

# Survey of California Nurse Practitioners and Nurse Midwives 2022

Conducted by the Philip R. Lee Institute for Health Policy Studies  
for the  
California Health Care Foundation

**Your responses are confidential and your identity will not be shared with anyone.**

## Here's how to fill out the Survey

- Use pen or pencil to complete the survey.
- Please try to answer each question.
- Most questions can be answered by checking a box, or writing a number or a few words on a line.
- Never check more than one box, except when it says **Check all that apply**.
- Sometimes we ask you to skip one or more questions. An arrow will tell you what question to answer next, like this:

<sub>1</sub> YES  
<sub>2</sub> NO → **Skip to Question 23**

- If none of the boxes is just right for you, please check the one that fits you the best. Feel free to add a note of explanation. If you are uncomfortable answering a particular question, feel free to skip it and continue with the survey.
- If you need help with the survey, please email [Timothy.Bates@ucsf.edu](mailto:Timothy.Bates@ucsf.edu) or call toll-free: (877) 276-8277.

**REMEMBER:** An online version of this survey is available. Follow the instructions in the cover letter that came with this questionnaire to access the online survey.

After you complete the survey, please mail it back to us in the enclosed envelope. No stamps are needed. Thank you for your prompt response.

# SURVEY OF CALIFORNIA NURSE PRACTITIONERS & NURSE MIDWIVES 2022

## SECTION A: EDUCATION AND LICENSURE

1. Which **nursing** education program(s) have you completed? Please also indicate if the program was for advanced practice preparation. Check all that apply.

NP=nurse practitioner; NM=nurse-midwife; CNS=clinical nurse specialist; NA=nurse anesthetist

	Year completed	RN	NP	NM	CNS	NA
Diploma in Registered Nursing	_____	<input type="checkbox"/> <sub>a</sub>				
Associate Degree in Nursing (AD)	_____	<input type="checkbox"/> <sub>a</sub>				
Bachelor's Degree in Nursing (BS, BSN)	_____	<input type="checkbox"/> <sub>a</sub>				
Entry Level Master's Program (ELM, MEPN, etc.)	_____	<input type="checkbox"/> <sub>a</sub>	<input type="checkbox"/> <sub>b</sub>	<input type="checkbox"/> <sub>c</sub>	<input type="checkbox"/> <sub>d</sub>	<input type="checkbox"/> <sub>e</sub>
Master's Degree (MSN, non-ELM, non-MEPN)	_____	<input type="checkbox"/> <sub>a</sub>	<input type="checkbox"/> <sub>b</sub>	<input type="checkbox"/> <sub>c</sub>	<input type="checkbox"/> <sub>d</sub>	<input type="checkbox"/> <sub>e</sub>
Post-master's Certificate	_____	<input type="checkbox"/> <sub>a</sub>	<input type="checkbox"/> <sub>b</sub>	<input type="checkbox"/> <sub>c</sub>	<input type="checkbox"/> <sub>d</sub>	<input type="checkbox"/> <sub>e</sub>
Certificate Program (no master's degree)	_____	<input type="checkbox"/> <sub>a</sub>	<input type="checkbox"/> <sub>b</sub>	<input type="checkbox"/> <sub>c</sub>	<input type="checkbox"/> <sub>d</sub>	<input type="checkbox"/> <sub>e</sub>
Doctor of Nursing Practice (DNP)	_____	<input type="checkbox"/> <sub>a</sub>	<input type="checkbox"/> <sub>b</sub>	<input type="checkbox"/> <sub>c</sub>	<input type="checkbox"/> <sub>d</sub>	<input type="checkbox"/> <sub>e</sub>
Other Doctorate (PhD, DNSc, etc.)	_____	<input type="checkbox"/> <sub>a</sub>	<input type="checkbox"/> <sub>b</sub>	<input type="checkbox"/> <sub>c</sub>	<input type="checkbox"/> <sub>d</sub>	<input type="checkbox"/> <sub>e</sub>
Other (Describe): _____	_____	<input type="checkbox"/> <sub>a</sub>	<input type="checkbox"/> <sub>b</sub>	<input type="checkbox"/> <sub>c</sub>	<input type="checkbox"/> <sub>d</sub>	<input type="checkbox"/> <sub>e</sub>

2. Please indicate all **non-nursing** educational degrees you have earned.

	Year completed	Major field of study
<input type="checkbox"/> <sub>a</sub> Associate degree (non-nursing)	_____	_____
<input type="checkbox"/> <sub>b</sub> Bachelor's degree (non-nursing)	_____	_____
<input type="checkbox"/> <sub>c</sub> Master's degree (non-nursing)	_____	_____
<input type="checkbox"/> <sub>d</sub> Doctoral degree (non-nursing)	_____	_____

3. In what state or country was your initial RN, NP, and/or NM education completed and what proportion of the didactic (classroom) education was online/virtual/distance learning-based?

	State (2-letter)	Country	% of didactics online/virtual/distance learning-based					
			0%	1-24%	25-49%	50-74%	75-99%	100%
Initial RN education	_____	_____	<input type="checkbox"/> <sub>a</sub>	<input type="checkbox"/> <sub>b</sub>	<input type="checkbox"/> <sub>c</sub>	<input type="checkbox"/> <sub>d</sub>	<input type="checkbox"/> <sub>e</sub>	<input type="checkbox"/> <sub>f</sub>
Initial NP education	_____	_____	<input type="checkbox"/> <sub>a</sub>	<input type="checkbox"/> <sub>b</sub>	<input type="checkbox"/> <sub>c</sub>	<input type="checkbox"/> <sub>d</sub>	<input type="checkbox"/> <sub>e</sub>	<input type="checkbox"/> <sub>f</sub>
Initial NM education	_____	_____	<input type="checkbox"/> <sub>a</sub>	<input type="checkbox"/> <sub>b</sub>	<input type="checkbox"/> <sub>c</sub>	<input type="checkbox"/> <sub>d</sub>	<input type="checkbox"/> <sub>e</sub>	<input type="checkbox"/> <sub>f</sub>

4. Please indicate your clinical fields of NP and/or NM educational preparation. Check all that apply.

<input type="checkbox"/> <sub>a</sub> Family/individual primary care	<input type="checkbox"/> <sub>f</sub> Acute care – adult and/or geriatric	<input type="checkbox"/> <sub>k</sub> Women's health/gender-related
<input type="checkbox"/> <sub>b</sub> Adult primary care	<input type="checkbox"/> <sub>g</sub> Acute care – pediatrics	<input type="checkbox"/> <sub>l</sub> Midwifery
<input type="checkbox"/> <sub>c</sub> Geriatrics primary care	<input type="checkbox"/> <sub>h</sub> Oncology	<input type="checkbox"/> <sub>m</sub> Perinatal care
<input type="checkbox"/> <sub>d</sub> Pediatrics primary care	<input type="checkbox"/> <sub>i</sub> Occupational health	<input type="checkbox"/> <sub>n</sub> Neonatology
<input type="checkbox"/> <sub>e</sub> Psychiatric/mental health	<input type="checkbox"/> <sub>j</sub> Palliative care/hospice	<input type="checkbox"/> <sub>o</sub> Other (specify): _____

