



2010 Colorado Advanced Practice Nurse Workforce Survey

*Codebook and Variable Frequencies
Report – Public Use File*

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ACKNOWLEDGMENTS

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INTRODUCTION

The Colorado Health Institute (CHI) serves as an independent, nonpartisan source of health information and policy analysis. With funding from The Colorado Trust, CHI is building a comprehensive health professions database for the purpose of informing health workforce policy in Colorado.

A series of profession-specific workforce databases is being constructed to complement existing health professions workforce data. From these data, CHI is developing a set of indicators that document changes in health care workforce supply and demand, as well as practice patterns that exist in Colorado communities over time. A database download function has been developed to enable visitors to the CHI Web site to download health professions data and customize reports by profession and geographic location.

2010 COLORADO APN SURVEY

Methods

The survey was administered in four waves by mail beginning on October 29, 2010. The first wave was a postcard alerting the 1,000 randomly selected advanced practice nurses (APNs) that a survey was coming. On November 5, 2010, the second mailing, which included a cover letter with Commonly Asked Questions, a questionnaire and a self-addressed stamped envelope, went out to the randomly selected sample of actively licensed APNs. The survey forms were mailed to the contact address in each licensee's file at the Colorado Department of Regulatory Agencies (DORA). This address may have been the APN's home or practice location.

On November 15, 2010, a postcard was mailed either reminding the APNs to fill out the survey or thanking them if they already sent it back. The fourth mailing, sent on November 30, 2010, consisted of a cover letter, a second questionnaire and a self-addressed stamped envelope [See Appendix C for cover letters and postcards].

Response rate

CHI received survey responses from 413 APNs during the first mailing of questionnaires which ended on November 29, 2010. The second questionnaire mailing yielded an additional 158 completed surveys. In total, CHI received survey responses from 571 APNs or 59 percent of those who were mailed a survey form. The following table shows the final survey disposition by response category.

<u>Final Disposition</u>	<u>Number</u>
Surveys mailed to Colorado APN sample	1,000
Unable to forward	4
Non-responses	9
Out of state	12
Eligible sample	975
Returned completed questionnaires (2 nd wave)	413
Returned completed questionnaires (4 th wave)	158
Total returned completed questionnaires	571
Response rate	58.56%

Data from the questionnaires returned to CHI were entered into an Access database (N=571). CHI randomly selected 35 forms for data entry reliability analysis. Data entry was 99+ percent accurate across all survey variables entered. Data verification and cleaning were conducted with a series of quality checks to ensure data completeness and adherence to formatting protocols [See Appendix A for Data Cleaning Business Rules].

Sampling methods

The sample was drawn from the 2010 DORA database of APNs which includes Certified Registered Nurse Anesthetists, Certified Nurse Specialists, Certified Nurse Practitioners, and Certified Nurse Midwives with an active Colorado license and a contact address in Colorado (n=4,000).

The sampling design followed a disproportionate stratified random sampling scheme and included 1,000 APNs randomly selected from six strata. The six sample strata were based on combinations of gender and urban/rural classifications created from the 2005 Rural Urban Commuting Area (RUCA) codes¹. All rural male and female APNs were sampled and at least 250 APNs from each of the other strata [See Appendix B for sampling and response summary by stratum].

Weighting up to the population

This survey was conducted to yield information about APNs holding an active license in Colorado with a contact address in Colorado as of September 2010. A survey form was mailed to a stratified random sample of Colorado licensed APNs with a contact address in Colorado. The data file includes variable counts for valid respondents only (N=571).

Strata based on gender and urban/rural classifications were used to develop the survey weight variable and adjust for non-response bias. The weight variable must be applied to all descriptive and inferential statistics calculated from the APN survey data in order to correctly apportion the sample population to overall APN population in Colorado [See Appendix B for strata information].

PUBLIC USE DATA FILES

This codebook specifies the variables contained in the 2010 CHI Colorado Advanced Practice Nurse Workforce Survey public use file (PUF). The file contains 571 records, one for each respondent, and includes a weight variable. The research file contains 232 variables [See the list of variables on p.13-19].

The PUF is available for anyone to analyze. To minimize any risk of indirect identification and ensure confidentiality of survey respondents, sub-state geographic identifiers such as county, city and ZIP Code, and other sensitive variables such as graduation year, are removed or rolled up into categorical variables. Users of the PUF must fill out a registration form.

All users of the data must include the following citation in any public release of the data or its subsequent analysis: "Source: The 2010 Advanced Practice Nurse Workforce Survey, Colorado Health Institute."

In addition, CHI requests that interested individuals and organizations using the database share their analysis and findings with CHI by contacting Jacqueline Colby at 720.382.7095 or by email at jcolby@coloradohealthinstitute.org

Technical information

The research file is released as SAS, comma-delimited, Excel and SPSS files. In addition, a response summary by strata is provided in Appendix B.

Codebook structure

The codebook lists variable labels in the order in which they appear on the questionnaire. Each variable includes a name, description, the file(s) where it can be found and any appropriate technical notes. The last 19 variables in the codebook were created from survey questions and re-coded to protect the confidentiality of

¹ Rural-urban commuting area (RUCA) codes are a sub-county measure of urban/rural status based on 2000 Census data and 2004 ZIP Code areas. They are more specific than larger county-based definitions in order to more accurately classify intra-county areas as rural or urban. For more information on RUCA codes, refer to <http://depts.washington.edu/uwruca/index.html>.

survey respondents or to provide more specificity in geographic location of practice, e.g., primary city or county of practice.

For each variable, an unweighted and weighted frequency is provided. The unweighted sum for each variable totals 571, that is, the number of survey respondents. The weighted sum is 4,000, the number of actively licensed APNs living or practicing in Colorado [Because of rounding, totals in the weighted frequency tables do not always equal 4,000].

Four different values are used to indicate the type of missing value. A -6 indicates an invalid answer such as marking more than one item when only one was supposed to be marked or a value that is not possible (e.g., working more than 168 hours per week). A value of -7 indicates that a respondent answered a question when they weren't supposed to (as part of a skip pattern). A value of -8 indicates a blank value that is supposed to be blank (respondent successfully followed instructions regarding a skip pattern). Finally, a value of -9 indicates a blank value when information should have been provided. A value of -6 is usually retained if it is within a skip pattern so that it takes precedence over a -7.

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2010 ADVANCED PRACTICE NURSE (APN) WORKFORCE SURVEY

Survey # _____

The Colorado Health Institute is conducting this survey to inform Colorado policymakers about APN health workforce issues. Funded by The Colorado Trust, this survey is voluntary. Your answers will be kept confidential. Please complete and return this questionnaire in the envelope provided. If you have any questions, contact Jacqueline Colby, PhD, MPH, at 720.382.7095 or by email at colbyj@coloradohealthinstitute.org.

YOUR OPINION

1. How important do you think the following policies or regulations would be with regard to your ability to practice successfully as an APN? [MARK THE RELATIVE IMPORTANCE OF EACH FACTOR]

Very Important	Somewhat Important	Not Important
-------------------	-----------------------	------------------

☐☐☐

Practice setting policies and procedures that incorporate roles and responsibilities reflecting an APN's scope of practice as defined by Colorado statute

☐☐☐

Hospital and clinic policies that explicitly reflect and establish an APN's scope of practice under Colorado law

☐☐☐

Enforceable reimbursement policies, applicable to the private insurance market, that establish reimbursement levels commensurate with the clinical services provided by APNs

☐☐☐

State-initiated pilot projects that evaluate models of collaborative practice wherein APNs are team leaders

☐☐☐

State- or privately-sponsored incentives to establish APNs in independent practices in medically underserved areas

☐☐☐

Increased access to state and federal loan forgiveness programs available to APNs who agree to practice in an underserved area of Colorado

☐☐☐

Formalized convenings between physicians and APNs to reach consensus on issues of scope of practice and collaborative models of care

2. How satisfied have you been with your career as an APN? [ON A SCALE OF 1-10, CIRCLE APPROPRIATE NUMBER.]

Very
Satisfied

1

2

3

4

5

6

7

8

9

10

Very
Dissatisfied

3. Overall, how satisfied have you been with your compensation for your work as an APN? [ON A SCALE OF 1-10, CIRCLE APPROPRIATE NUMBER.]

