LPNs are valuable members of the nursing profession. Your careful survey responses will be used to help plan future nursing care for the people of Wisconsin.

The Survey is designed to be as **simple and quick** as possible while gathering **critical information** on the LPN Workforce. Your honest responses are important to an accurate representation of nursing in Wisconsin.

**Thank you for your time in completing this important survey**

The survey takes between 10 to 15 minutes. **You will not be asked every question in the survey.** The information you provide will determine the questions asked.

**No personal information or information from your license are attached to your survey responses.**

Please have the following information available before you begin:

1. The year you received your first LPN license.
2. The year(s) you received your diploma(s).
3. County and zip code location of your place of work.

<table>
<thead>
<tr>
<th>Print, complete, and return the survey and signed affidavit to DSPS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fax: 608-251-3036</td>
</tr>
<tr>
<td>Email: <a href="mailto:DSPSRenewal@wisconsin.gov">DSPSRenewal@wisconsin.gov</a></td>
</tr>
</tbody>
</table>
| Mail: DSPS – Renewal Unit  
PO Box 8935  
Madison, WI 53708-8935 |

If you have questions concerning your renewal, payment, or are experiencing technical difficulties, please report this to the Department of Safety and Professional Services (DSPS) at the following email address, DSPSRenewal@wisconsin.gov, or by calling 608-266-2112. **Please allow 2-3 business days for assistance.**

**Making multiple requests for assistance slows down agency response time.**

Use the email address NursingSurvey@dwd.wisconsin.gov if you need help answering the survey questions, or have additional comments or suggestions. **This email address is active only during the open renewal period.**
LICENSING, EDUCATION, AND TRAINING INFORMATION

Licensing

1. In what country were you initially licensed as a nurse?
   ___ U.S.
   ___ Another Country

2. In what year did you obtain your initial U.S. licensure as an LPN?
   __________ Enter a 4-digit year between 1930 and 2015

3. In what year did you obtain your first Wisconsin license as an LPN?
   __________ Enter a 4-digit year between 1930 and 2015

Education

4. For each of the following nursing diplomas or degrees you have received, please enter the year you received the diploma or degree.
   Enter a 4-digit year between 1930 and 2015 for all that apply:
   __________ Diploma in Practical Nursing or Vocational Nursing
   __________ Associate Degree in Nursing
   __________ Bachelor Degree in Nursing
   __________ Master Degree in Nursing
   __________ Doctorate

5. Please indicate your plans for further education in nursing:
   (Select only one response)
   ___ I have no plans for additional nursing studies
   ___ Currently enrolled in an Associate Program in Nursing
   ___ Currently enrolled in a BSN program
   ___ Currently enrolled in a graduate program in nursing
   ___ Currently enrolled in a non-degree specialty certification program
   ___ Plan to pursue further education in nursing in the next two years
6. What are the **two greatest challenges** you face or anticipate in pursuing higher nursing education? (Select at most only two responses)

   ___ None (if selected, do not make any other selections)
   ___ Commuting distance to educational program
   ___ Cost of lost work time and benefits
   ___ Cost of tuition, materials, books etc.
   ___ Family/personal reasons
   ___ Lack of flexibility in work schedule
   ___ Limited access to online learning or other online resources
   ___ Scheduling of educational programs offered
   ___ Concern about my ability to succeed in college
   ___ Other, not listed

**Training**

7. Have you received training in emergency preparedness and response (such as Incident Command System (ICS) 100, 200, 700; Hazardous Materials, etc.)? (Check all that apply)

   ___ No
   ___ Yes, I have received this training from my employer
   ___ Yes, I have received this training from a voluntary organization (e.g. Red Cross)
   ___ Yes, other

8. Have you applied training in emergency preparedness and response? (Check all that apply)

   ___ No
   ___ Yes, I have participated in an emergency preparedness and response exercise in the last two years
   ___ Yes, I have responded to an actual emergency, incident, or major disaster within the last two years

9. Are you a member of the following: (Check all that apply)

   ___ Wisconsin Emergency Assistance Volunteer registry (WEAVR)
   ___ Medical Reserve Corps (MRC) unit
   ___ No, I am not a member
CURRENT EMPLOYMENT INFORMATION

Please take into account only your principal job while answering the following questions. Do not include unpaid volunteer work.

10. Please indicate your employment status: (Select only one response)

   ____ Actively working as a nurse (receiving compensation for work requiring licensure or educational preparation as a nurse)
   ____ Actively working in health care, not nursing
   ____ Actively working in another field
   ____ Unemployed, seeking work in nursing
   ____ Unemployed, seeking work in another field
   ____ Unemployed, not seeking work
   ____ Retired

11. Has your employment status changed during the past year? (If you have experienced more than one change, please select the most significant change.)