5. In what **year** did you obtain your first licenses (in any state or country)?

RN: \_\_\_\_\_ NP: \_\_\_\_\_ NM: \_\_\_\_\_

6. Are you currently certified and/or employed as a physician assistant (PA)?

<sub>1</sub> Certified and employed as a PA    <sub>2</sub> Certified but not employed as a PA    <sub>3</sub> Not a PA

7. If you are currently nationally certified as an NP or NM, by whom? Check all that apply.

<input type="checkbox"/> <sub>o</sub> Not currently nationally certified	<input type="checkbox"/> <sub>d</sub> American Nurses Credentialing Center (ANCC)
<input type="checkbox"/> <sub>a</sub> American Academy of Nurse Practitioners (AANP)	<input type="checkbox"/> <sub>e</sub> Pediatric Nursing Certification Board (PNCB)
<input type="checkbox"/> <sub>b</sub> National Certification Corporation (NCC)	<input type="checkbox"/> <sub>f</sub> AACN Credentialing Corporation
<input type="checkbox"/> <sub>c</sub> American Midwifery Certification Board (AMCB/ACNM)	<input type="checkbox"/> <sub>g</sub> Other (specify: _____)



**SECTION B: YOUR ADVANCED PRACTICE NURSING EMPLOYMENT**

Please complete this section if you have any job (clinical or not) that requires your California NP or NM certification. **If you are NOT working in a position that requires your NP or NM certification, please skip to Section G on page 14.**

15. How many NP and/or NM positions do you currently have?

# NP positions: \_\_\_\_\_ # NM positions: \_\_\_\_\_

16. Do you have your own National Provider Identification (NPI) for billing Medicaid and Medicare?

1 Yes 2 No

17. Are you in-network with any of the following insurance plans? Check all that apply.

a Aetna c Blue Shield e Health Net g United Healthcare o Don't know  
b Anthem Blue Cross d Cigna f Kaiser Permanente h Other (specify: \_\_\_\_\_)

Please complete the following items for the **top two** current NP/NM positions according to **where you spend most of your working time**. If you have only one NP/NM position, please complete only the left column.

	<b>Principal position</b> (where you spend the most time)	<b>Secondary position</b> (where you spend the second-most time)
18. What is the job title for this NP/NM position?	<input type="checkbox"/> 1 Nurse practitioner <input type="checkbox"/> 2 Nurse-midwife <input type="checkbox"/> 3 Management/administration <input type="checkbox"/> 4 Faculty in APRN program <input type="checkbox"/> 5 Other (specify: _____)	<input type="checkbox"/> 1 Nurse practitioner <input type="checkbox"/> 2 Nurse-midwife <input type="checkbox"/> 3 Management/administration <input type="checkbox"/> 4 Faculty in APRN program <input type="checkbox"/> 5 Other (specify: _____)
19. What is your employment status in this position?	<input type="checkbox"/> 1 Self-employed <input type="checkbox"/> 2 Incorporated <input type="checkbox"/> 3 Regular employee <input type="checkbox"/> 4 Contract employee <input type="checkbox"/> 5 Other (describe: _____)	<input type="checkbox"/> 1 Self-employed <input type="checkbox"/> 2 Incorporated <input type="checkbox"/> 3 Regular employee <input type="checkbox"/> 4 Contract employee <input type="checkbox"/> 5 Other (describe: _____)
20. How many months per year do you work in this NP/NM position?	_____ months	_____ months
21. How many hours per week do you <u>work on average</u> in this NP/NM position?	_____ hours per week	_____ hours per week
22. How long have you had this position?	_____ years & _____ months	_____ years & _____ months
23. What type of care do you provide in this position? Check all that apply.	<input type="checkbox"/> a Primary care <input type="checkbox"/> b Specialty outpatient <input type="checkbox"/> c Acute/critical care <input type="checkbox"/> d Emergency/urgent care <input type="checkbox"/> e Labor & delivery <input type="checkbox"/> f Behavioral health <input type="checkbox"/> g Women's health <input type="checkbox"/> h Older adult care/geriatrics <input type="checkbox"/> i Pediatrics <input type="checkbox"/> j Other (describe: _____) <input type="checkbox"/> o I don't provide patient care	<input type="checkbox"/> a Primary care <input type="checkbox"/> b Specialty outpatient <input type="checkbox"/> c Acute/critical care <input type="checkbox"/> d Emergency/urgent care <input type="checkbox"/> e Labor & delivery <input type="checkbox"/> f Behavioral health <input type="checkbox"/> g Women's health <input type="checkbox"/> h Older adult care/geriatrics <input type="checkbox"/> i Pediatrics <input type="checkbox"/> j Other (describe: _____) <input type="checkbox"/> o I don't provide patient care
24. Do you provide any primary care in this position, meaning that you act as the first contact and principal point of continuing care for your patients?	<input type="checkbox"/> 1 <b>No</b> , I do not provide primary care <input type="checkbox"/> 2 <b>Yes</b> , I provide primary care Percent of time providing primary care: _____%	<input type="checkbox"/> 1 <b>No</b> , I do not provide primary care <input type="checkbox"/> 2 <b>Yes</b> , I provide primary care Percent of time providing primary care: _____%

