Section I. NP Education, Licensure and Workforce Participation

1. Do you have a current certification, licensure, or other legal recognition from a State Board of Nursing to practice as a Nurse Practitioner (NP)?
   - Yes
   - No → If No go to #52 on page 8

2. In which state(s) do you currently have certification/licensure/recognition to practice as an NP? List up to 3
   - [ ]
   - [ ]
   - [ ]

3. Which educational program(s) did you complete for your NP preparation? Check all that apply.
   - Certificate Program (no master’s degree)
   - Master’s degree
   - Post Master’s Certificate
   - Doctor of Nursing Practice degree
   - Other (specify)

4. In what year did you complete your initial NP education program?
   - [ ]
   - [ ]
   - [ ]

5. In which area(s) have you ever received certification from a national certifying organization for NPs? Check all that apply.
   - [ ] Acute care adult
   - [ ] Acute care pediatric
   - [ ] Adult
   - [ ] Gerontology
   - [ ] Family
   - [ ] Pediatric
   - [ ] Neonatal
   - [ ] Psych/mental health
   - [ ] Women’s health
   - [ ] Other (specify)

6. Are you employed in any positions that require state certification/licensure/recognition to practice as an NP?
   - [ ] Yes → If Yes go to #8
   - [ ] No

7. If you are not working as an NP, what are the reasons? Check all that apply.
   - [ ] Overall lack of NP jobs/practice opportunities
   - [ ] Lack of NP jobs/practice opportunities in desired location
   - [ ] Lack of NP jobs/practice opportunities in desired type of facility
   - [ ] Lack of NP jobs/practice in desired specialty
   - [ ] Limited scope of practice for NPs in the state where practice is desired
   - [ ] Denied NP job due to lack of experience or qualification
   - [ ] Inadequate salary/compensation
   - [ ] Working outside the nursing field (describe)
   - [ ] Maternity/parenting/family leave
   - [ ] Poor health or disability
   - [ ] Choose not to work at this time
   - [ ] Retired
   - [ ] Other (specify)
8. Do you volunteer as an NP?
   - Yes
   - No → If No go to #10

9. How many hours per month do you volunteer as an NP?

Section II. All Nursing Employment

10. Do you work for pay in nursing, as a Registered Nurse (RN) or as an NP?
    - Yes
    - No → If No go to #52 on page 8

11. Your principal position is the RN or NP position in which you work the most hours per week. Please report only nursing positions for which you are paid. Do not include volunteer positions or adjunct faculty status. Describe your principal position. Check only one.

NP position
   - NP in clinical practice
   - Faculty requiring an NP credential
   - Researcher requiring an NP credential
   - Administrator requiring an NP credential
   - Other (specify)

Nursing position not requiring NP credential
   - RN staff nurse
   - Faculty
   - Administrator/Manager
   - Patient care coordinator
   - Other APRN role (specify)
   - Researcher
   - Consultant
   - Other (specify)

12. In what type of setting do you work in your principal position? Check only one.

   Ambulatory Settings
   - Private physician office/practice
   - Private NP office/practice
   - Nurse Managed clinic
   - Retail based clinic
   - Urgent care clinic
   - Ambulatory surgery center
   - Federal clinic (FQHC, VA, Military, NIH, IHS)

   Hospital Settings
   - Hospital inpatient unit
   - Hospital outpatient clinic (not an ED)
   - Hospital emergency department
   - Hospital-other (specify)

   Federal Hospital (Military, VA, NIH, IHS)

   Long Term and Elder Care
   - Long-term care facility
   - Hospice
   - Home care agency

   Public or Community Health
   - Community clinic
   - Correctional facility
   - Health department
   - Mental health center
   - Rural health clinic

   Other Settings
   - Academic (university/college) education program
   - Health maintenance organization/managed care
   - Occupational/employee health
   - School/college health service
   - Other (specify)

13. What is the ZIP code where you practice in your principal position?
14. In your principal position do you **use** an electronic health record (EHR) or electronic medical record (EMR) system? Do not include billing record systems.

- Yes
- No
- Don't know

15. In your principal position are there plans for installing a new EHR or EMR system within the next 18 months?

- Yes
- No
- Don't know
- Other (specify)

16. In a typical week, how many hours do you work in your principal position?

17. Please estimate your 2011 pre-tax annual earnings from your principal position. Include overtime, on-call earnings, and bonuses.