Very
Satisfied

1

2

3

4

5

6

7

8

9

10

Very
Dissatisfied

ABOUT YOU

4. What is your gender?

☐ Female

☐ Male

5. In what year were you born? 19 _____

6. How would you describe the community in which you spent most of your childhood? [MARK ONE BOX]

☐ Urban

☐ Rural

☐ Suburban

7. How would you describe your ethnic/racial identification? [MARK THE ONE BOX THAT MOST CLOSELY REPRESENTS YOUR ETHNIC/RACIAL BACKGROUND]
- ☐ Multi-racial/multi-ethnic
- ☐ Native American or Alaska Native
- ☐ Asian
- ☐ Black/African American
- ☐ Hispanic/Latino
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White, not Hispanic
8. Are you fluent in a language other than English in which you communicate with some of your patients?
- ☐ Yes [Go to Q9] ☐ No [Go to Q10]
9. IF YES to Q8, mark yes or no for language(s) other than English you use to communicate with some of your patients.
- ☐ Yes ☐ No Spanish
- ☐ Yes ☐ No Russian
- ☐ Yes ☐ No Other (specify) _____

YOUR NURSING EDUCATION

10. **Prior** to graduating from your APN-related education program, what other education programs had you previously completed? [MARK YES OR NO FOR EACH PROGRAM]

- ☐ Yes ☐ No CNA Program
- ☐ Yes ☐ No LPN Program
- ☐ Yes ☐ No Associate Degree in Nursing
- ☐ Yes ☐ No Bachelor of Science in Nursing
- ☐ Yes ☐ No Other Baccalaureate Degree
- ☐ Yes ☐ No Other Master's Degree
- ☐ Yes ☐ No Ph.D. in Nursing
- ☐ Yes ☐ No Doctorate in another field
- ☐ Yes ☐ No Other degree (specify) _____

11. In what year did you complete your APN-related education program? ____ ____ ____ ____ YEAR

12. In what state did you complete your APN-related education program? ____ ____ 2 LETTER STATE ABBREVIATION
[ENTER XX FOR FOREIGN COUNTRY]

13. What is the **highest** level of education you have completed? [MARK ONE BOX]

- ☐ Bachelor's of Science in Nursing ☐ Doctorate of Nursing Practice
- ☐ Master's of Science in Nursing ☐ Ph.D. in Nursing
- ☐ Other Master's Degree ☐ Doctorate in another field
- ☐ Doctor of Nursing ☐ Other (specify) _____

YOUR SPECIALIZATION, CERTIFICATION AND PRESCRIPTIVE AUTHORITY

14. Please indicate your registration category (or role) with the Colorado State Board of Nursing Advanced Practice Registry? [MARK YES OR NO FOR EACH CATEGORY]

- ☐ Yes ☐ No Certified Registered Nurse Anesthetist
- ☐ Yes ☐ No Clinical Nurse Specialist
- ☐ Yes ☐ No Nurse Practitioner
- ☐ Yes ☐ No Certified Nurse Midwife

15. Please indicate your area(s) of APN specialization. [MARK YES OR NO FOR EACH SPECIALTY]

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Acute Care |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Adult Primary Care |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Adult Psychiatric and Mental Health |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Adult Specialty Care |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Child/Adolescent Psychiatric and Mental Health |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Family Primary Care |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Family Psychiatric and Mental Health |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Gerontology |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Nurse Anesthetist |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Nurse Midwife |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Neonatal |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pediatric Primary Care |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pediatric Specialty Care |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Women's Health |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other (specify) _____ |

16. Which certifications, if any, do you hold from a national accrediting body? [MARK YES OR NO FOR EACH CERTIFICATION]

- | | <u>Certification</u> | <u>Year Obtained</u> |
|--|---|----------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Adult Acute Care Nurse Practitioner | ____ _ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Adult Nurse Practitioner | ____ _ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Adult Psychiatric and Mental Health Nurse Practitioner | ____ _ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Certified Registered Nurse Anesthetist (CRNA) | ____ _ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Certified Nurse Midwife (CNM) | ____ _ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Child/Adolescent Psychiatric and Mental Health Nurse Practitioner | ____ _ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Clinical Nurse Specialist | ____ _ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Family Nurse Practitioner | ____ _ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Family Psychiatric and Mental Health Nurse Practitioner | ____ _ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Geriatric Nurse Practitioner | ____ _ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Neonatal Care Nurse Practitioner | ____ _ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Pediatric Acute Care Nurse Practitioner | ____ _ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Pediatric Nurse Practitioner | ____ _ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Women's Health Nurse Practitioner | ____ _ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Other (specify) _____ | ____ _ |

17. Have you been granted prescriptive authority by the Colorado State Board of Nursing?

PRIOR TO 2009 PRESCRIPTIVE AUTHORITY

☐ Yes ☐ No ____ _ YEAR GRANTED

PROVISIONAL PRESCRIPTIVE AUTHORITY

☐ Yes ☐ No ____ _ YEAR GRANTED

FULL PRESCRIPTIVE AUTHORITY

☐ Yes ☐ No ____ _ YEAR GRANTED

18. IF **NO** to Q17 (neither prior to 2009, provisional nor full prescriptive authority), why? [MARK ONE BOX]

- ☐ I had difficulty finding a physician who was willing to enter into a collaborative agreement with me (before July 1, 2010).
- ☐ I have been unable to find a physician willing to serve as my preceptor or mentor, as required by amendments to the Nurse Practice Act in 2009.
- ☐ I am currently completing my preceptorship or mentorship.
- ☐ I do not currently need prescriptive authority.
- ☐ I do not want to have prescriptive authority.
- ☐ I do not meet the criteria for having prescriptive authority.

19. IF YES to Q17 (either prescriptive authority prior to 2009, or provisional or full prescriptive authority), do you currently or have you in the past prescribed schedule II-V drugs?

☐ Yes [Go to Q21] ☐ No [Go to Q20]

20. IF NO to Q19, what are your reasons for not prescribing schedule II-V drugs? [MARK YES OR NO FOR EACH REASON]

☐ Yes ☐ No My colleagues write schedule II-V prescriptions.
☐ Yes ☐ No Schedule II-V drugs are not used in my practice.
☐ Yes ☐ No Prescribing schedule II-V drugs is outside of my area of expertise.
☐ Yes ☐ No I am concerned about patients engaged in drug seeking behavior.
☐ Yes ☐ No Other reason (specify) _____

21. Do you currently have a DEA number?

☐ Yes [Go to Q23] ☐ No [Go to Q22]

22. IF NO to having a current DEA number, why? [MARK YES OR NO FOR EACH REASON]

☐ Yes ☐ No I have no desire to write prescriptions for controlled substances.
☐ Yes ☐ No I have no need to write prescriptions for controlled substances in my current APN position(s).
☐ Yes ☐ No I am not willing to pay the fee for a DEA number.
☐ Yes ☐ No Other reason (specify) _____

EMPLOYMENT SINCE COMPLETING YOUR APN-RELATED EDUCATION PROGRAM

23. How long have you worked in a position requiring your APN training? [YEAR=0 OR MORE, MONTHS=0-11]

____ YEARS AND ____ MONTHS

24. Are you currently employed in one or more positions that require your registration with the Colorado State Board of Nursing Advanced Practice Registry?

☐ Yes [Go to Q26] ☐ No [Go to Q25]

25. IF NO to Q24, which factors have contributed to your decision not to practice as an APN at this time? [MARK YES OR NO FOR EACH FACTOR]

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Employed in a primary health care setting that does not utilize my APN training
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Employed in a health-related position that does not utilize my APN training
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Currently pursuing additional education
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Lack of respect for APNs by physicians and employers
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Work is not professionally challenging
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Insufficient wages
<input type="checkbox"/> Yes	<input type="checkbox"/> No	There are no APN positions available
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Family responsibilities interfered with my ability to work at this time
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Health does not allow me to work as an APN
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Retired from the active workforce
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other (specify) _____



[Go to Q46 AFTER ANSWERING QUESTION Q25]

THE TERM “**PRINCIPAL APN POSITION**” IN THE FOLLOWING SET OF QUESTIONS REFERS TO THE POSITION AT WHICH YOU WORK THE MOST HOURS DURING A TYPICAL WORK WEEK. THE TERM “**SECONDARY APN POSITION**” IS THE POSITION AT WHICH YOU WORK THE SECOND GREATEST NUMBER OF HOURS DURING A REGULAR WORK WEEK.

26. In addition to your principal APN position, are you employed in another position that requires your registry as an APN and/or your RN license? [MARK ONE BOX]

- ☐ Yes, I work in two or more APN positions. [Go to Q27]
- ☐ Yes, I work in one or more RN position(s) in addition to my principal APN position. [Go to Q27]
- ☐ No, I work in only one APN position. [Go to Q28]

27. IF YES to Q26, which of the following best describes the reason you are employed in more than one position? [MARK ONE BOX]

- ☐ To supplement the earnings from my principal APN position
- ☐ Wasn't offered fulltime work in my principal APN position
- ☐ To gain experience in a different aspect of advanced practice nursing
- ☐ Enjoy working in various clinical settings
- ☐ Other (specify) _____

28. In what ZIP Code is your principal APN position located? List the ZIP Code of your secondary APN position if applicable.