	<b>Principal position</b> (where you spend the most time)	<b>Secondary position</b> (where you spend the second-most time)
25. Which of the following <b>best</b> describes the type of setting of your NP/NM position? Check only one.	<p><b>Hospital or Medical Center</b></p> <input type="checkbox"/> <sub>1</sub> Acute/critical care <input type="checkbox"/> <sub>2</sub> Outpatient services <input type="checkbox"/> <sub>3</sub> Emergency/urgent care <input type="checkbox"/> <sub>4</sub> Other type of department (describe: _____) <p><b>Ambulatory Setting</b></p> <input type="checkbox"/> <sub>5</sub> Private physician-led practice <input type="checkbox"/> <sub>6</sub> HMO-based practice (e.g., Kaiser) <input type="checkbox"/> <sub>7</sub> Nurse-led practice <input type="checkbox"/> <sub>8</sub> Community health center/FQHC/rural clinic/public health clinic <input type="checkbox"/> <sub>9</sub> Family planning clinic <input type="checkbox"/> <sub>10</sub> Behavioral health clinic <input type="checkbox"/> <sub>11</sub> Retail clinic <input type="checkbox"/> <sub>12</sub> Urgent care clinic <input type="checkbox"/> <sub>13</sub> School-based health center <input type="checkbox"/> <sub>14</sub> Other type of ambulatory setting (describe: _____) <p><b>Long-term care &amp; home health</b></p> <input type="checkbox"/> <sub>15</sub> Nursing home/skilled nursing/residential hospice <input type="checkbox"/> <sub>16</sub> Home health agency (including hospice/palliative) <input type="checkbox"/> <sub>17</sub> Other type of long-term care (describe: _____) <p><b>Birth-focused setting</b></p> <input type="checkbox"/> <sub>18</sub> Freestanding birth center <input type="checkbox"/> <sub>19</sub> Home birth practice <p><b>Other type of setting</b></p> <input type="checkbox"/> <sub>20</sub> Academic education program <input type="checkbox"/> <sub>21</sub> Correctional system <input type="checkbox"/> <sub>22</sub> Care management company <input type="checkbox"/> <sub>23</sub> Other setting (describe: _____)	<p><b>Hospital or Medical Center</b></p> <input type="checkbox"/> <sub>1</sub> Acute/critical care <input type="checkbox"/> <sub>2</sub> Outpatient services <input type="checkbox"/> <sub>3</sub> Emergency/urgent care <input type="checkbox"/> <sub>4</sub> Other type of department (describe: _____) <p><b>Ambulatory Setting</b></p> <input type="checkbox"/> <sub>5</sub> Private physician-led practice <input type="checkbox"/> <sub>6</sub> HMO-based practice (e.g., Kaiser) <input type="checkbox"/> <sub>7</sub> Nurse-led practice <input type="checkbox"/> <sub>8</sub> Community health center/FQHC/rural clinic/public health clinic <input type="checkbox"/> <sub>9</sub> Family planning clinic <input type="checkbox"/> <sub>10</sub> Behavioral health clinic <input type="checkbox"/> <sub>11</sub> Retail clinic <input type="checkbox"/> <sub>12</sub> Urgent care clinic <input type="checkbox"/> <sub>13</sub> School-based health center <input type="checkbox"/> <sub>14</sub> Other type of ambulatory setting (describe: _____) <p><b>Long-term care &amp; home health</b></p> <input type="checkbox"/> <sub>15</sub> Nursing home/skilled nursing/residential hospice <input type="checkbox"/> <sub>16</sub> Home health agency (including hospice/palliative) <input type="checkbox"/> <sub>17</sub> Other type of long-term care (describe: _____) <p><b>Birth-focused setting</b></p> <input type="checkbox"/> <sub>18</sub> Freestanding birth center <input type="checkbox"/> <sub>19</sub> Home birth practice <p><b>Other type of setting</b></p> <input type="checkbox"/> <sub>20</sub> Academic education program <input type="checkbox"/> <sub>21</sub> Correctional system <input type="checkbox"/> <sub>22</sub> Care management company <input type="checkbox"/> <sub>23</sub> Other setting (describe: _____)
26. Indicate the zip codes for up to 3 sites at which you practice in this position, and the percentage of time you spend at each	Site 1 zip code: _____ % time: _____ Site 2 zip code: _____ % time: _____ Site 3 zip code: _____ % time: _____	Site 1 zip code: _____ % time: _____ Site 2 zip code: _____ % time: _____ Site 3 zip code: _____ % time: _____
27. Are any of your practice sites in an underserved community?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
28. Do you provide telehealth services in this position?	<input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> Video: _____ % time <input type="checkbox"/> <sub>3</sub> Voice only: _____ % time	<input type="checkbox"/> <sub>1</sub> No <input type="checkbox"/> <sub>2</sub> Video: _____ % time <input type="checkbox"/> <sub>3</sub> Voice only: _____ % time
29. How often is a physician present on-site to discuss patient problems as they occur?	<input type="checkbox"/> <sub>1</sub> Never <input type="checkbox"/> <sub>2</sub> Seldom (1-25% time) <input type="checkbox"/> <sub>3</sub> Sometimes (26-50% time) <input type="checkbox"/> <sub>4</sub> Usually (51-75% time) <input type="checkbox"/> <sub>5</sub> Nearly always (76-100% time)	<input type="checkbox"/> <sub>1</sub> Never <input type="checkbox"/> <sub>2</sub> Seldom (1-25% time) <input type="checkbox"/> <sub>3</sub> Sometimes (26-50% time) <input type="checkbox"/> <sub>4</sub> Usually (51-75% time) <input type="checkbox"/> <sub>5</sub> Nearly always (76-100% time)