18. Do you have a National Provider Identifier (NPI) number?

- Yes
- No

19. Do you bill under your NPI number?

- Yes
- No

20. **How satisfied are you with each of the following aspects of your principal position?**

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Dissatisfied</th>
<th>Very Dissatisfied</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of time in patient care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Patient load</td>
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<tr>
<td>Patient mix</td>
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</tr>
<tr>
<td>Amount of paperwork required</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Level of autonomy</td>
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<td></td>
</tr>
<tr>
<td>Number of hours worked, including overtime</td>
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<td></td>
<td></td>
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<tr>
<td>Salary/benefits</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Sense of value for what you do</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Respect from physician colleagues</td>
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<td></td>
<td></td>
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<tr>
<td>Respect from other colleagues</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Amount of administrative support</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Opportunities for professional development</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Input into organizational/practice policies</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

21. **What is your overall level of satisfaction with your principal position?**

- Very Satisfied
- Satisfied
- Dissatisfied
- Very Dissatisfied

22. Do you plan to leave your principal position?

- Yes, will leave in 2012
- Yes, will leave in 1-2 years
- No plans to leave in next 2 years
- Undecided
23. Approximately when do you plan to retire from nursing and NP work?

- [ ] In 2012
- [ ] In 1-2 years
- [ ] In 3-5 years
- [ ] In 6-10 years
- [ ] More than 10 years from now
- [ ] Undecided

24. Aside from the principal position you just described, are you working for pay in any other nursing, RN or NP positions?

- [ ] Yes
- [ ] No → If No go to #30

25. Your secondary position is the RN or NP position in which you work the second greatest number of hours per week. Please report only nursing positions for which you are paid. Do not include volunteer positions or adjunct faculty status. Describe your secondary position. Check only one.

**NP position**
- [ ] NP in clinical practice
- [ ] Faculty requiring an NP credential
- [ ] Researcher requiring an NP credential
- [ ] Administrator requiring an NP credential
- [ ] Other (specify)

**Nursing position not requiring NP credential**
- [ ] RN staff nurse
- [ ] Faculty
- [ ] Administrator/Manager
- [ ] Patient care coordinator
- [ ] Other APRN role (specify)
- [ ] Researcher
- [ ] Consultant
- [ ] Other (specify)

26. In what type of setting do you work in your secondary position? Check only one.

- Ambulatory Settings
  - [ ] Private physician office/practice
  - [ ] Private NP office/practice
  - [ ] Nurse Managed clinic
  - [ ] Retail based clinic
  - [ ] Urgent care clinic
  - [ ] Ambulatory surgery center
  - [ ] Federal clinic (FQHC, VA, Military, NIH, IHS)

- Hospital Settings
  - [ ] Hospital inpatient unit
  - [ ] Hospital outpatient clinic (not an ED)
  - [ ] Hospital emergency department
  - [ ] Hospital-other (specify)

- [ ] Federal Hospital (Military, VA, NIH, IHS)

- Long Term and Elder Care
  - [ ] Long-term care facility
  - [ ] Hospice
  - [ ] Home care agency

- Public or Community Health
  - [ ] Community clinic
  - [ ] Correctional facility
  - [ ] Health department
  - [ ] Mental health center
  - [ ] Rural health clinic

- Other Settings
  - [ ] Academic (university/college) education program
  - [ ] Health maintenance organization/managed care
  - [ ] Occupational/employee health
  - [ ] School/college health service
  - [ ] Other (specify)

27. What is the ZIP code where you practice in your secondary position?

[ ] [ ] [ ] [ ]
28. In a typical week, how many hours do you work in your secondary position?

29. Please estimate your 2011 pre-tax annual earnings from your secondary position. Include overtime, on-call earnings, and bonuses.

$\square,\square,\square,\square,0.0$ per year

Section III. NP Employment Only

30. Your NP position may have been described as a principal or secondary position in Section II. In this section, we will gather additional details only on your NP employment. Do you work for pay as an NP?

- Yes
- No  ➔ If No go to #52 on page 8

Your main NP position is the one in which you work the most hours per week, if you work more than one NP job.

31. Check the one term below that best describes the specialty of the practice/facility in which you work for your main NP position.

- Not working in a clinical specialty
- Primary Care Specialties
  - Internal Medicine
  - Family Practice
  - Geriatrics
  - General Pediatrics
- Pediatric Subspecialties
  - Adolescent Medicine
  - Cardiology
  - Endocrinology
  - Gastroenterology
  - Hematology/Oncology
  - Infectious Disease
  - Pulmonary/Respiratory
  - Renal/Nephrology
  - Rheumatology
  - OB/GYN Women’s Health
  - General Surgery

32. Do you have the title Hospitalist in your main NP position?

- Yes
- No

33. Thinking about your main NP position, what percent of your time do you spend on each of the following?

- Patient Care/Documentation
- Teaching/Precepting/Orienting
- Supervision/Management/Administration
- Other

Total 100%
34. Do you provide any direct patient care in your main NP position?