PRINCIPAL APN POSITION

SECONDARY APN POSITION

____ ZIP CODE

____ ZIP CODE

29. Approximately how many hours do you work during a typical work week? [PROVIDE BOTH TOTAL & POSITION SPECIFIC]

ALL POSITIONS (APN & RN)

PRINCIPAL APN POSITION

SECONDARY APN POSITION

____ NUMBER OF HOURS

____ NUMBER OF HOURS

____ NUMBER OF HOURS

30. Which category most closely approximates your total income before taxes in **2009** from all of your APN positions combined? [MARK ONE BOX]

- ☐ \$40,000 or less
- ☐ \$40,001 to \$50,000
- ☐ \$50,001 to \$60,000
- ☐ \$60,001 to \$70,000
- ☐ \$70,001 to \$80,000
- ☐ \$80,001 to \$90,000
- ☐ \$90,001 to \$100,000
- ☐ More than \$100,000
- ☐ Not working as an APN in 2009

THE REMAINING QUESTIONS APPLY ONLY TO YOUR PRINCIPAL APN POSITION.

31. Are you currently working in a practice made up exclusively of APNs and/or nurses?

- ☐ Yes ☐ No

32. Which of the following best describes the type of practice setting in which your principal APN position is located? [MARK ONE BOX]

- ☐ Acute care facility (hospital)
- ☐ Ambulatory surgical center
- ☐ Community health center (Federally qualified health center)
- ☐ Federal, state or local governmental agency
- ☐ Home health care agency
- ☐ Hospice
- ☐ Insurance company (UR, case management)
- ☐ Non-clinical setting
- ☐ Nursing education
- ☐ Nursing home/extended care facility
- ☐ Occupational health setting
- ☐ Private physician office
- ☐ Public or community health clinic (non-federally qualified)
- ☐ Rehabilitation facility
- ☐ Rural health clinic (federally certified)
- ☐ School-based health center or school clinic
- ☐ Other (specify) _____

33. Please rate how much time you spend on the following activities during a typical work week at your principal APN position. [CIRCLE THE NUMBER THAT MOST CLOSELY REPRESENTS YOUR RATING OF THE TIME YOU SPEND IN EACH.]

	Too Little Time				Too Much Time	
	1	2	3	4	5	N/A
Direct patient care, including hands-on care, patient/family education and counseling, care management or discharge planning						
Collateral patient care, such as phone calls, lab follow-up, charting						
Administration						
Meetings or activities related to quality improvement or patient safety						
Research						
Other professional activities						

34. Please rate whether the following factors routinely occur in your principal APN position. [MARK ONE FREQUENCY FOR EACH FACTOR LISTED BELOW]

Always	Sometimes	Never	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am able to function within my full scope of practice
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am a member of a care team that allows me to participate in decisions related to my patients
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reimbursement for the services I provide appropriately reflects my training and experience
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am able to bill for my services under my own license
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have positive relationships with the physicians with whom I work
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I make autonomous decisions with regard to my patients
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am culturally competent to address the health needs of my full panel of patients
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I believe the quality of care is high at my current work setting

35. How much of a problem is each of the following issues with regard to your ability to provide high quality care in your principal APN position? [MARK THE BEST RESPONSE FOR EACH FACTOR]

Not A Problem	Somewhat A Problem	Significant Problem	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Having sufficient time with patients during office visits
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communicating with patients whose language or cultural background is different from my own
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Having enough qualified specialists available to whom I can refer patients
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Receiving reports from other providers and facilities in a timely manner
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Denied reimbursement from private insurance companies
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	My patients' access to needed care is limited based on their ability to pay
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High cost of liability insurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lack of call coverage for weekends and vacations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____

36. During a typical work week, what proportion of time do you spend on the following activities at your principal APN clinical setting? [PERCENT SHOULD ADD UP TO 100%]

- _____ % Direct, face-to-face patient care
 _____ % Indirect patient care (e.g., phone calls, reviewing labs, charting)
 _____ % Administration (e.g., of own practice, hospital committees)
 _____ % Teaching
 _____ % Continuing education (e.g., courses, journal reading, video and audiotapes)
 _____ % Research
 _____ % Activities related to quality improvement or patient safety
 _____ % Other activities (specify) _____

100% TOTAL

37. In your principal APN position, are you a listed provider, eligible for reimbursement from private insurance carriers?

☐ Yes ☐ No

38. Do you have hospital admitting privileges?

☐ Yes ☐ No

39. Within your principal APN clinical setting, which new patients are you or other providers in your group practice currently accepting? [MARK ONE BOX FOR EACH GROUP]

All	Some	None	Do Not Know	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Individuals covered by private insurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family members of current patients
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Individuals who are uninsured and paying out of pocket
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Individuals paying on a sliding-fee scale
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adults covered by Medicaid
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children covered by Medicaid
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pregnant women covered by CHP+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children covered by CHP+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medicare beneficiaries
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Individuals covered by Worker's Compensation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Individuals receiving charity care

40. Please estimate the current payer mix in the clinical practice of your principal APN position. [PERCENT SHOULD ADD UP TO 100%]

- _____ % Private insurance
 _____ % Medicare
 _____ % Medicaid
 _____ % CHP+
 _____ % TriCare/CHAMPUS/VA
 _____ % Workers' Compensation
 _____ % Self-pay and sliding fee schedule
 _____ % Uncompensated care
 _____ % Other (specify) _____

100% TOTAL

☐ I do not know the payer mix in the clinical practice of my principal APN position.

41. Do you have your own provider number for Medicare and/or Medicaid? [MARK YES OR NO FOR EACH OPTION]

- ☐ Yes ☐ No Medicare provider number
☐ Yes ☐ No Medicaid provider number
☐ Yes ☐ No NPI

42. How are your professional services billed in your principal APN clinical practice? [MARK ONE BOX]

- ☐ Both directly and indirectly ("incident to"—under physician in practice)
☐ Direct billing only (under your own license)
☐ Indirect billing only ("incident to"—under physician in practice)
☐ Do not know

43. In your principal APN position, who pays for your professional medical liability (malpractice) insurance at this time? [MARK ONE BOX]

- ☐ Share cost with employer
☐ Self
☐ Practice/group
☐ Hospital
☐ Other (specify) _____

YOUR CAREER PLANS

44. Are you planning to leave your principal APN position in the next 12 months?

- ☐ Yes [Go to Q45] ☐ No [Go to Q46]

45. IF YES to Q44, which of the following factors are influencing your decision to leave your principal APN position? [MARK THE RELATIVE IMPORTANCE OF EACH FACTOR]

Very Important	Somewhat Important	Not Important	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Desire a primary care position that does not utilize my APN training
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Desire a non-clinical health-related position
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Want to pursue additional education
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Want to work in nursing education
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lack of respect for APNs by physicians and employers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work is not professionally challenging
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insufficient wages given the workload and responsibilities involved
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family responsibilities interfere with my ability to continue working
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Health does not allow me to continue working as an APN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan to retire from the active workforce
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____

46. Do you have an interest in becoming a faculty member in a nursing education program? [MARK ONE BOX]

- ☐ No [END OF SURVEY]
☐ Undecided [END OF SURVEY]
☐ Yes [Go to Q47]
☐ Already a faculty member [Go to Q47]

47. IF YES to Q46, or if you are already a faculty member, specify program(s) in which you teach or would like to teach. [MARK ALL THAT APPLY]

- ☐ CNA ☐ LPN ☐ ADN ☐ BSN ☐ MSN ☐ DNP ☐ Other (specify) _____

Please return questionnaire in the enclosed self-addressed, stamped envelope. The time you have taken to complete this survey is important and appreciated. The information collected will inform the policymaking process with regard to professional advanced practice nursing in Colorado.