	<b>Principal position</b> (where you spend the most time)	<b>Secondary position</b> (where you spend the second-most time)
30. How are you paid in this position? Check only one.	<input type="checkbox"/> <sub>1</sub> Annual salary <input type="checkbox"/> <sub>2</sub> By the hour <input type="checkbox"/> <sub>3</sub> By the birth <input type="checkbox"/> <sub>4</sub> Percentage of billing <input type="checkbox"/> <sub>5</sub> Base salary with bonus <input type="checkbox"/> <sub>6</sub> Other type of payment structure (describe: _____)	<input type="checkbox"/> <sub>1</sub> Annual salary <input type="checkbox"/> <sub>2</sub> By the hour <input type="checkbox"/> <sub>3</sub> By the birth <input type="checkbox"/> <sub>4</sub> Percentage of billing <input type="checkbox"/> <sub>5</sub> Base salary with bonus <input type="checkbox"/> <sub>6</sub> Other type of payment structure (describe: _____)
31. What are your total annual earnings (before taxes) for this NP/NM position?	\$ _____	\$ _____
32. Over the past 12 months, what percent of your patients <b>do you estimate</b> paid for care by.... (Total should be 100%.)	_____% Medi-Cal fee-for-service _____% Medi-Cal managed care _____% Medicare fee-for-service _____% Medicare Advantage _____% Commercial insurance fee-for-service or PPO _____% Commercial insurance HMO _____% Workers' compensation _____% Other government program _____% Self-pay _____% Charity care/unpaid care _____% Other (specify: _____)	_____% Medi-Cal fee-for-service _____% Medi-Cal managed care _____% Medicare fee-for-service _____% Medicare Advantage _____% Commercial insurance fee-for-service or PPO _____% Commercial insurance HMO _____% Workers' compensation _____% Other government program _____% Self-pay _____% Charity care/unpaid care _____% Other (specify: _____)
33. Which types of patients is your practice/setting currently accepting? Check all that apply.	<input type="checkbox"/> <sub>a</sub> Medi-Cal fee-for-service <input type="checkbox"/> <sub>b</sub> Medi-Cal managed care <input type="checkbox"/> <sub>c</sub> Medicare fee-for-service <input type="checkbox"/> <sub>d</sub> Medicare Advantage <input type="checkbox"/> <sub>e</sub> Commercial insurance fee-for-service or PPO <input type="checkbox"/> <sub>f</sub> Commercial insurance HMO <input type="checkbox"/> <sub>g</sub> Workers' compensation <input type="checkbox"/> <sub>h</sub> Other government program <input type="checkbox"/> <sub>i</sub> Self-pay <input type="checkbox"/> <sub>j</sub> Charity care/unpaid care <input type="checkbox"/> <sub>k</sub> Other specify: _____)	<input type="checkbox"/> <sub>a</sub> Medi-Cal fee-for-service <input type="checkbox"/> <sub>b</sub> Medi-Cal managed care <input type="checkbox"/> <sub>c</sub> Medicare fee-for-service <input type="checkbox"/> <sub>d</sub> Medicare Advantage <input type="checkbox"/> <sub>e</sub> Commercial insurance fee-for-service or PPO <input type="checkbox"/> <sub>f</sub> Commercial insurance HMO <input type="checkbox"/> <sub>g</sub> Workers' compensation <input type="checkbox"/> <sub>h</sub> Other government program <input type="checkbox"/> <sub>i</sub> Self-pay <input type="checkbox"/> <sub>j</sub> Charity care/unpaid care <input type="checkbox"/> <sub>k</sub> Other specify: _____)
34. How is most of your care for <b>Medi-Cal</b> patients billed? Check only one.	<input type="checkbox"/> <sub>1</sub> Do not see Medi-Cal patients <input type="checkbox"/> <sub>2</sub> Bill as primary provider <input type="checkbox"/> <sub>3</sub> Bill incident to physician <input type="checkbox"/> <sub>4</sub> Bill as part of hospital/agency care <input type="checkbox"/> <sub>5</sub> Don't know	<input type="checkbox"/> <sub>1</sub> Do not see Medi-Cal patients <input type="checkbox"/> <sub>2</sub> Bill as primary provider <input type="checkbox"/> <sub>3</sub> Bill incident to physician <input type="checkbox"/> <sub>4</sub> Bill as part of hospital/agency care <input type="checkbox"/> <sub>5</sub> Don't know
35. How is most of your care for <b>Medicare</b> patients billed? Check only one.	<input type="checkbox"/> <sub>1</sub> Do not see Medicare patients <input type="checkbox"/> <sub>2</sub> Bill as primary provider <input type="checkbox"/> <sub>3</sub> Bill incident to physician <input type="checkbox"/> <sub>4</sub> Bill as part of hospital/agency care <input type="checkbox"/> <sub>5</sub> Don't know	<input type="checkbox"/> <sub>1</sub> Do not see Medicare patients <input type="checkbox"/> <sub>2</sub> Bill as primary provider <input type="checkbox"/> <sub>3</sub> Bill incident to physician <input type="checkbox"/> <sub>4</sub> Bill as part of hospital/agency care <input type="checkbox"/> <sub>5</sub> Don't know

	<b>Principal position</b> (where you spend the most time)	<b>Secondary position</b> (where you spend the second-most time)
36. What do you estimate is the racial/ethnic composition of your patient population? (Please estimate, total should be 100%.)	<input type="text"/> % Black/African-American <input type="text"/> % Hispanic/Latinx <input type="text"/> % White, non-Hispanic <input type="text"/> % Native Hawaiian <input type="text"/> % Pacific Islander (e.g., Tongan, Palauan) <input type="text"/> % East Asian (e.g., Japanese, Chinese, Korean) <input type="text"/> % South Asian (e.g., Indian, Pakistani) <input type="text"/> % Southeast Asian (e.g. Vietnamese, Filipino) <input type="text"/> % Native American/ Alaska Native <input type="text"/> % Multi-racial/ethnic	<input type="text"/> % Black/African-American <input type="text"/> % Hispanic/Latinx <input type="text"/> % White, non-Hispanic <input type="text"/> % Native Hawaiian <input type="text"/> % Pacific Islander (e.g., Tongan, Palauan) <input type="text"/> % East Asian (e.g., Japanese, Chinese, Korean) <input type="text"/> % South Asian (e.g., Indian, Pakistani) <input type="text"/> % Southeast Asian (e.g. Vietnamese, Filipino) <input type="text"/> % Native American/ Alaska Native <input type="text"/> % Multi-racial/ethnic
37. What do you estimate is the gender composition of your patient population? (Please estimate, total should be 100%.)	<input type="text"/> % Women <input type="text"/> % Men <input type="text"/> % Trans Men <input type="text"/> % Trans Women <input type="text"/> % Genderqueer/Gender Non-conforming <input type="text"/> % Other (describe: _____)	<input type="text"/> % Women <input type="text"/> % Men <input type="text"/> % Trans Men <input type="text"/> % Trans Women <input type="text"/> % Genderqueer/Gender Non-conforming <input type="text"/> % Other (describe: _____)
38. What percentage of your patients are immigrants, temporary migrants, or refugees? (Please estimate.)	<input type="text"/> % Immigrants <input type="text"/> % Temporary refugees <input type="text"/> % Refugees	<input type="text"/> % Immigrants <input type="text"/> % Temporary refugees <input type="text"/> % Refugees
39. What percentage of your clients prefer to receive services in a language other than English?	<input type="text"/> % prefer a non-English language	<input type="text"/> % prefer a non-English language
40. Indicate the <b>three most common</b> non-English languages spoken by your patients.	<input type="checkbox"/> <sub>a</sub> Spanish <input type="checkbox"/> <sub>g</sub> Korean <input type="checkbox"/> <sub>b</sub> Cantonese <input type="checkbox"/> <sub>h</sub> Farsi <input type="checkbox"/> <sub>c</sub> Mandarin <input type="checkbox"/> <sub>i</sub> Arabic <input type="checkbox"/> <sub>d</sub> Vietnamese <input type="checkbox"/> <sub>j</sub> Russian <input type="checkbox"/> <sub>e</sub> Tagalog <input type="checkbox"/> <sub>k</sub> Japanese <input type="checkbox"/> <sub>f</sub> Armenian <input type="checkbox"/> <sub>i</sub> Other (specify: _____)	<input type="checkbox"/> <sub>a</sub> Spanish <input type="checkbox"/> <sub>g</sub> Korean <input type="checkbox"/> <sub>b</sub> Cantonese <input type="checkbox"/> <sub>h</sub> Farsi <input type="checkbox"/> <sub>c</sub> Mandarin <input type="checkbox"/> <sub>i</sub> Arabic <input type="checkbox"/> <sub>d</sub> Vietnamese <input type="checkbox"/> <sub>j</sub> Russian <input type="checkbox"/> <sub>e</sub> Tagalog <input type="checkbox"/> <sub>k</sub> Japanese <input type="checkbox"/> <sub>f</sub> Armenian <input type="checkbox"/> <sub>i</sub> Other (specify: _____)