   ____ No change in employment status
   ____ Yes I changed the number of hours worked
   ____ New position with the same employer
   ____ New position with a different employer
   ____ I was not working as an LPN, but am now in a LPN nursing job
   ____ I was working as an LPN but I am no longer working as an LPN
   ____ Other

12. Which of the following factors was the most important in your change in employment during the past year? (Select only one response)

   ____ Not applicable
   ____ I retired
   ____ Childcare responsibilities
   ____ Other family responsibilities
   ____ Salary/medical or retirement benefits
   ____ Laid off
   ____ Change in spouse/partner work situation
   ____ Change in financial status
   ____ Relocation/moved to a different area
   ____ Promotion/career advancement
   ____ Change in my health status
   ____ Seeking more convenient hours
   ____ Dissatisfaction with previous position
   ____ Other
NURSING CAREER INFORMATION

Please take into account all your nursing work experiences, including unpaid volunteer nursing work, when answering the questions in this section.

13. Please indicate any of the clinical areas listed below in which you have specialized knowledge and/or experience of two or more years: 
   (Check all that apply)
   
   ___ None (if selected, do not make any other selections)
   ___ Acute Care / Critical Care / Intensive Care
   ___ Addiction / AODA / Substance Abuse
   ___ Adult Health
   ___ Anesthesia
   ___ Cardiac Care
   ___ Community Health
   ___ Corrections
   ___ Dialysis / Renal
   ___ Emergency / Trauma
   ___ Family Health
   ___ Geriatrics / Gerontology
   ___ Home Health
   ___ Hospice Care / Palliative Care
   ___ Labor and Delivery
   ___ Maternal-Child Health
   ___ Medical-Surgical
   ___ Neonatal Care
   ___ Obstetrics / Gynecology
   ___ Occupational Health / Employee Health
   ___ Oncology
   ___ Pediatrics
   ___ Public Health
   ___ Psychiatric / Mental Health
   ___ Rehabilitation
   ___ Respiratory Care
   ___ School Health (K-12 or post-secondary)
   ___ Surgery / Pre-op / Post-op / PACU
   ___ Women’s Health
   ___ Other, not listed
14. Which of the following nursing skill-based certifications do you currently have? 
(Check all that apply)

- No current skill-based certifications
- Certified Hemodialysis Nurse
- Certified Hospice and Palliative Licensed Nurse
- Emergency Medicine/Nursing **beyond** Basic Life Support
  (ex. First Responder, Emergency Medical Technician, etc.)
- Gerontology
- IV Certification
- Wound Care Certification
- Cardiac-Vascular Nursing
- Other

15. Which of the following factors best captures the **single most important factor** in your career decisions today?

- I am retired/not working/not doing volunteer work
- Level of personal satisfaction/ collegial relationships
- Family/personal issues
- Pay
- Medical Benefits
- Retirement benefits
- Hours/shift availability
- Potential for advancement
- Employer supported education options
- Worksite location
- Physical work requirements
- Physical disability
- Other

16. How much longer do you plan to work in your present type of work? 
(Select only one response)

- Not applicable
- Less than 2 years
- 2-4 years
- 5-9 years
- 10-19 years
- 20-29 years
- 30 or more years
17. In your career, how many years have you worked as a Licensed Practical Nurse providing **direct patient care**?

**Direct patient care** is defined as, “To administer nursing care one-on-one to patients, the ill, the disabled, or clients, in the hospital, clinic or other patient care setting.” Examples include providing treatments, counseling, patient education or administration of medication.

_____ Number of years

18. If you presently provide **direct patient care**, how much longer do you plan to work providing direct patient care? (Select only one response)

_____ Does not apply
_____ Less than 2 years
_____ 2-4 years
_____ 5-9 years
_____ 10-19 years
_____ 20-29 years
_____ 30 or more years

19. How many separate nursing jobs do you currently have? (Including unpaid volunteer nursing work)

_____ Number of jobs  *If you answered 0 jobs to this question, please skip to the UNEMPLOYED SECTION, Question 45.*
PRINCIPAL PLACE OF WORK

Please respond to the following questions by referring to your principal place of work (the place where you work the most hours), even if this work is unpaid or voluntary.