Thank You

LIST OF VARIABLES

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
1	PRAC_POLICY_REFL_APN	Policy/regulation: Practice setting policies and procedures that incorporate roles and responsibilities reflecting an APNs scope of practice
1	HOSP_POLICY_REFL_APN	Policy/regulation: Hospital and clinic policies that explicitly reflect and establish an APNs scope of practice
1	REIMB_POLICY	Policy/regulation: Enforceable reimbursement policies that establish reimbursement levels commensurate with the clinical services provided by APNs
1	STATE_PILOT	Policy/regulation: State-initiated pilot projects that evaluate models of collaborative practice wherein APNs are team leaders
1	INDEP_INCENTIVE	Policy/regulation: State- or privately-sponsored incentives to establish APNs in independent practices in medically underserved areas
1	LOAN_FORGIVE	Policy/regulation: Increased access to state and federal loan forgiveness programs available to APNs who agree to practice in an underserved area of CO
1	CONSENSUS_MD_APN	Policy/regulation: Formalized convenings between physicians and APNs to reach consensus on issues of scope of practice and collaborative models of care
2	SATISF_CAREER_GRP	Satisfaction with career as an APN (grouped)
3	SATISF_COMPENSATE_GRP	Satisfaction with compensation for work as an APN (grouped)
4	GENDER	Gender
5	BIRTH_YR_GRP	Year born
6	GREW_UP_LOCATION	Community grew up in
7	RACE_GRP	Ethnic/racial identification
8	FLUENT	Fluent in a language other than English
10	CNA	Completed prior to APN: CNA
10	LPN	Completed prior to APN: LPN
10	ADN	Completed prior to APN: ADN
10	BSN	Completed prior to APN: BSN
10	OTHER_BACC	Completed prior to APN: Other baccalaureate
10	OTHER_MAST	Completed prior to APN: Other masters degree
10	OTHER_DEGREE	Completed prior to APN: Other degree
11	GRAD_YR_GRP	Graduation year (grouped)
12	GRAD_STATE_GRP	Graduation state (grouped)
13	HIGHEST_EDUC_GRP	Highest level of education completed (grouped)
14	REGISTR_CRNA	Registration with CO Board of Nursing Advanced Practice Registry: CRNA
14	REGISTR_CNS	Registration with CO Board of Nursing Advanced Practice Registry: CNS
14	REGISTR_NP	Registration with CO Board of Nursing Advanced Practice Registry: NP
14	REGISTR_CNM	Registration with CO Board of Nursing Advanced Practice Registry: CNM
15	SPEC_ACUTE_CARE	Specialization: Acute Care
15	SPEC_AD_PRIM_CARE	Specialization: Adult Primary Care
15	SPEC_AD_PSYCH	Specialization: Adult Psychiatric and Mental Health
15	SPEC_AD_SPEC_CARE	Specialization: Adult Specialty Care
15	SPEC_CH_PSYCH	Specialization: Child/Adolescent Psychiatric and Mental Health
15	SPEC_FAM_PRIM_CARE	Specialization: Family Primary Care

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
15	SPEC_FAM_PSYCH	Specialization: Family Psychiatric and Mental Health
15	SPEC_GERONTOLOGY	Specialization: Gerontology
15	SPEC_ANESTHETIST	Specialization: Nurse Anesthetist
15	SPEC_MIDWIFE	Specialization: Nurse Midwife
15	SPEC_NEONATAL	Specialization: Neonatal
15	SPEC_PED_PRIM_CARE	Specialization: Pediatric Primary Care
15	SPEC_PED_SPEC_CARE	Specialization: Pediatric Specialty Care
15	SPEC_WMN_HEALTH	Specialization: Womens health
15	SPEC_OTHER	Specialization: Other
16	CERT_AD_NP	Certification: Adult NP
16	CERT_CRNA	Certification: CRNA
16	CERT_CNM	Certification: CNM
16	CERT_CNS	Certification: CNS
16	CERT_FAM_NP	Certification: Family NP
16	CERT_GERIATRIC_NP	Certification: Geriatric NP
16	CERT_NEONATAL_NP	Certification: Neonatal NP
16	CERT_PED_NP	Certification: Pediatric NP
16	CERT_WMN_NP	Certification: Womens Health NP
16	CERT_OTHER	Certification: Other
18	RSN_NO_PA_GRP	Reason for no prescriptive authority (grouped)
19	PRESCRIBE_SCH_DRUGS	Prescribe schedule II-V drugs
20	RSN_NO_SCH_DRUGS_COLLEAGUES	Reason for not prescribing schedule II-V drugs: Colleagues write schedule II-V prescriptions
20	RSN_NO_SCH_DRUGS_NOT_USED	Reason for not prescribing schedule II-V drugs: Schedule II-V drugs are not used in practice
20	RSN_NO_SCH_DRUGS_OUTOFAREA	Reason for not prescribing schedule II-V drugs: prescribing schedule II-V drugs is outside area of expertise
20	RSN_NO_SCH_DRUGS_CONCERN	Reason for not prescribing schedule II-V drugs: Concerned about patients engaging in drug seeking behavior
20	RSN_NO_SCH_DRUGS_OTHER	Reason for not prescribing schedule II-V drugs: Other
21	HAVE_DEA_NUM	Have a DEA number
22	RSN_NO_DEA_NODESIRE	Reason no DEA number: No desire to write prescriptions for controlled substances
22	RSN_NO_DEA_NONEED	Reason no DEA number: No need to write prescriptions for controlled substances
22	RSN_NO_DEA_FEE	Reason no DEA number: Not willing to pay the fee
24	EMPLOYED_CO	Currently employed in position requiring registration with the CO State Board of Nursing Advanced Practice Registry
25	NO_WORK_PRIM_HC_NO_APN	Reason not working as APN: Employed in primary health care setting not requiring APN training
25	NO_WORK_HC_RELATED_NO_APN	Reason not working as APN: Employed in a health-related position not requiring APN training
25	NO_WORK_LACK_RESPECT	Reason not working as APN: Lack of respect for APNs by physicians and employers

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
25	NO_WORK_WAGES	Reason not working as APN: Insufficient wages
25	NO_WORK_NO_POSITIONS	Reason not working as APN: There are no APN positions available
25	NO_WORK_FAMILY	Reason not working as APN: Family responsibilities interfered with my ability to work
25	NO_WORK_RETIRED	Reason not working as APN: Retired from the active workforce
25	NO_WORK_OTHER	Reason not working as APN: Other
26	ANOTHER_POSITION	Employed in another position requiring your APN registration or RN license
27	RSN_ADD_POSITION_GRP	Reason for additional position (grouped)
29	HOURS_ALL_GRP	Hours worked during typical work week for all APN and RN positions (grouped)
29	HOURS_PRINCIPAL_GRP	Hours worked during typical work week for principal APN position (grouped)
29	HOURS_SECONDARY_GRP	Hours worked during typical work week for secondary APN position (grouped)
29	TOTAL_HOURS_GRP	Hours worked during typical work week for all APN and RN positions, calculated (grouped)
30	INCOME_GRP	Total income before taxes in 2009 from all APN positions combined (grouped)
31	INDEP_PRAC	Working in practice made up exclusively of APNs and/or nurses
32	SETTING_GRP	Type of practice setting of principal APN position (grouped)
33	TIME_DIR_PATIENT_CARE_GRP	Time spent: Direct patient care (grouped)
33	TIME_COLL_PATIENT_CARE_GRP	Time spent: Collateral patient care (grouped)
33	TIME_ADMIN_GRP	Time spent: Administration (grouped)
33	TIME_MEETINGS_GRP	Time spent: Meetings (grouped)
33	TIME_OTHER_GRP	Time spent: Other (grouped)
34	PRINCIPAL_FULL_SCOPE_GRP	Principal APN position: Function within scope of practice (grouped)
34	PRINCIPAL_MEMBER_GRP	Principal APN position: Member of care team that allows participation in decisions related to patients (grouped)
34	PRINCIPAL_REIMB_GRP	Principal APN position: Reimbursement for the services provided appropriately reflects training and experience (grouped)
34	PRINCIPAL_BILL_GRP	Principal APN position: Able to bill for services under own license (grouped)
34	PRINCIPAL_POS_RELATION_GRP	Principal APN position: Positive relationships with the physicians (grouped)
34	PRINCIPAL_AUTO_DECISION_GRP	Principal APN position: Autonomous decisions with regard to patients (grouped)
34	PRINCIPAL_CULTURAL_GRP	Principal APN position: Culturally competent to address the health needs of my full panel of patients (grouped)
34	PRINCIPAL_HIGH_QUALITY_GRP	Principal APN position: Believe the quality of care is high at my current work setting (grouped)
35	PROB_TIME	Problem: Having sufficient time with patients during office visits
35	PROB_COMMUNICATE	Problem: Communicating with patients whose language or cultural background is different from my own
35	PROB_SPECIALISTS	Problem: Having enough qualified specialists available to whom I can refer patients
35	PROB_REPORTS	Problem: Receiving reports from other providers and facilities in a timely manner
35	PROB_PRIV_INS	Problem: Denied reimbursement from private insurance companies
35	PROB_PAY	Problem: Patient access to needed care is limited based on their ability to pay
35	PROB_LIABILITY_INS	Problem: High cost of liability insurance
35	PROB_CALL_COVERAGE	Problem: Lack of call coverage for weekends and vacations