41. Do you purchase your own **individual** malpractice insurance? <sub>1</sub> Yes → **Skip to the next question**  
<sub>2</sub> No → Why not? Check all that apply.
- <sub>a</sub> My employer provides my malpractice insurance
  - <sub>b</sub> Cost is too high
  - <sub>c</sub> Lack of policies that offer coverage to APRNs in general
  - <sub>d</sub> Lack of policies that offer coverage for services I offer
  - <sub>e</sub> Lack of administrative support to research and maintain malpractice insurance
  - <sub>f</sub> I'm willing to take the risk of a malpractice lawsuit
  - <sub>g</sub> Philosophically opposed to malpractice insurance
  - <sub>h</sub> I can afford to pay a malpractice claim without insurance
  - <sub>i</sub> Other (describe: \_\_\_\_\_)

42. Please indicate if you have or have applied for each of these hospital privileges for your **current** APRN role(s).

**Skip** any privileges in which you are not interested.

	I have this privilege	I have applied but was denied this privilege	I would like this privilege but have not applied for it
Admit patients to a hospital	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Round at a hospital	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Discharge from a hospital	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
Write orders without physician co-signature	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

43. If you don't have hospital privileges, why not? (If you have privileges, **skip** to the next question.)

	Very important reason	Important reason	Somewhat important reason	Not an important reason
Not interested in hospital practice	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
I trust hospital clinicians to manage my patients	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Hospitals near me won't credential NPs or NMs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Lack of physician support to acquire privileges	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Other (describe: _____)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

44. Do you have a Drug Enforcement Agency (DEA) registration to prescribe controlled substances?

<sub>1</sub> Yes    <sub>2</sub> No

45. Do you have a DEA-X registration (waiver to prescribe buprenorphine for opioid use disorder)?

<sub>1</sub> Yes → In what year did you get your waiver? \_\_\_\_ \_

How many patients are you allowed to have in your panel? <sub>1</sub> 30    <sub>2</sub> 100    <sub>3</sub> 275

How many patients do you have at this time? \_\_\_\_\_ patients

<sub>2</sub> No → Why not? Check all that apply.

- <sub>a</sub> I don't know what DEA-X registration is
- <sub>b</sub> I don't have enough time to get a DEA-X registration
- <sub>c</sub> Other clinicians in my practice are resistant to my getting a waiver
- <sub>d</sub> My administration does not want clinicians to get waivers
- <sub>e</sub> Financial/reimbursement concerns
- <sub>f</sub> Lack of specialty backup for complex problems
- <sub>g</sub> Lack of confidence in my ability to manage opioid use disorder
- <sub>h</sub> Lack of available mental health or psychosocial support services
- <sub>i</sub> Lack of addiction care services beyond the clinic
- <sub>j</sub> Concern about attracting drug users to my practice
- <sub>k</sub> DEA intrusion in my practice
- <sub>l</sub> Concern about diversion or misuse of medication
- <sub>m</sub> Clinic policies
- <sub>n</sub> Lack of physician support or collaboration
- <sub>o</sub> Insurance issues like prior authorization and limits on prescription duration
- <sub>p</sub> The patient cap limits the potential benefit of my getting a waiver
- <sub>q</sub> I didn't know I could get a DEA-X registration until now
- <sub>r</sub> It just doesn't seem like something that would benefit my patients or practice
- <sub>s</sub> Other (describe: \_\_\_\_\_)

46. Which of the following do you participate in or do on a regular basis in your practice? Check all that apply.

- <sub>a</sub> Screen patients for health-related social needs (e.g., housing, food, economic insecurity)
- <sub>b</sub> Refer patients to non-licensed providers in your practice who can address patients' social needs (e.g., CHWs)
- <sub>c</sub> Refer patients to licensed providers in your practice who can address patients' social needs (e.g., LCSWs)
- <sub>d</sub> Refer patients to community-based resources to address patients' social needs

### SECTION C: PRECEPTING STUDENTS

47. Have you precepted students in the **past 12 months**?

<sub>1</sub> Yes (continue to next question)    <sub>2</sub> No → **Skip to Question 52 on the next page**



48. **How many** students have you precepted in the past year?  
 \_\_\_\_\_ NP students    \_\_\_\_\_ NM students    \_\_\_\_\_ PA students    \_\_\_\_\_ Medical students    \_\_\_\_\_ RN students
49. How many NP and NM students did you precept over the past year from these types of programs?  
 Traditional in-person programs based in California: \_\_\_\_\_ # NP students    \_\_\_\_\_ # NM students  
 Distance-learning programs based in California: \_\_\_\_\_ # NP students    \_\_\_\_\_ # NM students  
 Distance-learning programs based in other states: \_\_\_\_\_ # NP students    \_\_\_\_\_ # NM students
50. Please tell us about your NP and NM students' racial/ethnic backgrounds.    # NP    # NM
- |                                    |       |       |
|------------------------------------|-------|-------|
| Black/African-American             | _____ | _____ |
| Hispanic/Latinx                    | _____ | _____ |
| White, non-Hispanic                | _____ | _____ |
| Native Hawaiian                    | _____ | _____ |
| Pacific Islander (e.g., Samoan)    | _____ | _____ |
| East Asian (e.g., Chinese, Korean) | _____ | _____ |
| South Asian (e.g., Indian)         | _____ | _____ |
| Southeast Asian (e.g., Vietnamese) | _____ | _____ |
| Native American/Alaskan Native     | _____ | _____ |
| Multi-racial/ethnic                | _____ | _____ |

51. Have you received formal training for precepting? <sub>1</sub> Yes    <sub>2</sub> No

52. **If you do not precept NP/NM students from California-based programs**, how important are each of these reasons?
- |  | Very important<br>reason              | Important<br>reason                   | Somewhat important<br>reason          | Not an important<br>reason            |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Not interested in precepting                               | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| Not enough experience as an APRN to precept                | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| My workplace does not offer opportunities to precept       | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| Lack of physical space for students                        | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| Lack of time due to clinical demands                       | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| Lack of payment for precepting                             | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| COVID-19 pandemic makes precepting too hard                | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| Don't like precepting                                      | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| Unsure I have the skills needed for precepting             | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| Too much paperwork required                                | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| Competition for spots from non-NP/NM students/residents    | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| Competition for spots from out-of-state programs           | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| Patients do not want involvement of students in their care | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |

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**SECTION D: NURSE PRACTITIONER PRACTICE**

53. Do you practice as a nurse practitioner (NP)?  
<sub>1</sub> Yes (continue to next question)    <sub>2</sub> No → **Skip to Section E on page 10**
54. Where is your official collaborating physician located?  
<sub>1</sub> My official collaborating physician is in another practice/system than mine  
<sub>2</sub> My official collaborating physician is at another site within the same practice/system  
<sub>3</sub> My official collaborating physician is within my practice and at my site
55. California regulations will soon be established to allow NPs to practice without physician supervision. To what degree are you interested in making each of these types of changes in your employment or practice due to this change?
- |  | No interest<br>in this                | Somewhat<br>interested in this        | Seriously<br>considering this         | Definitely plan<br>to make this change |
|--|---------------------------------------|---------------------------------------|---------------------------------------|--|
| Establish my own primary care NP practice          | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub>  |
| Establish my own specialty care NP practice        | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub>  |
| Relocate my practice to an underserved community   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub>  |
| Change my practice to serve more people of color   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub>  |
| Change my practice to serve more Medi-Cal patients | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub>  |

