and family ☐ School  
☐ Disabled ☐ Difficulty in finding a nursing position  
☐ Inadequate Salary ☐ Other, please specify \_\_\_\_\_

**Primary position:** The position at which you work the most hours during your regular work year.

**Secondary position:** The position at which you work the second greatest number of hours during your regular work year.

**Per diem:** an arrangement wherein a nurse is employed directly on an as needed basis and usually has no benefits.

Please answer questions 15 – 31 only if you are actively employed in nursing, if you are not actively employed in nursing you have completed the survey.

15. In how many positions are you currently employed as a nurse? ☐ 1 ☐ 2 ☐ 3 or more

16. How many hours do you work during a typical week in all your nursing positions?

HOURS		
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

17. Please indicate if you work in any of these areas or specialty settings:

- |                                   |                           |                          |
|-----------------------------------|---------------------------|--------------------------|
| a. Camp Nurse                     | <input type="radio"/> Yes | <input type="radio"/> No |
| b. Correctional                   | <input type="radio"/> Yes | <input type="radio"/> No |
| c. Developmental Disability       | <input type="radio"/> Yes | <input type="radio"/> No |
| d. Faith-based (ex: Parish Nurse) | <input type="radio"/> Yes | <input type="radio"/> No |
| e. Forensic                       | <input type="radio"/> Yes | <input type="radio"/> No |
| f. Holistic                       | <input type="radio"/> Yes | <input type="radio"/> No |
| g. Military/uniform Services      | <input type="radio"/> Yes | <input type="radio"/> No |
| h. Telehealth                     | <input type="radio"/> Yes | <input type="radio"/> No |
| i. Travel Nurse                   | <input type="radio"/> Yes | <input type="radio"/> No |

18. Please indicate the state and zip code of your primary employer:

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="radio"/> AK | <input type="radio"/> IL | <input type="radio"/> ND | <input type="radio"/> TN |
| <input type="radio"/> AL | <input type="radio"/> IN | <input type="radio"/> NE | <input type="radio"/> TX |
| <input type="radio"/> AR | <input type="radio"/> KS | <input type="radio"/> NH | <input type="radio"/> UT |
| <input type="radio"/> AZ | <input type="radio"/> KY | <input type="radio"/> NJ | <input type="radio"/> VA |
| <input type="radio"/> CA | <input type="radio"/> LA | <input type="radio"/> NM | <input type="radio"/> VT |
| <input type="radio"/> CO | <input type="radio"/> MA | <input type="radio"/> NV | <input type="radio"/> WA |
| <input type="radio"/> CT | <input type="radio"/> MD | <input type="radio"/> NY | <input type="radio"/> WI |
| <input type="radio"/> DC | <input type="radio"/> ME | <input type="radio"/> OH | <input type="radio"/> WV |
| <input type="radio"/> DE | <input type="radio"/> MI | <input type="radio"/> OK | <input type="radio"/> WY |
| <input type="radio"/> FL | <input type="radio"/> MN | <input type="radio"/> OR | <input type="radio"/> AS |
| <input type="radio"/> GA | <input type="radio"/> MO | <input type="radio"/> PA | <input type="radio"/> GU |
| <input type="radio"/> HI | <input type="radio"/> MS | <input type="radio"/> RI | <input type="radio"/> MP |
| <input type="radio"/> IA | <input type="radio"/> MT | <input type="radio"/> SC | <input type="radio"/> VI |
| <input type="radio"/> ID | <input type="radio"/> NC | <input type="radio"/> SD |                          |

ZIP CODE				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

19. Please estimate your 2014 pre-tax annual earnings from your primary nursing position. Include overtime and bonuses, but exclude sign-on bonuses.

0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

.00 per year

20. Please identify the type of setting that most closely corresponds to your primary nursing practice position:

- |  |  |   |
|--|--|---|
| <input type="radio"/> Academic Setting         | <input type="radio"/> Home Health                | <input type="radio"/> Policy/Planning/Regulatory/Licensing Agency |
| <input type="radio"/> Ambulatory Care Setting  | <input type="radio"/> Hospital                   | <input type="radio"/> Public Health                               |
| <input type="radio"/> Assisted Living Facility | <input type="radio"/> Insurance Claims/Benefits  | <input type="radio"/> School Health Service                       |
| <input type="radio"/> Community Health         | <input type="radio"/> Nursing Home/Extended Care | <input type="radio"/> Other                                       |
| <input type="radio"/> Correctional Facility    | <input type="radio"/> Occupational Health        |   |

21. Please identify the position title that most closely corresponds to your primary nursing practice position:

- |   |                                       |  |  |
|---|---------------------------------------|--|--|
| <input type="radio"/> Advanced Practice Nurse | <input type="radio"/> Consultant      | <input type="radio"/> Nurse Manager        | <input type="radio"/> Other-Not Health Related |
| <input type="radio"/> Case Manager            | <input type="radio"/> Nurse Executive | <input type="radio"/> Nurse Researcher     | <input type="radio"/> Staff Nurse              |
| <input type="radio"/> Clinical Nurse Leader   | <input type="radio"/> Nurse Faculty   | <input type="radio"/> Other-Health Related |  |

22. Please identify the employment specialty that most closely corresponds to your primary nursing practice position:

- |  |   |   |
|--|---|---|
| <input type="radio"/> Acute Care/Critical Care   | <input type="radio"/> Medical Surgical        | <input type="radio"/> Primary Care                              |
| <input type="radio"/> Adult Health/Family Health | <input type="radio"/> Neonatal                | <input type="radio"/> Psychiatric/Mental Health/Substance Abuse |
| <input type="radio"/> Anesthesia                 | <input type="radio"/> Nephrology              | <input type="radio"/> Public Health                             |
| <input type="radio"/> Community                  | <input type="radio"/> Neurology/Neurosurgical | <input type="radio"/> Radiology                                 |
| <input type="radio"/> Emergency/Trauma           | <input type="radio"/> Occupational Health     | <input type="radio"/> Rehabilitation                            |
| <input type="radio"/> Genetics                   | <input type="radio"/> Oncology                | <input type="radio"/> School Health                             |
| <input type="radio"/> Geriatric/Gerontology      | <input type="radio"/> Orthopedic              | <input type="radio"/> Urologic                                  |
| <input type="radio"/> Home Health                | <input type="radio"/> Palliative Care/Hospice | <input type="radio"/> Women's Health                            |
| <input type="radio"/> Informatics                | <input type="radio"/> Pediatrics              | <input type="radio"/> Other                                     |
| <input type="radio"/> Maternal-Child Health      | <input type="radio"/> Perioperative           |   |