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
36	PCT_TIME_DIRECT_GRP	Percent of time during typical work week: Direct face-to-face patient care (grouped)
36	PCT_TIME_INDIRECT_GRP	Percent of time during typical work week: Indirect patient care (grouped)
36	PCT_TIME_ADMIN_GRP	Percent of time during typical work week: Administration (grouped)
36	PCT_TIME_TEACHING_GRP	Percent of time during typical work week: Teaching (grouped)
36	PCT_TIME_CONT_EDUC_GRP	Percent of time during typical work week: Continuing education (grouped)
36	PCT_TIME_RESEARCH_GRP	Percent of time during typical work week: Research (grouped)
36	PCT_TIME_QUAL_IMPROVE_GRP	Percent of time during typical work week: Activities related to quality improvement or patient safety (grouped)
36	PCT_TIME_OTHER_GRP	Percent of time during typical work week: Other activities (grouped)
36	PCT_TIME_TOTAL	Percent of time during typical work week: Total
37	LISTED_PROVIDER	A listed provider, eligible for reimbursement from private insurance carriers
38	HOSP_ADMIT_PRIV	Hospital admitting privileges
39	ACCEPT_NEW_PRIV_INS	Accept patients: Private insurance
39	ACCEPT_NEW_FAMILY	Accept patients: Family members of current patients
39	ACCEPT_NEW_UNINSURED	Accept patients: Uninsured and paying out of pocket
39	ACCEPT_NEW_SLIDE_FEE	Accept patients: Sliding-fee scale
39	ACCEPT_NEW_AD_MDCD	Accept patients: Adults covered by Medicaid
39	ACCEPT_NEW_CH_MDCD	Accept patients: Children covered by Medicaid
39	ACCEPT_NEW_WMN_CHP	Accept patients: Pregnant women covered by CHP+
39	ACCEPT_NEW_CH_CHP	Accept patients: Children covered by CHP+
39	ACCEPT_NEW_MDCR	Accept patients: Medicare beneficiaries
39	ACCEPT_NEW_WC	Accept patients: Workers compensation
39	ACCEPT_NEW_CHARITY	Accept patients: Charity care
40	PCT_PRIV_INS_GRP	Payer mix: Private insurance (grouped)
40	PCT_MDCR_GRP	Payer mix: Medicare (grouped)
40	PCT_MDCD_GRP	Payer mix: Medicaid (grouped)
40	PCT_CHP_GRP	Payer mix: CHP+ (grouped)
40	PCT_TRICARE_GRP	Payer mix: TriCare/CHAMPUS/VA (grouped)
40	PCT_WC_GRP	Payer mix: Workers Compensation (grouped)
40	PCT_SELFPAY_GRP	Payer mix: Self-pay and sliding fee schedule (grouped)
40	PCT_UNCOMPENSATED_GRP	Payer mix: Uncompensated care (grouped)
40	PCT_OTHER_GRP	Payer mix: Other (grouped)
40	PCT_TOTAL	Payer mix: Total
40	PCT_DONTKNOW	Payer mix: Do not know
41	MDCR_PN	Provider number: Medicare
41	MDCD_PN	Provider number: Medicaid
41	NPI	Provider number: NPI
42	SERVICES_BILLED	Billing of professional services
43	PAYS_LIABILITY_GRP	Payer of professional medical liability (malpractice insurance (grouped))

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
44	LEAVE_12MO	Planning to leave principal APN position in the next 12 months
45	LEAVE_RSN_NO_RESPECT_GRP	Reason for leaving practice: Lack of respect for APNs by physicians and employers (grouped)
45	LEAVE_RSN_WAGES_GRP	Reason for leaving practice: Insufficient wages given the workload and responsibilities involved (grouped)
46	INTEREST_FACULTY	Interested in becoming a faculty member in a nursing education program
47	INTEREST_CNA	Programs interested in teaching: CNA
47	INTEREST_LPN	Programs interested in teaching: LPN
47	INTEREST_ADN	Programs interested in teaching: ADN
47	INTEREST_BSN	Programs interested in teaching: BSN
47	INTEREST_MSN	Programs interested in teaching: MSN
47	INTEREST_DNP	Programs interested in teaching: DNP
47	INTEREST_OTHER	Programs interested in teaching: Other
CREATED VARIABLE	PRINCIPAL_STATE_FROM_ZIP_GRP	State: principal APN position address (derived from ZIP code (grouped))
CREATED VARIABLE	PRINCIPAL_URBAN_FROM_ZIP	Urban/Not-urban: principal APN position address (derived from ZIP code)
CREATED VARIABLE	PRINCIPAL_RUCA2_FROM_ZIP_GRP	RUCA2 code: principal APN position address (derived from ZIP code (grouped))
CREATED VARIABLE	SECONDARY_STATE_FROM_ZIP_GRP	State: secondary APN position address (derived from ZIP code (grouped))
CREATED VARIABLE	SECONDARY_URBAN_FROM_ZIP	Urban/Not-urban: secondary APN position address (derived from ZIP code
CREATED VARIABLE	SECONDARY_RUCA2_FROM_ZIP_GRP	RUCA2 code: secondary APN position address (derived from ZIP code (grouped))
CREATED VARIABLE	AGE_GRP	Age (years as of 2010 (grouped))
CREATED VARIABLE	GRAD_AGE_GRP	Num of yrs from birth to graduation (grouped)
CREATED VARIABLE	GRAD_NUMYRS_GRP	Num of yrs from graduation to survey (grouped)
CREATED VARIABLE	RX_AUTHORITY	Prescriptive authority
CREATED VARIABLE	RX_AUTHORITY_YR_GRP	Prescriptive authority (year (grouped))
CREATED VARIABLE	TOTAL_PRAC_MO_GRP	Total months worked in position requiring APN training (grouped)

CODEBOOK AND FREQUENCIES

**QUESTION
NUMBER**
VARIABLE NAME
DESCRIPTION

1

PRAC_POLICY_REFL_APN

Policy/regulation: Practice setting policies and procedures that incorporate roles and responsibilities reflecting an APNs scope of practice

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	19	168
-6	Invalid Answer/Out of Range	1	2
1	Very Important	431	2839
2	Somewhat Important	103	866
3	Not Important	17	125
TOTAL		571	4000

**QUESTION
NUMBER**
VARIABLE NAME
DESCRIPTION

1

HOSP_POLICY_REFL_APN

Policy/regulation: Hospital and clinic policies that explicitly reflect and establish an APNs scope of practice

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	18	166
1	Very Important	424	2669
2	Somewhat Important	108	991
3	Not Important	21	174
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
I	REIMB_POLICY	Policy/regulation: Enforceable reimbursement policies that establish reimbursement levels commensurate with the clinical services provided by APNs
	TYPE	LENGTH
	Numeric	8
		FORMAT
		Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	20	169
1	Very Important	474	3263
2	Somewhat Important	64	446
3	Not Important	13	122
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
I	STATE_PILOT	Policy/regulation: State-initiated pilot projects that evaluate models of collaborative practice wherein APNs are team leaders
	TYPE	LENGTH
	Numeric	8
		FORMAT
		Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	19	149
1	Very Important	279	1977
2	Somewhat Important	219	1464
3	Not Important	54	410
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
I	INDEP_INCENTIVE	Policy/regulation: State- or privately-sponsored incentives to establish APNs in independent practices in medically underserved areas
	TYPE	LENGTH
	Numeric	8
		FORMAT
		Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	16	163
1	Very Important	414	2804
2	Somewhat Important	114	713
3	Not Important	27	320
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
I	LOAN_FORGIVE	Policy/regulation: Increased access to state and federal loan forgiveness programs available to APNs who agree to practice in an underserved area of CO
	TYPE	LENGTH
	Numeric	8
		FORMAT
		Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	16	163
1	Very Important	363	2382
2	Somewhat Important	148	1045
3	Not Important	44	410
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
1	CONSENSUS_MD_APN	Policy/regulation: Formalized convenings between physicians and APNs to reach consensus on issues of scope of practice and collaborative models of care
	TYPE	LENGTH
	Numeric	8
		FORMAT
		Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	22	173
1	Very Important	334	2272
2	Somewhat Important	174	1228
3	Not Important	41	327
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
2	SATISF_CAREER_GRP	Satisfaction with career as an APN (grouped)
	TYPE	LENGTH
	Numeric	8
		FORMAT
		Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	11	58
1	Very Satisfied (1,2,3)	424	2967
2	(4,5,6,7)	91	623
3	Very Dissatisfied (8,9,10)	45	353
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