56. If you are seriously considering or planning changes, please describe: \_\_\_\_\_

57. What is the influence of **each** of these factors in your **interest** in changing or not changing your practice?

	Strongly makes me want to <u>change</u>			←	Does not affect my interest in <u>changing</u>	→			Strongly makes me want to <u>not change</u>
	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>		<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	
Level of satisfaction with my current practice	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>		<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	
Level of satisfaction with my current colleagues	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>		<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	
Level of satisfaction with my current organization's mission	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>		<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	
Desire to improve health equity	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>		<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	
Desire to live in a rural location	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>		<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	
Desire to serve the community from which I came	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>		<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	
Desire to practice in a truly independent fashion	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>		<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	
Financial independence of having my own practice	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>		<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	
Lack of knowledge about running my own practice	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>		<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	
Lack of confidence in my clinical skills	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>		<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	
Concern about financial viability of an independent practice	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>		<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	

**SECTION E: NURSE-MIDWIFERY PRACTICE**

58. Do you practice as a nurse midwife (NM)?

<sub>1</sub> Yes (continue to next question) <sub>2</sub> No → **Skip to Section F on page 12**

59. Do you attend births in your midwife role? <sub>1</sub> Yes <sub>2</sub> No

60. Do you participate as first assistant in Cesarean deliveries in your NM position(s)? <sub>1</sub> Yes <sub>2</sub> No

61. Please indicate the numbers of births you have attended in these settings **in the past 12 months**:

Number of hospital births: \_\_\_\_\_ Number of home births: \_\_\_\_\_ Number of birth center births: \_\_\_\_\_

62. How many of each of these types of births have you attended **in the past 12 months**?

Vaginal births after Cesarean: \_\_\_\_\_ Breech presentation: \_\_\_\_\_ Multiples: \_\_\_\_\_

63. Which of the following are **currently** part of your practice? Check all that apply.

- <sub>a</sub> Preventive sexual and reproductive health care (e.g., cancer screening, family planning)
- <sub>b</sub> Antepartum care
- <sub>c</sub> Intrapartum care
- <sub>d</sub> Postpartum care
- <sub>e</sub> Postpartum home visits
- <sub>f</sub> Nitrous oxide
- <sub>g</sub> Water birth
- <sub>h</sub> Homebirth
- <sub>i</sub> Providing medication abortion
- <sub>j</sub> Providing aspiration abortion
- <sub>k</sub> Lactation consultant
- <sub>l</sub> Breastfeeding initiation and maintenance
- <sub>m</sub> Ordering of ultrasounds independently
- <sub>n</sub> Performing in-office ultrasound for dating pregnancy
- <sub>o</sub> In-office or at-home non-stress test (NST)
- <sub>p</sub> Collaboration with translators/translation services
- <sub>q</sub> Screening for mental health/substance use issues
- <sub>r</sub> Substance use disorder treatment
- <sub>s</sub> Group prenatal/postpartum care
- <sub>t</sub> Performing ultrasound for 3rd trimester fetal position verification and/or assessment of amniotic fluid

64. Please rate the degree of your agreement with these statements regarding your **principal** NM position.

	Strongly Agree	Mostly Agree	Somewhat Agree	Somewhat Disagree	Mostly Disagree	Strongly Disagree
	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
My back-up physician(s) <u>understand</u> the midwifery model of care	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
My back-up physician(s) <u>advocate</u> for the midwifery model of care	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Local physicians <u>understand</u> the midwifery model of care	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Local physicians <u>advocate</u> for the midwifery model of care	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

65. How many times in the **past 3 years** have you experienced unprofessional or hostile behavior from a physician in relationship to your role as a midwife?

\_\_\_\_\_ # unprofessional or hostile experiences with physicians

66. California regulations now allow nurse-midwives to practice without physician supervision. Have you made changes or are you considering changes in your employment or practice due to this change?

	No interest in this	Considering this	Planning this	Have already done this
Establish my own midwifery practice, hospital birth-focused	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Establish my own midwifery practice at a birthing center	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Establish my own midwifery practice for home birth	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Relocate my practice to an underserved community	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Change my practice to serve more people of color	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Change my practice to serve more Medi-Cal patients	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

67. If you have made changes or are planning changes, please describe: \_\_\_\_\_

68. What is the influence of **each** of these factors in your **interest** in changing or not changing your practice?

	Strongly makes me want to <u>change</u>			Does not affect my interest in <u>changing</u>			Strongly makes me want to <u>not change</u>
		←				→	
Level of satisfaction with my current practice	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
Level of satisfaction with my current colleagues	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
Level of satisfaction with my current organization's mission	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
Desire to improve health equity	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
Desire to live in a rural location	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
Desire to serve the community from which I came	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
Desire to practice in a truly independent fashion	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
Financial independence of having my own practice	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
Lack of knowledge about running my own practice	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
Lack of confidence in my clinical skills	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
Concern about financial viability of an independent practice	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

69. What are your practice and/or employment plans regarding your midwifery practice in the next...

	Two years?	Five years?
Increase my number of births	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>
Keep my number of births stable	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>
Decrease my number of births	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>
Stop providing birth care permanently or temporarily	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>

70. Do you attend home births? <sub>1</sub> Yes (continue to next question) <sub>2</sub> No → **Skip to Section F on the next page**

71. How many physicians provide collaborative care to your clients? Please enter "0" if no physicians will do so.

\_\_\_\_\_ # physicians who provide collaborative care with me

72. How many different hospitals have you transferred to in the past year? \_\_\_\_\_ In the past 3 years? \_\_\_\_\_

73. How many hospitals in your area have maternity units that you think provide appropriate care for a midwifery transfer?

\_\_\_\_\_ # with appropriate transfer care      How many do not have appropriate transfer care? \_\_\_\_\_

74. Have you bypassed the nearest hospital for a transfer in the past 3 years?

<sub>1</sub> Yes → Why did you bypass the nearest hospital? Check all that apply.

