

**5. RACE/ETHNICITY (Mark all that apply.)**

<input type="radio"/> Asian or Pacific Islander	Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Black/African-American	
<input type="radio"/> American Indian or Alaska Native	
<input type="radio"/> White	
<input type="radio"/> Other	

**6. LANGUAGES IN WHICH YOU ARE FLUENT (SELECT ALL THAT APPLY.)**

<input type="radio"/> English	<input type="radio"/> Spanish	<input type="radio"/> Mandarin
<input type="radio"/> Cantonese	<input type="radio"/> Russian	<input type="radio"/> Italian
<input type="radio"/> Any African Language(s)		
<input type="radio"/> Other European Language(s)		
<input type="radio"/> Other Asian/Middle Eastern Language(s)		
<input type="radio"/> Other		

**REGISTERED NURSE (RN) EDUCATION**

**7. WHAT WAS YOUR INITIAL PREPARATION TO BECOME AN RN? WHAT IS THE HIGHEST NURSING DEGREE YOU HOLD? (SELECT ONLY ONE IN EACH COLUMN.)**

	Initial nursing preparation	Highest nursing degree (if you hold more than one)
Diploma	<input type="radio"/>	N/A
Associate	<input type="radio"/>	N/A
Bachelor's	<input type="radio"/>	<input type="radio"/>
Master's	<input type="radio"/>	<input type="radio"/>
Doctorate	<input type="radio"/>	<input type="radio"/>

**8. WHAT WAS THE YEAR OF GRADUATION FROM YOUR INITIAL NURSING PROGRAM?**

→

Yr. of Grad		
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

**9. LOCATION OF RESIDENCE AND NURSING SCHOOL(S) (SELECT ONLY ONE IN EACH COLUMN.)**

	A. On graduation from high school	B. School of initial nursing degree	C. School of highest nursing degree (if you hold more than one nursing degree).
New York	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other state in the U.S.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outside the U.S.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**10. WHAT ADDITIONAL RN DEGREE ARE YOU CURRENTLY PURSUING? (SELECT ONLY ONE.)**

<input type="radio"/> None	<input type="radio"/> Master's
<input type="radio"/> Bachelor's	<input type="radio"/> Doctorate

**CURRENT RN WORK**

**11. HOW MANY YEARS HAVE YOU WORKED AS AN RN IN THE FIELD OF NURSING? (IF LESS THAN ONE YEAR, INDICATE ONE YEAR.)**

→

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

**Instructions to question 12.**  
*Nursing employment includes positions that require an active RN license as well as nurse educator or faculty positions.*

**12. CURRENT EMPLOYMENT STATUS (SELECT ALL THAT APPLY.)**

Principal employment:	<input type="radio"/> Nursing position
	<input type="radio"/> Non-nursing position
Secondary employment:	<input type="radio"/> Nursing position
	<input type="radio"/> Non-nursing position
Volunteer/unpaid:	<input type="radio"/> Nursing position
	<input type="radio"/> Non-nursing position
	<input type="radio"/> Unemployed
	<input type="radio"/> Retired

**If any of your employment is in a nursing position, continue with question 13, otherwise skip to question 20.**

**13. INDICATE THE AVERAGE HOURS SPENT PER WEEK IN NURSING ON EACH MAJOR ACTIVITY FOR ALL NURSING POSITIONS HELD. (EXCLUDING OVERTIME.)**

	Hours/Week					
	None	1-9	10-19	20-29	30-39	40+
Patient Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teaching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**14. WORK LOCATION(S)**  
*INDICATE THE ZIP CODE(S) WHERE YOU SPEND THE MOST TIME IN YOUR EMPLOYMENT AND THE AVERAGE HOURS WORKED PER DAY AND PER WEEK FOR YOUR PRINCIPAL AND, AS APPLICABLE, SECONDARY NURSING POSITION.*

Location of Principal Nursing Position

A. Zip Code	B. Avg. Hrs. Worked Per Day	C. Avg. Hrs. Worked Per Week
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

Location of Secondary Nursing Position (if applicable)

A. Zip Code	B. Avg. Hrs. Worked Per Day	C. Avg. Hrs. Worked Per Week
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

**15. ON WHICH SHIFT DO YOU USUALLY WORK THE MAJORITY OF YOUR HOURS IN YOUR PRIMARY NURSING POSITION? (SELECT ONLY ONE.)**

Days                       Rotate between shifts  
 Evenings                       Other  
 Nights

**16. WHICH BEST DESCRIBES YOUR PRINCIPAL AND, AS APPLICABLE, SECONDARY WORK SETTING(S)? (SELECT ONLY ONE IN EACH COLUMN.)**

Principal	Secondary
<input type="radio"/>	<input type="radio"/> Acute Care Inpatient
<input type="radio"/>	<input type="radio"/> Hospital Emergency Room
<input type="radio"/>	<input type="radio"/> Nursing Home/Extended Care Facility
<input type="radio"/>	<input type="radio"/> Other Long Term Care Settings, including Rehabilitation, Mental Health or Retardation
<input type="radio"/>	<input type="radio"/> Home Health Agency
<input type="radio"/>	<input type="radio"/> Outpatient Settings, including Physician Offices, Clinics, Health Centers, HMOs, etc.
<input type="radio"/>	<input type="radio"/> Hospice
<input type="radio"/>	<input type="radio"/> Occupational Health/Employee Health
<input type="radio"/>	<input type="radio"/> School Health Center
<input type="radio"/>	<input type="radio"/> Nursing Education
<input type="radio"/>	<input type="radio"/> Policy/Regulatory/Licensing Agency
<input type="radio"/>	<input type="radio"/> State/County Public Health Department
<input type="radio"/>	<input type="radio"/> Insurance Claims/Benefits
<input type="radio"/>	<input type="radio"/> Other