3

SATISF_COMPENSATE_GRP

Satisfaction with compensation for work as an APN (grouped)

TYPE**LENGTH****FORMAT**

Numeric

8

Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	9	55
1	Very Satisfied (1,2,3)	235	1625
2	(4,5,6,7)	265	1941
3	Very Dissatisfied (8,9,10)	62	380
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

4

GENDER

Gender

TYPE**LENGTH****FORMAT**

Numeric

8

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	5	9
1	Male	154	416
2	Female	412	3576
TOTAL		571	4000

**QUESTION
NUMBER**

5

VARIABLE NAME

BIRTH_YR_GRP

DESCRIPTION

Year born (grouped)

TYPE

Numeric

LENGTH

8

FORMAT

Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	11	78
1	1945 or before	47	317
2	1946-1955	229	1574
3	1956-1965	149	738
4	1966-1975	94	776
5	1976 or after	41	518
TOTAL		571	4000

**QUESTION
NUMBER**

6

VARIABLE NAME

GREW_UP_LOCATION

DESCRIPTION

Community grew up in

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	4	6
1	Urban	126	1127
2	Rural	242	1203
3	Suburban	199	1664
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

7

RACE_GRP

Ethnic/racial identification (grouped)

TYPE**LENGTH****FORMAT**

Numeric

8

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	5	9
1	White, not Hispanic	524	3778
2	Hispanic/Latino	21	78
3	Multi-racial/multi-ethnic	11	79
4	Native American, Asian, African American or Native Hawaiian	10	57
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

8

FLUENT

Fluent in a language other than English

TYPE**LENGTH****FORMAT**

Numeric

8

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	6	30
0	No	469	3212
1	Yes	96	758
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

10

CNA

Completed prior to APN: CNA

TYPE**LENGTH****FORMAT**

Numeric

8

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	258	1728
0	No	267	2033
1	Yes	46	239
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

10

LPN

Completed prior to APN: LPN

TYPE**LENGTH****FORMAT**

Numeric

8

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	250	1600
0	No	273	2101
1	Yes	48	299
TOTAL		571	4000

**QUESTION
NUMBER**

10

VARIABLE NAME

ADN

DESCRIPTION

Completed prior to APN: ADN

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	221	1394
0	No	235	1957
1	Yes	115	649
TOTAL		571	4000

**QUESTION
NUMBER**

10

VARIABLE NAME

BSN

DESCRIPTION

Completed prior to APN: BSN

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	46	278
0	No	30	343
1	Yes	495	3378
TOTAL		571	4000

**QUESTION
NUMBER**

10

VARIABLE NAME

OTHER_BACC

DESCRIPTION

Completed prior to APN: Other baccalaureate

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	223	1371
0	No	217	1647
1	Yes	131	982
TOTAL		571	4000

**QUESTION
NUMBER**

10

VARIABLE NAME

OTHER_MAST

DESCRIPTION

Completed prior to APN: Other masters degree

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	247	1555
0	No	248	1957
1	Yes	76	487
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
10	OTHER_DEGREE	Completed prior to APN: Other degree

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	268	1767
0	No	198	1425
1	Yes	105	808
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
11	GRAD_YR_GRP	Graduation year (grouped)

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	13	120
1	1980 or before	72	441
2	1981-1990	101	745
3	1991-2000	205	1227
4	2001 or after	180	1467
TOTAL		571	4000

**QUESTION
NUMBER**

12

VARIABLE NAME

GRAD_STATE_GRP

DESCRIPTION

Graduation state (grouped)

TYPE

Character

LENGTH

255

FORMAT

Text

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
0	Non-Colorado	284	1533
1	Colorado	287	2467
TOTAL		571	4000

**QUESTION
NUMBER**

13

VARIABLE NAME

HIGHEST_EDUC_GRP

DESCRIPTION

Highest level of education completed (grouped)

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	7	12
-6	Invalid answer/out of range	4	26
1	Bachelor's of Science in Nursing	40	322
2	Master's of Science in Nursing	376	2688
3	Other Master's Degree	57	230
4	Doctor of Nursing, Doctorate of Nursing Practice, or PhD in Nursing	28	380
5	Doctorate in another field	11	22
6	Other	48	319
TOTAL		571	4000

**QUESTION
NUMBER**

14

VARIABLE NAME

REGISTR_CRNA

DESCRIPTION

Registration with CO Board of Nursing Advanced Practice Registry: CRNA

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	162	1233
0	No	312	2414
1	Yes	97	353
TOTAL		571	4000

**QUESTION
NUMBER**

14

VARIABLE NAME

REGISTR_CNS

DESCRIPTION

Registration with CO Board of Nursing Advanced Practice Registry: CNS

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	175	1208
0	No	314	2140
1	Yes	82	652
TOTAL		571	4000

**QUESTION
NUMBER**

14

VARIABLE NAME

REGISTR_NP

DESCRIPTION

Registration with CO Board of Nursing Advanced Practice Registry: NP

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	82	486
0	No	119	709
1	Yes	370	2805
TOTAL		571	4000

**QUESTION
NUMBER**

14

VARIABLE NAME

REGISTR_CNM

DESCRIPTION

Registration with CO Board of Nursing Advanced Practice Registry: CNM

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	187	1214
0	No	344	2390
1	Yes	40	396
TOTAL		571	4000

**QUESTION
NUMBER**

15

VARIABLE NAME

SPEC_ACUTE_CARE

DESCRIPTION

Specialization: Acute Care

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	170	1160
-6	Invalid answer/out of range	1	2
0	No	334	2347
1	Yes	66	491
TOTAL		571	4000

**QUESTION
NUMBER**

15

VARIABLE NAME

SPEC_AD_PRIM_CARE

DESCRIPTION

Specialization: Adult Primary Care

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	162	1068
-6	Invalid answer/out of range	1	2
0	No	305	2144
1	Yes	103	786
TOTAL		571	4000

**QUESTION
NUMBER**

15

VARIABLE NAME

SPEC_AD_PSYCH

DESCRIPTION

Specialization: Adult Psychiatric and Mental Health

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	171	1162
0	No	364	2638
1	Yes	36	200
TOTAL		571	4000

**QUESTION
NUMBER**

15

VARIABLE NAME

SPEC_AD_SPEC_CARE

DESCRIPTION

Specialization: Adult Specialty Care

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	179	1176
-6	Invalid answer/out of range	1	2
0	No	363	2557
1	Yes	28	265
TOTAL		571	4000

**QUESTION
NUMBER**

15

VARIABLE NAME

SPEC_CH_PSYCH

DESCRIPTION

Specialization: Child/Adolescent Psychiatric and Mental Health

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	182	1240
0	No	376	2678
1	Yes	13	82
TOTAL		571	4000

**QUESTION
NUMBER**

15

VARIABLE NAME

SPEC_FAM_PRIM_CARE

DESCRIPTION

Specialization: Family Primary Care

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	135	945
0	No	239	1793
1	Yes	197	1261
TOTAL		571	4000

**QUESTION
NUMBER**

15

VARIABLE NAME

SPEC_FAM_PSYCH

DESCRIPTION

Specialization: Family Psychiatric and Mental Health

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	178	1194
0	No	377	2699
1	Yes	16	107
TOTAL		571	4000

**QUESTION
NUMBER**

15

VARIABLE NAME

SPEC_GERONTOLOGY

DESCRIPTION

Specialization: Gerontology

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	176	1171
0	No	357	2528
1	Yes	38	301
TOTAL		571	4000

**QUESTION
NUMBER**
15

VARIABLE NAME
SPEC_ANESTHETIST

DESCRIPTION
Specialization: Nurse Anesthetist

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	142	1061
-6	Invalid answer/out of range	1	2
0	No	334	2590
1	Yes	94	347
TOTAL		571	4000

**QUESTION
NUMBER**
15

VARIABLE NAME
SPEC_MIDWIFE

DESCRIPTION
Specialization: Nurse Midwife

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	164	1056
0	No	365	2544
1	Yes	42	400
TOTAL		571	4000

**QUESTION
NUMBER**

15

VARIABLE NAME

SPEC_NEONATAL

DESCRIPTION

Specialization: Neonatal

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	176	1153
0	No	375	2638
1	Yes	20	209
TOTAL		571	4000