<sub>2</sub> No

<sub>a</sub> Insurance didn't cover care at the nearest hospital

<sub>b</sub> Client preference

<sub>c</sub> Client required care not available at the nearest hospital

<sub>d</sub> Nearest hospital was hostile to midwifery care

<sub>e</sub> Back-up physician preferred another hospital

<sub>f</sub> Nearest hospital was full and could not take my patient

**SECTION F: SATISFACTION WITH PRACTICE AND BARRIERS TO QUALITY & EQUITY**

75. In your NP/NM work...

	Always	Almost	Often	Occasionally	Seldom	Never
Do you feel free to practice to the fullest extent of <b>legal scope</b> ?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Are you allowed to practice to the fullest extent of <b>your expertise</b> ?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

76. How much do these factors interfere with the care you provide?

	Not a problem	Minor problem	Major problem	Not applicable
Inadequate time with patients	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Difficulties communicating with patients due to language or cultural barriers	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Lack of appropriate and willing specialists to whom to refer patients	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Not getting timely reports from other providers and facilities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Challenges with co-management of care	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Too much time spent on insurance billing and follow-up	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Too much time spent explaining insurance and financial policy to patients	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Financial structure does not support meeting clients' social needs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Denial of coverage/care decisions by insurance companies	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Scope of practice restrictions by government	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Patients' inability to receive needed care because of inability to pay	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Non-paying patients/bad debt	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
High liability insurance rates	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Non-reimbursable overhead costs (e.g., supplies, rent)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Lack of call coverage	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Poor integration of NP/NM care with other healthcare services	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Lack of ancillary clinical support	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Inadequate or slow 3 <sup>rd</sup> -party payment	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Challenges with behavioral health referrals	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Lack of integration of mental health care	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Lack of confidence or knowledge to provide culturally appropriate care	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Lack of community resources to address social determinants of health	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Lack of resources to refer for comprehensive mental health services	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

77. How likely do you think that each of these things contributes to **regional racial/ethnic disparities** in health care?

	Extremely likely	Very likely	Somewhat likely	Not likely
General miscommunication with patients	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Lack of providers in locations where people of color live	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Provider workforce diversity	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Provider lack of time and/or resources	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Provider lack of skills in communicating with people from different racial/ethnic backgrounds	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Differences in prescribing medications	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Provider attitudes and beliefs about people of color	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Patient/client health behaviors	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Patient/client level of health literacy	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Patient/client adherence to treatment	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Patient/client understanding of treatment	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Patient/client attitudes and beliefs about provider	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Patient/client preference for type of treatment	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Lack of research and policy attention to how health conditions affect diverse racial/ethnic groups	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Fear of speaking up when a patient is mistreated or disrespected	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Stigma	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Provider/patient racial discordance	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

78. Please read each of these statements carefully and decide if you ever feel this way about your job.<sup>1</sup>

	Never	A few times a year	Once a month	A few times a month	Once a week	A few times per week	Every day
I feel emotionally drained from my work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
I feel used up at the end of the workday	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
I feel fatigued when I get up in the morning and have to face another day on the job	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
I feel I treat some clients as if they were impersonal objects	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
Working with people all day is really a strain for me	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
I feel burned out from work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
I've become more callous toward people since I took this job	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
I worry that this job is hardening me emotionally	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
I feel frustrated by my job	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
I feel I'm working too hard on my job	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
I don't really care what happens to some clients	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
Working with people directly puts too much stress on me	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
I feel like I'm at the end of my rope	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
I feel clients blame me for some of their problems	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

79. Please rate the degree of your agreement with these statements about the team with which you work most frequently.

	Strongly Agree	Mostly Agree	Somewhat Agree	Somewhat Disagree	Mostly Disagree	Strongly Disagree
If you make a mistake on this team, it is often held against you	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Members of my team are able to bring up problems and tough issues	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
People on my team sometimes reject others for being different	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
It is safe to take a risk on this team	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
It is difficult to ask other members of this team for help	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
No one on my team would deliberately act in a way that undermines my efforts	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Working with members of this team, my unique skills and talents are valued and utilized	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

80. What barriers exist to **your practice** serving more people of color?

	Not a barrier	Minor barrier	Major barrier	Not applicable
Population near my practice does not include many people of color	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Insurance contracts determine my patient population	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Language barriers	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Cultural barriers	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Lack of demand for NP/NM care from people of color	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

81. What barriers exist to **your practice** serving more patients who are LGBTQ (lesbian/gay/bisexual/transgender/queer)?

	Not a barrier	Minor barrier	Major barrier	Not applicable
Population near my practice does not include many LGBTQ people	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Insurance contracts determine my patient population	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Lack of expertise in transgender care needs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Lack of demand for NP/NM care from LGBTQ population	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

<sup>1</sup> MBI - Human Services Survey for Medical Personnel: Copyright ©1981, 2016 Christina Maslach & Susan E. Jackson. All rights reserved in all media. Published by Mind Garden, Inc., www.mindgarden.com

82. For each item, please indicate the extent to which you agree that the following items are present in your **principal** NP or NM practice setting. Please respond thinking about the advanced practice role you have in that setting.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Does Not Apply
In my organization, the NP/NM role is well understood	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>0</sub>
I feel valued by my organization	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>0</sub>
Physicians support my patient care decisions	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>0</sub>
NPs/NMs are an integral part of the organization	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>0</sub>
In my practice setting, staff members have a good understanding of NP/NM roles in the organization	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>0</sub>
I feel valued by my physician colleagues	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>0</sub>
I regularly get feedback about my performance from my organization	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>0</sub>
Physicians in my practice setting trust my patient care decisions	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>0</sub>
Physicians may ask NPs/NMs for their advice to provide patient care	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>0</sub>
Administration is open to NP/NM ideas to improve patient care	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>0</sub>
Administration takes NP/NM concerns seriously	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>0</sub>
Physicians seek NPs'/NMs' input when providing patient care	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>0</sub>
I do not have to discuss every patient care detail with a physician	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>0</sub>
Administration shares information equally with NPs/NMs and physicians	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>0</sub>
Administration is well-informed of the skills and competencies of NPs/NMs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>0</sub>
In my organization, I freely apply all my knowledge and skills to provide patient care	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>0</sub>
Administration treats NP/NMs and physicians equally	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>0</sub>
Administration makes efforts to improve working conditions for NPs/NMs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>0</sub>
In my organization, there is constant communication between NPs/NMs and Administration	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>0</sub>
My organization does not restrict my ability to practice within my scope of practice	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>0</sub>
In my organization, I can provide all patient care within my scope of practice	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>0</sub>
Physicians and NPs/NMs have similar support for care management (e.g., help with patient follow-up, referrals, labs, etc.)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>0</sub>
My organization creates an environment where I can practice independently	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>0</sub>
In my practice setting, I have colleagues who I can ask for help	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>0</sub>

83. What are your practice and/or employment plans regarding your NP/NM practice in the next...

	Two years?	Five years?
Increase my hours of work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>
Keep my number of hours of work stable	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>
Decrease my hours of work	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>
Take a temporary break from my NP/NM work	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>
Leave NP/NM work entirely, but not retire	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>5</sub>
Retire	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>6</sub>

### SECTION G: FOR THOSE NOT PRACTICING AS AN NP OR NM

If you practice as an NP or NM, please skip to Section H on the next page.

