

Section B – Education and Employment

B1. Are you currently working as a paid nurse?

- Yes → **SKIP TO B4**
- No → **ANSWER B2 AND B3, THEN SKIP TO B22**

B2. If you are not working as a paid nurse, please choose **one** statement that best describes why:

- Retired
 - Health reasons
 - Need to care for dependents
 - Chose another line of work -- higher salaries available elsewhere
 - Chose another line of work -- greater professional opportunities available elsewhere
 - Can't find a job
 - Chose not to work
 - Burned out
 - Other (please specify below)
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B3. How likely would each of the following be to cause you to consider returning to work as a nurse?

	Very Likely	Some-what Likely	Not Very Likely	Not Likely at All
Higher wages	☺	☺	☺	☺
Better hours	☺	☺	☺	☺
Assistance with child or elder care	☺	☺	☺	☺
A more professionally challenging position	☺	☺	☺	☺
A less stressful work environment	☺	☺	☺	☺

→ IF YOU ANSWERED “NO” TO B1, SKIP TO B22 ON PAGE 4

B4. In the past **year** -- that is, the calendar year 2000 -- how many **weeks** did you work as a paid nurse?

|_|_| Weeks worked in the calendar year 2000

B5. In a typical **week** in the past year, how many **days** did you work on average as a paid nurse?

|_| Days a week

B6. In a typical **week** in the past year, how many **total hours** did you work on average as a paid nurse?

|_|_|_| Total hours per week

B7. In a typical **week** in the past year, how many **overtime** hours did you work on average as a paid nurse? Please enter '0' if none.

|_|_| Overtime hours per week

B8. Is working overtime strictly voluntary or are you required to if asked?

- Strictly voluntary → **SKIP TO B10**
- Voluntary, but feels like it is required
- Required

B9. In the past year, has the amount of overtime required of you increased, decreased or remained the same?

- Increased
- Decreased
- Remained the same

B10. During the past month, about how many times have you provided **unpaid nursing advice or assistance** for family, friends, or other acquaintances when they were having medical problems?

|_|_| Times in past month → IF “0”, SKIP TO INSTRUCTIONS ABOVE B12

B11. How comfortable are you when asked to provide this type of **unpaid nursing advice or assistance**?

- Very comfortable
- Somewhat comfortable
- Somewhat uncomfortable
- Very uncomfortable

Please answer B12 through B18 with your current nursing employer in mind. If you work for more than one nursing employer, please answer these questions with your *primary* nursing employer in mind.

B12. Which **one** of the following best describes your current nursing position?

- Patient care
 - Administration
 - Teaching
 - Research
 - Some other nursing position
 - Other (please specify below)
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B13. Which **one** of the following best describes your current work setting?

- Acute care hospital (adult, pediatric, maternity, other)
 - Specialty hospital (psychiatric, rehabilitation, other)
 - Subacute/Long-term care
 - Home/Community care
 - Ambulatory (physician office, surgery, urgent care center)
 - School health/Student health service
 - Non clinical (e.g., insurance company, consulting)
 - Self employed
 - Other (please specify below)
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