**QUESTION
NUMBER**

15

VARIABLE NAME

SPEC_PED_PRIM_CARE

DESCRIPTION

Specialization: Pediatric Primary Care

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	176	1172
0	No	344	2390
1	Yes	51	438
TOTAL		571	4000

**QUESTION
NUMBER**

15

VARIABLE NAME

SPEC_PED_SPEC_CARE

DESCRIPTION

Specialization: Pediatric Specialty Care

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	182	1184
0	No	375	2674
1	Yes	14	142
TOTAL		571	4000

**QUESTION
NUMBER**

15

VARIABLE NAME

SPEC_WMN_HEALTH

DESCRIPTION

Specialization: Women's health

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	150	1013
0	No	319	2177
1	Yes	102	811
TOTAL		571	4000

**QUESTION
NUMBER**
15

VARIABLE NAME
SPEC_OTHER

DESCRIPTION
Specialization: Other

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	245	1742
0	No	251	1734
1	Yes	75	524
TOTAL		571	4000

**QUESTION
NUMBER**
16

VARIABLE NAME
CERT_AD_NP

DESCRIPTION
Certification: Adult NP

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	179	1237
0	No	336	2351
1	Yes	56	412
TOTAL		571	4000

**QUESTION
NUMBER**

16

VARIABLE NAME

CERT_CRNA

DESCRIPTION

Certification: CRNA

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	154	1200
0	No	323	2454
1	Yes	94	347
TOTAL		571	4000

**QUESTION
NUMBER**

16

VARIABLE NAME

CERT_CNM

DESCRIPTION

Certification: CNM

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	178	1199
0	No	350	2400
1	Yes	43	401
TOTAL		571	4000

**QUESTION
NUMBER**

16

VARIABLE NAME

CERT_CNS

DESCRIPTION

Certification: CNS

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	188	1290
0	No	354	2463
1	Yes	29	248
TOTAL		571	4000

**QUESTION
NUMBER**

16

VARIABLE NAME

CERT_FAM_NP

DESCRIPTION

Certification: Family NP

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	142	998
0	No	236	1671
1	Yes	193	1331
TOTAL		571	4000

**QUESTION
NUMBER**

16

VARIABLE NAME

CERT_GERIATRIC_NP

DESCRIPTION

Certification: Geriatric NP

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	193	1340
0	No	368	2527
1	Yes	10	134
TOTAL		571	4000

**QUESTION
NUMBER**

16

VARIABLE NAME

CERT_NEONATAL_NP

DESCRIPTION

Certification: Neonatal NP

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	189	1275
0	No	367	2526
1	Yes	15	199
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
16	CERT_PED_NP	Certification: Pediatric NP
	TYPE	LENGTH
	Numeric	8
		FORMAT
		Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	187	1271
0	No	355	2445
1	Yes	29	284
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
16	CERT_WMN_NP	Certification: Womens Health NP
	TYPE	LENGTH
	Numeric	8
		FORMAT
		Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	171	1187
0	No	348	2397
1	Yes	52	416
TOTAL		571	4000

**QUESTION
NUMBER**

16

VARIABLE NAME

CERT_OTHER

DESCRIPTION

Certification: Other

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	253	1718
0	No	288	2034
1	Yes	30	247
TOTAL		571	4000

**QUESTION
NUMBER**

18

VARIABLE NAME

RSN_NO_PA_GRP

DESCRIPTION

Reason for no prescriptive authority (grouped)

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	9	36
-8	Not Applicable	319	2485
-7	Skip pattern violation	14	44
-6	Invalid answer/out of range	18	130
1	Difficulty finding or unable to find a physician	13	82
2	Currently completing my preceptorship or mentorship	19	152
3	Do not currently need prescriptive authority	132	677
4	Do not want to have prescriptive authority	29	208
5	Do not meet the criteria for having prescriptive authority	18	187
TOTAL		571	4000

**QUESTION
NUMBER**

19

VARIABLE NAME

PRESCRIBE_SCH_DRUGS

DESCRIPTION

Prescribe schedule II-V drugs

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	168	1050
0	No	99	664
1	Yes	304	2286
TOTAL		571	4000

**QUESTION
NUMBER**

20

VARIABLE NAME

RSN_NO_SCH_DRUGS_COLLEAGUES

DESCRIPTION

Reason for not prescribing schedule II-V drugs: Colleagues write schedule II-V prescriptions

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	194	1231
-8	Not Applicable	302	2283
-7	Skip pattern violation	2	3
0	No	29	187
1	Yes	44	296
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

20

RSN_NO_SCH_DRUGS_NOT_USED

Reason for not prescribing schedule II-V drugs: Schedule II-V drugs are not used in practice

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	201	1227
-8	Not Applicable	302	2283
-7	Skip pattern violation	2	3
0	No	49	361
1	Yes	17	126
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

20

RSN_NO_SCH_DRUGS_OUTOFAREA

Reason for not prescribing schedule II-V drugs: prescribing schedule II-V drugs is outside area of expertise

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	201	1245
-8	Not Applicable	302	2283
-7	Skip pattern violation	2	3
0	No	52	404
1	Yes	14	65
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

20

RSN_NO_SCH_DRUGS_CONCERN

Reason for not prescribing schedule II-V drugs: Concerned about patients engaging in drug seeking behavior

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	205	1272
-8	Not Applicable	302	2283
-7	Skip pattern violation	2	3
0	No	51	383
1	Yes	11	60
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

20

RSN_NO_SCH_DRUGS_OTHER

Reason for not prescribing schedule II-V drugs: Other

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	197	1297
-8	Not Applicable	302	2283
-7	Skip pattern violation	2	3
0	No	25	141
1	Yes	45	276
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

21

HAVE_DEA_NUM

Have a DEA number

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	34	140
0	No	235	1638
1	Yes	302	2222
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

22

RSN_NO_DEA_NODESIRE

Reason no DEA number: No desire to write prescriptions for controlled substances

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	133	871
-8	Not Applicable	299	2217
-7	Skip pattern violation	3	5
0	No	86	487
1	Yes	50	420
TOTAL		571	4000

**QUESTION
NUMBER**

22

VARIABLE NAME

RSN_NO_DEA_NONEED

DESCRIPTION

Reason no DEA number: No need to write prescriptions for controlled substances

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	109	723
-8	Not Applicable	298	2215
-7	Skip pattern violation	4	7
0	No	67	510
1	Yes	93	545
TOTAL		571	4000

**QUESTION
NUMBER**

22

VARIABLE NAME

RSN_NO_DEA_FEE

DESCRIPTION

Reason no DEA number: Not willing to pay the fee

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	153	1022
-8	Not Applicable	299	2217
-7	Skip pattern violation	3	5
0	No	94	598
1	Yes	22	158
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

24

EMPLOYED_CO

Currently employed in position requiring registration with the CO State Board of Nursing Advanced Practice Registry

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

VALUE	VALUE LABEL	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	5	9
0	No	130	885
1	Yes	436	3106
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

25

NO_WORK_PRIM_HC_NO_APN

Reason not working as APN: Employed in primary health care setting not requiring APN training

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

VALUE	VALUE LABEL	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	37	238
-8	Not Applicable	431	3078
-7	Skip pattern violation	5	28
0	No	78	504
1	Yes	20	152
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

25

NO_WORK_HC_RELATED_NO_APN

Reason not working as APN: Employed in a health-related position not requiring APN training

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	31	188
-8	Not Applicable	430	3076
-7	Skip pattern violation	6	30
0	No	59	412
1	Yes	45	294
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

25

NO_WORK_LACK_RESPECT

Reason not working as APN: Lack of respect for APNs by physicians and employers

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	40	244
-8	Not Applicable	431	3078
-7	Skip pattern violation	5	28
0	No	78	484
1	Yes	17	166
TOTAL		571	4000

**QUESTION
NUMBER**

25

VARIABLE NAME

NO_WORK_WAGES

DESCRIPTION

Reason not working as APN: Insufficient wages

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	40	224
-8	Not Applicable	431	3078
-7	Skip pattern violation	5	28
0	No	79	506
1	Yes	16	164
TOTAL		571	4000

**QUESTION
NUMBER**

25

VARIABLE NAME

NO_WORK_NO_POSITIONS

DESCRIPTION

Reason not working as APN: There are no APN positions available

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	38	240
-8	Not Applicable	431	3078
-7	Skip pattern violation	5	28
0	No	70	492
1	Yes	27	162
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

25

NO_WORK_FAMILY

Reason not working as APN: Family responsibilities interfered with my ability to work

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	38	240
-8	Not Applicable	431	3078
-7	Skip pattern violation	5	28
0	No	86	577
1	Yes	11	77
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