**17. WHICH BEST DESCRIBES YOUR JOB TITLE IN YOUR PRINCIPAL AND, AS APPLICABLE, SECONDARY WORK SETTING(S)? (SELECT ONLY ONE IN EACH COLUMN.)**

Principal	Secondary
<input type="radio"/>	<input type="radio"/> Staff Nurse
<input type="radio"/>	<input type="radio"/> Nurse Manager/Supervisor
<input type="radio"/>	<input type="radio"/> Home Health Nurse
<input type="radio"/>	<input type="radio"/> Public Health Nurse
<input type="radio"/>	<input type="radio"/> Nurse Practitioner
<input type="radio"/>	<input type="radio"/> Clinical Nurse Specialist
<input type="radio"/>	<input type="radio"/> Insurance/Claims Reviewer
<input type="radio"/>	<input type="radio"/> Nurse Executive
<input type="radio"/>	<input type="radio"/> Dean/Chair of Nursing Education Program
<input type="radio"/>	<input type="radio"/> Nurse Educator/Instructor/In-service Instr.
<input type="radio"/>	<input type="radio"/> Temporary Agency/Private Duty Nurse
<input type="radio"/>	<input type="radio"/> Executive Staff, Non-nursing
<input type="radio"/>	<input type="radio"/> Consultant/Researcher
<input type="radio"/>	<input type="radio"/> Midwife
<input type="radio"/>	<input type="radio"/> Certified Registered Nurse Anesthetist
<input type="radio"/>	<input type="radio"/> Other

**18. ON AVERAGE, HOW MANY HOURS OF PAID OVERTIME DO YOU WORK IN A WEEK? (SELECT ONLY ONE.)**

None                               Between 11 and 16  
 Between 1 and 5               16 or more  
 Between 6 and 10

**FUTURE PLANS**

**19. DO YOU EXPECT TO LEAVE YOUR CURRENT PRINCIPAL POSITION WITHIN THE NEXT YEAR? (SELECT ONLY ONE.)**

No (skip to question 20)  
 Yes

**IF YOU PLAN TO LEAVE YOUR CURRENT PRINCIPAL POSITION WITHIN THE NEXT YEAR, WHAT DO YOU PLAN TO DO? (SELECT ALL THAT APPLY.)**

Work in a clinical nursing position  
 Work in a non-clinical nursing position  
 Work in nursing education  
 Return to school  
 Work in a non-nursing position  
 Take time off for family obligations  
 Leave the state or country  
 Retire  
 Other

**SATISFACTION**

**20. WHAT BEST DESCRIBES YOUR FEELINGS ABOUT YOUR CURRENT PRINCIPAL POSITION? (SELECT ONLY ONE.)**

Extremely satisfied  
 Satisfied  
 Neither satisfied nor dissatisfied  
 Dissatisfied  
 Extremely dissatisfied

**21. DO YOU THINK THE QUALITY OF YOUR WORK LIFE IS BETTER THAN IT WAS A YEAR AGO? (SELECT ONLY ONE.)**

Yes  
 No

**22. WOULD YOU RECOMMEND NURSING AS A CAREER TO OTHERS? (SELECT ONLY ONE.)**

I would strongly recommend nursing as a career.  
 I would recommend nursing as a career.  
 I would not give an opinion either way.  
 I would not recommend nursing as a career.  
 I would strongly not recommend nursing as a career.

**New York State Education Department**

**Registered Nurse Survey**

This questionnaire is a supplemental part of your registration application. Please complete and return it with the registration form and fee in the envelope provided.

Your responses will be maintained in a strictly confidential manner by the Center for Health Workforce Studies (<http://chws.albany.edu>) at the School of Public Health, University at Albany, SUNY. The responses will be analyzed and presented only in aggregate form and will be used to document trends in the registered nursing workforce in New York.

Item 2 asks for your NYS license number. This can be found on the enclosed registration application. Thank you for taking the time to complete this survey. If you complete the survey online, you do not have to complete this form.

**INSTRUCTIONS**

- Make dark marks that completely fill the circle.
- Erase cleanly any marks you wish to change.
- Make no stray marks on this form.

CORRECT: ●                      INCORRECT: ✓ ✗ ○ ●

**DATE COMPLETING SURVEY**

1.	A. Month	B. Year
<input type="radio"/> Jan	<input type="radio"/> May	<input type="radio"/> 2010
<input type="radio"/> Feb	<input type="radio"/> Jun	<input type="radio"/> 2011
<input type="radio"/> Mar	<input type="radio"/> Jul	<input type="radio"/> 2012
<input type="radio"/> Apr	<input type="radio"/> Aug	<input type="radio"/> 2013

**BASIC INFORMATION**

<b>2. NYS License No.</b>	<b>3. Gender</b>	<b>4. Yr. of Birth</b>																																																																																																														
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