20. Which of the following categories best describes your job at your principal place of work? (Select only one response)
   ______ Nursing
   ______ Health related services outside of nursing
   ______ Retail sales and services
   ______ In-service or patient educator
   ______ Financial, accounting, and insurance processing staff
   ______ Consulting
   ______ Other
   ______ I am not working at the present time. If not working, please skip to the UNEMPLOYED SECTION, Question 45.

21. Does this job require licensure as an LPN?
   ______ Yes
   ______ No

22. Which of the following categories best describes your employment status at this job? (Select only one response)
   ______ A regular employee
   ______ Self-employed
   ______ Employed through a temporary employment service agency
   ______ Travel nurse or employed through a traveling nurse agency
   ______ Volunteer

23. What is the zip code of your principal place of work? (If you travel to more than one location during a normal day or week of work, please provide the zip code of your headquarters.)
   Zip code (if in the U.S.) __________________________ (5 digits only)
   ______ Outside of U.S. (If you check this response, you may skip the next question)

24. If you work in Wisconsin, in what county is your principal place of work located?
   ______ Does not apply
   Specify name of Wisconsin county: ____________________________
25. What is your current employment basis for this principal position? (Select only one response)
   _____ Full time, salaried
   _____ Full time, hourly wage
   _____ Part time, salaried
   _____ Part time, hourly wage
   _____ Per diem (called as needed)
   _____ Volunteer

26. In this job, how many hours do you work in a typical day? (Do not include time spent on-call.)
   _____ Number of hours

27. In this job, on average how many days do you work in a two week time period?
   _____ Number of days

28. For what reason would you work more than your scheduled hours for the two week time period? (Select only one response)
   _____ I am salaried
   _____ I have agreed to this as part of my employment
   _____ I am required to work the additional hours (not on-call)
   _____ I am required to work the additional hours (on-call)
   _____ I may voluntarily agree to work the additional hours

29. How many weeks did you work (including paid vacations) in calendar year 2014?
   _____ Number of weeks

30. What is the approximate per hour wage that you are paid for the shift that you work most frequently? (Select only one response)
   _____ Under $9.25
   _____ $9.25 – 11.74
   _____ $11.75 – 14.74
   _____ $14.75 – 18.74
   _____ $18.75 – 23.99
   _____ $24.00 – 30.24
   _____ $30.25 and over
31. Does your compensation from your principal working position include:
(Check all that apply)

____ Retirement plan
____ Dental insurance
____ Personal health insurance
____ Family health insurance
____ Tuition reimbursement, all or partial
____ Fitness center reimbursement or access to fitness facilities
____ Flexibility in scheduling to allow for further nursing education
____ None

32. How long have you worked in your principal job?

_____ Number of years (please round up to the nearest year)

33. In your current role, is your primary function to provide direct patient care?

Direct patient care (DPC) is defined as, “To administer nursing care one-on-one to patients, the ill, the disabled, or clients, in the hospital, clinic or other patient care setting.” Examples include providing treatments, counseling, patient education or administration of medication.

(Select only one response)

____ Yes
____ No, I provide limited DPC
____ No, I supervise DPC
____ No, but I provided direct patient care in the past
____ No, but I have provided limited DPC in the past
____ No, I have never provided DPC

34. Please select only one in the categories below as best describing your primary work setting. (The headings are intended as guides only)

Hospital (Medical/Surgical, Alcohol or Drug Abuse (AODA)/Psychiatric, Long-Term Acute Care)

____ Hospital, emergency/urgent care
____ Hospital, 24 hour inpatient unit (other than intensive care or obstetrics)
____ Hospital, outpatient/ambulatory care
____ Hospital, obstetrics
____ Hospital, intensive care
____ Hospital, inpatient mental health/substance abuse
____ Hospital, perioperative services - Operating Department (OR), Post Anesthetic Care Unit (PACU), and others
____ Hospital, other departments
____ Hospital, I work in several/all hospital units
<table>
<thead>
<tr>
<th>Service Type</th>
<th>Options</th>
</tr>
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<tbody>
<tr>
<td>Extended Care</td>
<td>Nursing home, Skilled nursing facility, Hospice facility, Intermediate care facility (ICF), Mental Retardation care facility (MR), Assisted living facility, Rehabilitation facility/group home/CBRF, Long-term acute care</td>
</tr>
<tr>
<td>Ambulatory Care</td>
<td>Medical practice, clinic, physician office, Surgery center, dialysis center, Urgent care, not hospital-based, Outpatient mental health/substance abuse, Correctional facility, prison or jail (federal, state or local), School health service, Call center/ tele-nursing center</td>
</tr>
<tr>
<td>Home Health</td>
<td>Home health agency, Home health service, Hospice</td>
</tr>
<tr>
<td>Public Health</td>
<td>Public health (governmental: federal, state, or local), Community health centers, agencies and departments, Occupational health or employee health service, School health services (K-12, college and universities)</td>
</tr>
<tr>
<td>Other (Insurance, call center etc.)</td>
<td>Call center/ tele-nursing, Government agency other than public/community health or corrections, Non-governmental health policy, planning or professional organization, Insurance company claims/benefits, Sales (pharmaceutical, medical devices, software, etc.), Self-employed/consultant, Other</td>
</tr>
</tbody>
</table>
35. Is this a federally owned facility?
   ____ Yes
   ____ No