☐ Yes
☐ No → If No go to #47

35. Thinking about your main NP position, for how many of your patients do you provide the following services?

<table>
<thead>
<tr>
<th>Service</th>
<th>Most Patients</th>
<th>Some Patients</th>
<th>Few Patients</th>
<th>No Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis, treatment, and management of acute illnesses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnosis, treatment, and management of chronic illnesses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct physical examinations and obtain medical histories</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Order, perform, and interpret lab tests, x-rays, EKGs, and other diagnostic studies</td>
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<tr>
<td>Prescribe drugs for acute and chronic illnesses</td>
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<tr>
<td>Provide preventative care, including screening and immunizations</td>
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<td></td>
</tr>
<tr>
<td>Perform procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counsel and educate patients and families</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide care coordination</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Make referrals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participate in practice improvement activities</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

36. Which of the following best describes your billing arrangements for your main NP position?

☐ Bill under my provider number
☐ Bill under my clinic/facility number
☐ Bill under a physician's provider number
☐ No billing, cash only
☐ No billing, grant supported/free clinic
☐ Other (specify)

37. How often is a physician present on site to discuss patient problems as they occur in your main NP position?

☐ 0% of the time
☐ 1%-25% of the time
☐ 26%-50% of the time
☐ 51%-75% of the time
☐ 76%-100% of the time

38. What type of professional relationship do you have with the physician(s) in your main NP position? Check all that apply.

☐ No physician in my practice
☐ Collaborate with a physician at another site
☐ Collaborate with a physician on site
☐ Equal colleagues/no hierarchy
☐ S/he is the medical director who oversees all of our practice and I am accountable to the medical director, as are all other providers
☐ Hierarchical/supervisory in which I must accept his/her clinical decision about the patients I see
☐ Physician sees and signs off on the patients I see
☐ Other (specify)
39. To what extent would you agree or disagree with the following: In my main NP position I am allowed to practice to the fullest extent of my state's legal scope of practice.
   - □ Strongly Agree
   - □ Agree
   - □ Disagree
   - □ Strongly Disagree

40. To what extent would you agree or disagree with the following: In my main NP position, my NP skills are being fully utilized.
   - □ Strongly Agree
   - □ Agree
   - □ Disagree
   - □ Strongly Disagree

41. How are you paid in your main NP position?
   - □ Annual salary
   - □ By the hour
   - □ Percentage of billing
   - □ Other (specify)

42. Now please think about all of your NP positions. In a typical week, how many patients do you see?

43. Thinking about all of your NP positions, do you have a panel of patients that you manage, where you are the primary provider?
   - □ Yes
   - □ No → If No go to #45

44. Across all of your NP positions, how many patients are on your panel?

45. Do you take evening or weekend call for any of your NP positions?
   - □ Yes
   - □ No

46. Do you have hospital admitting privileges?
   - □ Yes
   - □ No

47. Are you covered by malpractice insurance?
   - □ Yes
   - □ No → If No go to #49

48. Who pays for your malpractice insurance?
   - □ Self
   - □ Employer
   - □ Both

49. Do you have prescriptive authority?
   - □ Yes → If Yes go to #51
   - □ No

50. Why don't you have prescriptive authority?
   - □ In process of applying
   - □ MD or other NP writes all my prescriptions
   - □ Other (specify)

51. Do you currently have a personal drug enforcement administration (DEA) number?
   - □ Yes
   - □ No
Thank you so much for completing this questionnaire!

Section IV. Demographic Characteristics

52. Are you...
   - Male
   - Female

53. What is your year of birth?

54. Are you of Latino or Hispanic ethnicity?
   - Yes
   - No

55. Which one or more of the following would you use to describe your race?
   Check all that apply.
   - American Indian or Alaska Native
   - Asian
   - Black or African-American
   - Native Hawaiian or Other Pacific Islander
   - White

56. What is your marital status?
   - Never Married
   - Married
   - Separated
   - Divorced
   - Widowed

57. Please check all educational degree(s) you have earned.
   - Diploma in Registered Nursing
   - Associate degree - Nursing
   - Associate degree - Non-nursing
   - Baccalaureate degree - Nursing
   - Baccalaureate degree - Non-nursing
   - Master’s degree - Nursing
   - Master’s degree - Non-nursing
   - Doctorate of Nursing Practice (DNP)
   - PhD or other Doctorate - Nursing
   - Doctorate - Non-nursing
   - Other (specify)

58. In what year did you obtain your initial U.S. licensure as an RN?

59. What is your home address ZIP code:

60. Would you be willing to share your e-mail address to receive the results of the survey?
   If so, please provide it here:

Thank you so much for completing this questionnaire!