84. How long has it been since you last practiced as an NP/NM? \_\_\_\_\_ years <sub>0</sub> I never practiced as an NP or NM

85. What role did you last hold? <sub>1</sub> NP <sub>2</sub> NM <sub>0</sub> I never practiced as an NP or NM

86. What are your intentions regarding work as an NP/NM? Check only one.

- |  |   |
|--|---|
| <input type="checkbox"/> <sub>1</sub> Currently seeking employment as an NP          | <input type="checkbox"/> <sub>5</sub> Plan to return to NP/NM practice in more than 3 years |
| <input type="checkbox"/> <sub>2</sub> Currently seeking employment as an NM          | <input type="checkbox"/> <sub>6</sub> Definitely will not return to or seek NP/NM position  |
| <input type="checkbox"/> <sub>3</sub> Plan to return to NP/NM practice within 1 year | <input type="checkbox"/> <sub>7</sub> Undecided at this time                                |
| <input type="checkbox"/> <sub>4</sub> Plan to return to NP/NM practice in 1-3 years  |   |

87. How important are these reasons for not practicing as an APRN?

	Very important	Important	Somewhat important	Not important	Does not apply
Retired	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Stress/fatigue specific to NP/NM role	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Dissatisfaction with NP/NM earnings/salaries	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Dissatisfaction with NP/NM profession	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Inconvenient schedules	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Overall lack of NP/NM practice opportunities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Lack of NP/NM practice opportunities in desired geographic location	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Lack of NP/NM opportunities in desired setting	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Lack of NP/NM opportunities in desired specialty	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Denied job due to lack of experience	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Challenges associated with scope of practice restrictions	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Lack of integration of NP/NM care in the health care system	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Dissatisfaction with degree of collaboration with other providers	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Not able to serve the clients I want to serve	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Not allowed or supported in providing care in the NP/NM model of care	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Lack of respect for NP/NM role	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Liability insurance concerns	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Lack of good management/leadership to support my practice	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Childcare or other family responsibilities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Relocated to a different community, did not establish a practice there	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Overall stress associated with working	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Illness or injury	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Wanted to try another occupation	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Mastered clinical practice & desire another challenge	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Desire to conduct research or contribute to policy	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Desire to consult in healthcare, public health or technology	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Desire to teach or obtain a faculty position	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Obtained leadership role in non-profit or healthcare administration	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Other (specify: _____)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**SECTION H: EMPLOYMENT OUTSIDE THE NP/NM ADVANCED ROLE**

88. Are you employed outside an NP/NM role? <sub>1</sub> Yes <sub>2</sub> No → **Skip to the Section I, below**

89. Which of these best describes your non-NP/NM job?

Position that **requires** my RN license:

- <sub>1</sub> RN position in a hospital
- <sub>2</sub> RN position in a clinic or medical practice
- <sub>3</sub> RN position in a home health agency
- <sub>4</sub> Faculty/academic position
- <sub>5</sub> Other (describe: \_\_\_\_\_)

Position that **does not** require an RN license:

- <sub>6</sub> Health care administration or management
- <sub>7</sub> Health-related services that do not require RN license
- <sub>8</sub> Education post-secondary or vocational
- <sub>9</sub> Education, elementary or secondary
- <sub>10</sub> Other (describe: \_\_\_\_\_)

90. How much do you work in your non-NP/NM job? \_\_\_\_\_ hours/week \_\_\_\_\_ months/year

91. What is your annual income from your non-NP/NM work? \$ \_\_\_\_\_

**SECTION I: DEMOGRAPHICS**

92. In what year were you born? \_\_\_\_\_

93. What is your gender identity? <sub>1</sub> Male <sub>2</sub> Female <sub>3</sub> Trans Man <sub>4</sub> Trans Woman  
<sub>5</sub> Non-Binary <sub>6</sub> Genderqueer <sub>7</sub> Gender Non-conforming  
<sub>8</sub> Prefer to self-describe: \_\_\_\_\_

94. What is your household partnership status? <sub>1</sub> Not married/partnered <sub>2</sub> Married or in a partner relationship

95. Do you have children living in your home?

<sub>1</sub> Yes → how many & how old are they? \_\_\_\_\_ # 0-2 years old \_\_\_\_\_ # 13-17 years old  
\_\_\_\_\_ # 3-5 years old \_\_\_\_\_ # 18 years and older  
<sub>2</sub> No \_\_\_\_\_ # 6-12 years old

96. What is your racial/ethnic background? Check all that apply.

<sub>a</sub> African-American/Black/African <sub>b</sub> American Indian/Native American/Alaskan Native

<sub>c</sub> Caucasian/White/European/Middle Eastern

Latino Hispanic: <sub>d</sub> Mexican <sub>e</sub> Central American <sub>f</sub> South American <sub>g</sub> Other Hispanic

Asian/Pacific Islander:

<sub>h</sub> Cambodian <sub>k</sub> Filipino <sub>n</sub> Indian <sub>q</sub> Korean <sub>t</sub> Samoan <sub>w</sub> Vietnamese

<sub>i</sub> Chinese <sub>l</sub> Guamanian <sub>o</sub> Indonesian <sub>r</sub> Laotian/Hmong <sub>u</sub> Thai <sub>x</sub> Other Asian

<sub>j</sub> Fijian <sub>m</sub> Hawaiian <sub>p</sub> Japanese <sub>s</sub> Pakistani <sub>v</sub> Tongan

<sub>y</sub> Other

97. Do you speak any of these non-English languages **fluently**?

<sub>a</sub> Spanish <sub>c</sub> Mandarin <sub>e</sub> Tagalog <sub>g</sub> Korean <sub>i</sub> Arabic <sub>k</sub> Japanese

<sub>b</sub> Cantonese <sub>d</sub> Vietnamese <sub>f</sub> Armenian <sub>h</sub> Farsi <sub>j</sub> Russian <sub>l</sub> Other (specify: \_\_\_\_\_)

98. Which category best describes how much income your **total household** received last year? This is the before-tax income of **all** persons living in your household?

<sub>a</sub> <\$50,000 <sub>c</sub> \$75,000-\$99,999 <sub>e</sub> \$125,000-\$149,999 <sub>g</sub> \$175,000-\$199,999

<sub>b</sub> \$50,000-\$74,999 <sub>d</sub> \$100,000-\$124,999 <sub>f</sub> \$150,000-\$174,999 <sub>h</sub> \$200,000 or more

**If you have additional thoughts or comments about advanced practice nursing in California, please write them below.**

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**Are you willing to be contacted for future research?**

I am willing to be contacted for future surveys.

I am willing to be contacted to participate in interviews or focus groups for future research studies.

**Name:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

I would like to be notified when the report is published.

**Email address:** \_\_\_\_\_