36. Is this a tribal facility?
   ____ Yes
   ____ No

**SECONDARY PLACE OF WORK**

Please respond to the following questions by referring to your secondary place of work even if this is unpaid voluntary work.

37. Do you have a secondary place of work?
   ____ Yes
   ____ No  *If No, please skip this section and go to the DEMOGRAPHIC INFORMATION section, and start with Question 47.*

38. Which of the following categories best describes your job at your secondary place of work? (Select only one response)
   ____ Nursing
   ____ Health related services outside of nursing
   ____ Retail sales and services
   ____ In-service or patient educator
   ____ Financial, accounting, and insurance processing staff
   ____ Consulting
   ____ Other

39. Does this job require licensure as an LPN?
   ____ Yes
   ____ No

40. What is the zip code of your secondary place of work? (If you travel to more than one location during a normal day or week of work, please provide the zip code of your headquarters.)

   Zip code (if in the U.S.) ______________(5 digits only)
   ____ Outside of U.S. (*If you check this response, you may skip the next question*)
41. If your secondary place of work is in Wisconsin, what county is your secondary place of work located?

   ____ Does not apply
   Specify name of Wisconsin county: ________________________________

42. In your secondary job, how many hours do you work in a **typical day**? (Do not include time spent on-call.)

   ____ Number of hours

43. In your secondary job, on average how many days do you work **two week time period**?

   ____ Number of days

44. In this job, how many weeks did you work (including paid vacations) in calendar year 2012?

   ____ Number of weeks

   *Once you have completed the SECONDARY PLACE OF WORK SECTION, please go to the DEMOGRAPHIC INFORMATION section, and start with Question 47.*
UNEMPLOYED SECTION

45. Which of the following best describes your current intentions regarding work in nursing? (Select only one response)

___ Currently seeking employment in nursing
___ Plan to return to nursing in the future
___ I am retired/unable to return to nursing
___ Definitely will not return to nursing, but not retired
___ Undecided at this time

46. What factors would influence you to return to nursing? (Check all that apply)

___ I would not consider returning
___ Modified physical requirements of job
___ Affordable childcare at or near work
___ Improvement in my health status
___ Improved health care benefits
___ Retirement benefits
___ More or flexible hours
___ Opportunity for career advancement
___ Improved pay
___ Shift
___ Work environment
___ Worksite location
___ Other

Please continue to the DEMOGRAPHIC INFORMATION section, and start with Question 47.
DEMOGRAPHIC INFORMATION

47. What is your year of birth?
   __________________ Enter a 4-digit year between 1915 and 1998.

48. What is your gender?
   ____ Female
   ____ Male

49. Are you of Hispanic, Latino, or Spanish ethnicity?
   ____ Yes
   ____ No

50. Which of the following would you use to describe your racial identity? (Select the most appropriate)
   ____ White
   ____ Black or African American
   ____ American Indian or Alaska Native
   ____ Asian
   ____ Native Hawaiian or Other Pacific Islander
   ____ Two or more races

51. Please indicate languages, other than English, in which you can communicate with patients and pose questions about their condition: (Check all that apply)
   ____ No other languages
   ____ Spanish
   ____ Filipino, Tagalog
   ____ German
   ____ French
   ____ Russian
   ____ Hmong, Miao
   ____ Hindi
   ____ Polish
   ____ American Sign Language
   ____ Other language
52. Please enter the zip code of your primary residence:

   Zip code (if in the U.S.) __________________ (5 digits only)
   ___ Outside of U.S. (If you check this response, you may skip the next question)

53. If you reside in Wisconsin, please indicate the county of your primary residence:

   ___ Does not apply
   Specify name of Wisconsin county: ________________________________

THANK YOU FOR COMPLETING THE SURVEY.

PLEASE TURN TO THE LAST PAGE AND SIGN THE AFFIDAVIT.