

Vermont Registered Nurses Census 2017

Identification

- 1) First Name* _____
- 2) Middle Name (if any) _____
- 3) Last Name* _____
- 4) Vermont Registered Nurse License Number* _____

Demographics

- 5) Date of birth (M/D/YYYY)* _____
- 6) Gender: () Male () Female () Other
- 7) How would you classify your race (check all that apply):
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Other - please specify: _____*
- Prefer not to answer

8) Are you Hispanic, Latino/a, or of Spanish origin? (check all that apply)

- No
- Yes, Mexican, Mexican American, Chicano/a
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino/a, or of Spanish origin
- Prefer not to answer

Education & Training

9) What type of nursing degree or credential qualified you for your first U.S. RN license?

- Diploma - nursing
- Associate Degree - nursing
- Bachelor's Degree - nursing
- Master's Degree - nursing
- Doctoral degree – nursing (PhD)
- Doctoral degree – nursing practice (DNP)
- Other (please specify): _____*

10) In what year did you complete the degree that qualified you for your first U.S. RN license? _____

11) Where did you complete the degree or credential that qualified you for your first U.S. RN license?
(Use 2-letter abbreviations for states; CC for Canada, XX for other foreign countries) _____

12) If completed outside the U.S. or Canada, please specify country: _____

14) What is your highest level of nursing education?

- () Diploma - nursing
- () Associate Degree - nursing
- () Bachelor's Degree - nursing
- () Master's Degree - nursing
- () Doctoral degree - nursing (PhD)
- () Doctoral degree – nursing practice (DNP)
- () Other (please specify): _____ *

What is your highest level of non-nursing education?

- () Not applicable
- () Associate Degree – non-nursing
- () Bachelor's Degree – non-nursing
- () Master's Degree – non-nursing
- () Doctoral degree – non-nursing
- () Other (please specify): _____ *

15) Are you currently enrolled in a nursing education program leading to a degree/certificate?

- () Not enrolled
- () Associate Degree program
- () Bachelor's Degree program
- () Master's Degree program
- () Doctoral degree program (PhD)
- () Doctoral degree program (DNP)
- () Other (please specify): _____ *

License & Practice

16) For how many years have you worked as an RN (in any state or country)? _____

17) In what state(s) do you hold an active RN license? State (postal) abbreviation(s)

State 1: _____

State 2: _____

State 3: _____

18) In what state(s) are you currently actively practicing as an RN? State (postal) abbreviation(s)

State 1: _____

State 2: _____

State 3: _____

Currently active

20) What is your employment status as an RN? (select all that apply)*

- Working in Vermont in a position that requires an RN license
- Working outside Vermont in a position that requires an RN license
- Working in telehealth / as a telephonic nurse serving Vermont patients
- Working in a position that does not require an RN license
- Not currently working - seeking work as a nurse
- Not currently working - not seeking work as a nurse
- Retired

21) If not working as a nurse, please indicate the reasons: (select all that apply)

Taking care of home and family

Difficulty in finding a nursing position

Inadequate salary

Disabled

In school

Other (specify): _____*

[if not working in Vermont as an RN:]

24) Do you plan to start (or resume) working in Vermont as an RN within the next 12 months?

Yes No

[skip to “final comments” page]

25) For how many years have you worked in Vermont as an RN? _____

The following questions are about your primary Vermont practice site. If you practice in more than one location in Vermont, please enter the information for each site on a separate page. If practicing in two settings within the same town, enter them as separate "sites". Additional pages will be provided as needed for up to four sites.

Practice Site 1 (your primary Vermont practice site):

26) Name of Vermont TOWN within which this practice site is located (not a mailing address): (If working in telehealth, enter Vermont town of institution most affiliated with) * _____

27) Practice name: _____

28) Street Address of practice site (not a mailing address):

29) Zip code of practice site location:* _____

Public (main line) phone number of practice:* _____

**30) Which best describes the setting of this practice location?
(choose one)***

- Physician practice / Doctor's office
- Urgent Care / Walk-in
- Telehealth / Telephonic
- Hospital – outpatient
- Hospital – inpatient
- Hospital – inpatient and outpatient
- Emergency Room
- Nursing Home / Extended Care / Assisted Living / Residential
- Home Health
- Correctional Facility
- Public Health
- Community Health Center / Clinic
- Mental Health Center
- School Health Service
- College Health Service
- Seasonal Camp
- school of nursing
- Insurance Claims / Benefits
- Other setting (please specify): _____*

31) Please identify the title that most closely corresponds to your primary nursing practice position at this site:*

- Nurse Executive
- Nurse Manager
- Nurse Faculty

- Staff Nurse (patient care)
- Nurse Researcher
- Consultant
- Other - Health Related
- Other - Not Health Related

32) Please enter the number of weeks in a year during which you work at this site as an RN: (48 weeks per year is considered "year-round")* _____

33) Do you work here on a per diem basis? Yes No

34) Do you work here as a traveler? Yes No

Do you work here as a volunteer? Yes No

35) Please identify the employment specialty that most closely corresponds to your practice at this site:*

- Acute care / Critical Care
- Adult Health
- Family Health
- Cardiology
- Case Management
- Community
- Geriatric / Gerontology
- Home Health
- Hospice
- Medical Surgical
- Occupational health
- Oncology
- Surgery / Operating Room

- Preoperative / Postoperative / Perioperative / PACU
- Palliative Care
- Pediatrics
- Neonatal
- Public Health
- Psychiatric / Mental Health / Substance Abuse
- Rehabilitation
- School Health
- Trauma / ER
- Women's Health / Maternal-Child / Gynecology / OB
- Other: (please specify): _____*

36) Indicate your average number of patient care hours in a working week at this site: (Enter "0" if you do not provide patient care.)* _____

38) Please tell us about time you spend on activities *other than* patient care at this site: (hours per working week)

Administration: _____

Supervision: _____

Teaching: _____

Research: _____

Other activities: _____

Please describe the "other activities", if any:

39) If there is anything else you want to tell us about your practice at this site please enter it here:

40) Do you have a second practice site in Vermont?* yes no

[if no, skip to end of form]

[if yes, same questions as for Site 1]

[similarly for Site 3 and Site 4]

85) Do you have more than four practice sites in Vermont?

yes no

[if yes:] Please describe your work at additional sites beyond the four you entered above, briefly, including locations, settings, specialties and hours:

Final comments

86) Thank you. If there is anything else you want to tell us about your practice, or this census, please enter it here:
