

2006 CNA SURVEY

To complete form online . . .

Go to www.dora.state.co.us/nursing → then link to "Registrations Online Services" → Follow instructions for completing your certification renewal → When you have completed the renewal process, click on "Logout" → Look for link to 2006 CNA Survey → Complete survey form online.

This survey is a joint project, for workforce research purposes, between the Colorado Health Institute (CHI) and the Colorado Board of Nursing. Your name is not on the form and answers are confidential. Please return the questionnaire with your license renewal materials or complete form online. Thank you for your assistance in this important survey.

SECTION A. EDUCATION

1. Print **year** and **state** you completed your **initial training** to become a **CNA**:

YEAR STATE (COUNTRY IF NOT US)

2. Where did you receive your **initial training** to become a CNA: (mark **one**)

- HIGH SCHOOL COMMUNITY COLLEGE
 VOCATIONAL SCHOOL LONG-TERM CARE FACILITY
 TRADE ASSOCIATION HOSPITAL
 OTHER (SPECIFY): _____

3. Indicate **all training or education** completed: (mark **all** that apply)

- HIGH SCHOOL DIPLOMA ASSOCIATE: NURSING
 GED ASSOCIATE: NON-NURSING
 LPN / LVN / LPT BACHELORS: NURSING
 OTHER (SPECIFY): _____ BACHELORS: NON-NURSING

- 4a. Are you **seeking** further **education**, or will you do so within the next year?

- YES NO (skip to 4c)

- 4b. If yes, what **type** of **education** are you seeking or will you seek? (mark **one**)

- LPN / LVN / LPT BACHELORS: NURSING
 ASSOCIATE: NURSING BACHELORS: NON-NURSING
 ASSOCIATE: NON-NURSING
 OTHER (SPECIFY): _____

- 4c. If no, which of the following are the **reasons**: (mark **all** that apply)

- NOT INTERESTED NO INFORMATION ON EDUCATIONAL PROGRAMS
 COST OF EDUCATION WAITING LIST TOO LONG
 LACK OF CHILD CARE LACK OF TRANSPORTATION TO CLASSES
 OTHER (SPECIFY): _____

5. In 2005 Colorado passed legislation allowing CNAs to become certified as **Medication Aides** in long-term care facilities.

- 5a. Have you **heard** about the Medication Aide **certification**? YES NO

- 5b. Would you be **interested** in completing the **coursework and training** to become a Medication Aide? YES NO

- 5c. Have you **worked** at least **2,000 hours** as a CNA? YES NO

SECTION B. LICENSING/CERTIFICATION

1. Indicate all healthcare **licenses or certificates** you have **ever held** (mark **all** that apply):

- CNA LPN /LVN RN OTHER (SPECIFY) _____

2. As of December 2005, list all **states** in which you are **actively certified or licensed**, and mark **types** of **certificates or licenses**:

STATE	STATE	STATE
<input type="checkbox"/> CNA <input type="checkbox"/> LPN/LVN/LPT <input type="checkbox"/> RN <input type="checkbox"/> OTHER _____	<input type="checkbox"/> CNA <input type="checkbox"/> LPN/LVN/LPT <input type="checkbox"/> RN <input type="checkbox"/> OTHER _____	<input type="checkbox"/> CNA <input type="checkbox"/> LPN/LVN/LPT <input type="checkbox"/> RN <input type="checkbox"/> OTHER _____
(mark all that apply)	(mark all that apply)	(mark all that apply)

SECTION C. EMPLOYMENT

- 1a. Were you **certified** as a CNA two years ago – in **December 2003**?

- YES NO (skip to 3a)

- 1b. If yes, were you **working** as a CNA in **December 2003**?

- YES NO (skip to 3a)

2. For the CNA position you would consider your **primary work** in **December 2003**, print the **city/state/zipcode** of the worksite.

CITY

STATE ZIPCODE COUNTRY IF NOT US

- 3a. Are you currently **working** in a CNA position (as of **December 2005**)?

- YES (skip to 4) NO

- 3b. If no, **are you**? (mark one):

- UNEMPLOYED / LOOKING RETIRED / NOT LOOKING
 UNEMPLOYED / NOT LOOKING WORKING IN ANOTHER FIELD

- 3c. If no, what are the **reasons** you are **not working** in a CNA position? (mark **all** that apply)

- DIFFICULT TO FIND A CNA POSITION
 HOURS MORE CONVENIENT IN OTHER POSITION
 BETTER SALARIES IN OTHER TYPE POSITION
 POOR OR NO HEALTH BENEFITS
 WORK ENVIRONMENT INHIBITS ABILITY TO PRACTICE ON PROFESSIONAL LEVEL
 FIND OTHER POSITION MORE REWARDING PROFESSIONALLY
 CONCERN ABOUT SAFETY IN HEALTH CARE ENVIRONMENT
 WORK-RELATED INJURIES
 DISABILITY / ILLNESS
 HOME/FAMILY
 RETIREMENT
 OTHER (SPECIFY): _____

PLEASE TURN FORM OVER →

SECTION C. EMPLOYMENT (continued)

If you are not currently working as a CNA, skip to Section D

4. Are you currently **working** as a CNA for **more than one** employer (as of December 2005)? YES NO

5. For the CNA position you would consider your **primary work** in **December 2005**, print the **city/state/zipcode** of the worksite.

CITY _____
 STATE _____ ZIPCODE _____ COUNTRY IF NOT US _____

6a. Is the **location** of your primary CNA position in **Colorado**?
 YES (skip to 7) NO

6b. If no, indicate **reasons** for working outside Colorado: (mark **all** that apply)

- | | |
|---|---|
| <input type="checkbox"/> PROFESSIONAL OPPORTUNITY | <input type="checkbox"/> BETTER PAY |
| <input type="checkbox"/> PROMOTION | <input type="checkbox"/> SCHOOL |
| <input type="checkbox"/> GEOGRAPHIC ENVIRONMENT | <input type="checkbox"/> COST OF LIVING |
| <input type="checkbox"/> FAMILY | <input type="checkbox"/> MILITARY |
| <input type="checkbox"/> OTHER (SPECIFY): _____ | |

7. What best describes the **work setting** of your current primary CNA position (as of December 2005): (mark **one**)

- | | |
|---|--|
| <input type="checkbox"/> HOSPITAL | <input type="checkbox"/> LONG-TERM CARE/NURSING HOME |
| <input type="checkbox"/> ASSISTED LIVING FACILITY | <input type="checkbox"/> MEDICAL PRACTICE OFFICE OR CLINIC |
| <input type="checkbox"/> HOME HEALTH AGENCY | <input type="checkbox"/> FREESTANDING OUTPATIENT CLINIC |
| <input type="checkbox"/> PUBLIC HEALTH AGENCY | <input type="checkbox"/> SCHOOL HEALTH SERVICE |
| <input type="checkbox"/> COMMUNITY HEALTH AGENCY | <input type="checkbox"/> EMPLOYEE HEALTH SERVICE |
| <input type="checkbox"/> PRIVATE HOME | |
| <input type="checkbox"/> OTHER (SPECIFY): _____ | |

8. In your **primary CNA position**, **are you**? (mark one)

- IN THE MILITARY
 FEDERAL EMPLOYEE
 NONFEDERAL EMPLOYEE OF ORGANIZATION OR FACILITY
 EMPLOYED THROUGH EMPLOYMENT SERVICE AGENCY
 SELF-EMPLOYED

9. What **term** best corresponds to the **position title** of your primary CNA position: (mark **one**)

- | | |
|--|--|
| <input type="checkbox"/> NURSE ASSISTANT | <input type="checkbox"/> PATIENT CARE TECHNICIAN |
| <input type="checkbox"/> NURSE AIDE | <input type="checkbox"/> DIRECT SUPPORT PROFESSIONAL |
| <input type="checkbox"/> HOME HEALTH AIDE | <input type="checkbox"/> PRECEPTOR |
| <input type="checkbox"/> HOME CARE AIDE | <input type="checkbox"/> ORDERLY |
| <input type="checkbox"/> PERSONAL CARE ATTENDANT | |
| <input type="checkbox"/> OTHER (SPECIFY): _____ | |

10. Indicate **years/months** you have **worked** in your current primary CNA position?

___ YEARS, ___ MONTHS

11. Indicate **years** you plan to **continue to work** as a CNA? (Indicate number or mark unknown)

- LESS THAN 5 6-10 11-15 MORE THAN 15
 UNKNOWN

12. Do you receive **health insurance benefits** from your **current employer** (December 2005)? YES NO

13. What was your **gross annual salary** for **all CNA-related employment** in calendar year **2004**? (mark one)

- | | |
|--|---|
| <input type="checkbox"/> \$0 (DID NOT WORK AS CNA IN 2004) | <input type="checkbox"/> \$30,000 to \$39,999 |
| <input type="checkbox"/> LESS THAN \$10,000 | <input type="checkbox"/> \$40,000 to \$49,999 |
| <input type="checkbox"/> \$10,000 to \$19,999 | <input type="checkbox"/> \$50,000 to \$59,999 |
| <input type="checkbox"/> \$20,000 to \$29,999 | <input type="checkbox"/> \$60,000 OR MORE |
| <input type="checkbox"/> \$30,000 to \$39,999 | |

14. **IN A TWO-WEEK PERIOD, GENERALLY:**

a. How many **total hours** do you **work**? (all CNA positions combined)

TOTAL HOURS: _____

b. How many **days** do you work more than **12 hours**? (all CNA positions combined)

NUMBER OF DAYS (0-14): _____

c. What **percentage (%)** of your **work time** do you spend in the following areas (all nursing positions combined)?

DIRECT PATIENT CARE: _____

CNA-RELATED TRAINING / EDUCATION, INCLUDING CONTINUING ED: _____

OTHER CNA-RELATED ACTIVITIES (SPECIFY): _____

TOTAL (PERCENTAGE MUST TOTAL 100%). _____ **100%**

15. **Rate** each statement as it applies to the **work place** of your **primary CNA position** (December 2005): (mark one box per statement)

[1=disagree → 5=agree]

- | | |
|--|--|
| a. I AM RESPECTED OR REWARDED BY MY EMPLOYER FOR MY WORK | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> |
| b. I CAN DECIDE ON MY OWN HOW TO GO ABOUT DOING MY WORK | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> |
| c. I AM INVOLVED IN CHALLENGING WORK | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> |
| d. I HAVE A CHANCE TO GAIN NEW SKILLS AND KNOWLEDGE ON THE JOB | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> |
| e. I HAVE THE OPPORTUNITY TO WORK IN TEAMS | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> |
| f. I AM CONFIDENT IN MY ABILITY TO DO MY JOB | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> |
| g. I AM SATISFIED WORKING AS A CNA | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> |

SECTION D. GENERAL INFORMATION

1. In what **state** did you grow up? (please print)

STATE _____ COUNTRY IF NOT US _____

2a. The location where you grew up was: (mark one)

- URBAN (skip to 3a) SUBURBAN (skip to 3a) RURAL

2b. If rural, was population less than 2,500? YES NO

3a. Do you **speak** a **language** in addition to English? YES NO (skip to 4)

3b. If yes, indicate language(s): (Mark **all** that apply):

- FRENCH RUSSIAN VIETNAMESE
 GERMAN SPANISH SIGN LANGUAGE
 OTHER (SPECIFY): _____

4. **Ethnicity/Race** (mark **all** that apply)

- AMERICAN INDIAN OR ALASKA NATIVE
 ASIAN
 BLACK OR AFRICAN AMERICAN
 HISPANIC OR LATINO
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
 WHITE

5. **Gender:** MALE FEMALE

6. **Year of Birth:** _____

7. **Current home zip code:** _____