25

NO_WORK_RETIRED

Reason not working as APN: Retired from the active workforce

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	31	207
-8	Not Applicable	430	3077
-7	Skip pattern violation	6	29
0	No	68	468
1	Yes	36	219
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
25	NO_WORK_OTHER	Reason not working as APN: Other

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	55	349
-8	Not Applicable	429	3075
-7	Skip pattern violation	7	31
0	No	37	181
1	Yes	43	364
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
26	ANOTHER_POSITION	Employed in another position requiring your APN registration or RN license

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	7	32
-8	Not Applicable	93	665
-7	Skip pattern violation	37	220
1	Yes, work 2+ APN positions	82	460
2	Yes, work in 1+ RN positions in addition to APN position	20	93
3	No, work in only 1 APN position	332	2529
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

27

RSN_ADD_POSITION_GRP

Reason for additional position (grouped)

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	13	83
-8	Not Applicable	449	3312
-7	Skip pattern violation	13	102
-6	Invalid answer/out of range	5	28
1	Was not offered fulltime work in principal APN position	57	294
2	To gain experience in a different aspect of advanced practice nursing	11	43
3	Other	23	137
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

29

HOURS_ALL_GRP

Hours worked during typical work week for all APN and RN positions (grouped)

TYPE

Numeric

LENGTH

8

FORMAT

Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	125	902
-8	Not Applicable	96	650
-7	Skip pattern violation	34	235
1	0-24 hours	42	384
2	25-36 hours	66	485
3	37-40 hours	97	589
4	More than 40 hours	111	754
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

29

HOURS_PRINCIPAL_GRP

Hours worked during typical work week for principal APN position (grouped)

TYPE

Numeric

LENGTH

8

FORMAT

Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	119	779
-8	Not Applicable	114	799
-7	Skip pattern violation	16	86
1	0-24 hours	50	378
2	25-36 hours	79	623
3	37-40 hours	105	703
4	More than 40 hours	88	632
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

29

HOURS_SECONDARY_GRP

Hours worked during typical work week for secondary APN position (grouped)

TYPE

Numeric

LENGTH

8

FORMAT

Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	15	48
-8	Not Applicable	438	3174
-7	Skip pattern violation	44	334
1	0-10 hours	50	264
2	More than 10 hours	24	180
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
29	TOTAL_HOURS_GRP	Hours worked during typical work week for all APN and RN positions, calculated (grouped)
	TYPE	LENGTH
	Numeric	8
	FORMAT	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	9	36
-8	Not Applicable	90	602
-7	Skip pattern violation	40	283
1	0-24 hours	55	465
2	25-36 hours	102	761
3	37-40 hours	125	813
4	More than 40 hours	150	1041
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
30	INCOME_GRP	Total income before taxes in 2009 from all APN positions combined (grouped)
	TYPE	LENGTH
	Numeric	8
	FORMAT	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	11	77
-8	Not Applicable	86	595
-7	Skip pattern violation	44	290
1	\$40000 or less (or not working as an APN in 2009)	44	348
2	\$40,001 to \$50,000	19	90
3	\$50,001 to \$60,000	25	179
4	\$60,001 to \$70,000	43	308
5	\$70,001 to \$80,000	49	377
6	\$80,001 to \$90,000	62	539
7	\$90,001 to \$100,000	59	512
8	More than \$100,000	129	686
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION	
31	INDEP_PRAC	Working in practice made up exclusively of APNs and/or nurses	
	TYPE	LENGTH	FORMAT
	Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	9	37
-8	Not Applicable	89	619
-7	Skip pattern violation	41	266
0	No	329	2211
1	Yes	103	868
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION	
32	SETTING_GRP	Type of practice setting of principal APN position (grouped)	
	TYPE	LENGTH	FORMAT
	Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	6	11
-8	Not Applicable	93	684
-7	Skip pattern violation	37	201
-6	Invalid answer/out of range	8	36
1	Acute care facility (hospital)/Ambulatory surgical center	146	997
2	Government or non-clinical setting	43	273
3	Private office or clinic	88	643
4	Outpatient clinic	123	893
5	Nursing home/Occupational health setting/rehabilitation facility	17	147
6	Other	10	115
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

33

TIME_DIR_PATIENT_CARE_GRP

Time spent: Direct patient care (grouped)

TYPE

Numeric

LENGTH

8

FORMAT

Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	10	37
-8	Not Applicable	93	645
-7	Skip pattern violation	37	240
1	Too little time	27	167
2	Just enough time	239	1778
3	Too much time	160	1125
4	N/A	5	9
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

33

TIME_COLL_PATIENT_CARE_GRP

Time spent: Collateral patient care (grouped)

TYPE

Numeric

LENGTH

8

FORMAT

Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	12	41
-8	Not Applicable	93	645
-7	Skip pattern violation	37	240
1	Too little time	50	325
2	Just enough time	189	1435
3	Too much time	172	1262
4	N/A	18	53
TOTAL		571	4000

**QUESTION
NUMBER**

33

VARIABLE NAME

TIME_ADMIN_GRP

DESCRIPTION

Time spent: Administration (grouped)

TYPE

Numeric

LENGTH

8

FORMAT

Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	29	207
-8	Not Applicable	94	647
-7	Skip pattern violation	35	236
-6	Invalid answer/out of range	1	2
1	Too little time	129	834
2	Just enough time	138	896
3	Too much time	50	500
4	N/A	95	678
TOTAL		571	4000

**QUESTION
NUMBER**

33

VARIABLE NAME

TIME_MEETINGS_GRP

DESCRIPTION

Time spent: Meetings (grouped)

TYPE

Numeric

LENGTH

8

FORMAT

Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	12	60
-8	Not Applicable	96	650
-7	Skip pattern violation	34	235
1	Too little time	172	1101
2	Just enough time	185	1411
3	Too much time	34	296
4	N/A	38	246
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

33

TIME_OTHER_GRP

Time spent: Other (grouped)

TYPE

Numeric

LENGTH

8

FORMAT

Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	32	271
-8	Not Applicable	93	645
-7	Skip pattern violation	37	240
-6	Invalid answer/out of range	1	2
1	Too little time	190	1174
2	Just enough time	119	960
3	Too much time	17	127
4	N/A	82	579
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

34

PRINCIPAL_FULL_SCOPE_GRP

Principal APN position: Function within scope of practice (grouped)

TYPE

Numeric

LENGTH

8

FORMAT

Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	9	35
-8	Not Applicable	102	738
-7	Skip pattern violation	28	147
1	Always	344	2449
2	Sometimes/Never	88	630
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

34

PRINCIPAL_MEMBER_GRP

Principal APN position: Member of care team that allows participation in decisions related to patients (grouped)

TYPE

Numeric

LENGTH

8

FORMAT

Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	12	41
-8	Not Applicable	105	744
-7	Skip pattern violation	25	141
1	Always	369	2639
2	Sometimes/Never	60	435
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

34

PRINCIPAL_REIMB_GRP

Principal APN position: Reimbursement for the services provided appropriately reflects training and experience (grouped)

TYPE

Numeric

LENGTH

8

FORMAT

Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	26	240
-8	Not Applicable	104	742
-7	Skip pattern violation	26	143
-6	Invalid answer/out of range	2	23
1	Always	158	997
2	Sometimes/Never	255	1856
TOTAL		571	4000

**QUESTION
NUMBER**

34

VARIABLE NAME

PRINCIPAL_BILL_GRP

DESCRIPTION

Principal APN position: Able to bill for services under own license (grouped)

TYPE

Numeric

LENGTH

8

FORMAT

Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	24	140
-8	Not Applicable	104	742
-7	Skip pattern violation	26	143
-6	Invalid answer/out of range	2	23
1	Always	149	1030
2	Sometimes/Never	266	1922
TOTAL		571	4000

**QUESTION
NUMBER**

34

VARIABLE NAME

PRINCIPAL_POS_RELATION_GRP

DESCRIPTION

Principal APN position: Positive relationships with the physicians (grouped)

TYPE

Numeric

LENGTH

8

FORMAT

Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	15	67
-8	Not Applicable	104	742
-7	Skip pattern violation	26	143
1	Always	330	2313
2	Sometimes/Never	96	736
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

34

PRINCIPAL_AUTO_DECISION_GRP

Principal APN position: Autonomous decisions with regard to patients (grouped)

TYPE

Numeric

LENGTH

8

FORMAT

Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	9	35
-8	Not Applicable	105	744
-7	Skip pattern violation	25	141
1	Always	336	2262
2	Sometimes/Never	96	818
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

34

PRINCIPAL_CULTURAL_GRP

Principal APN position: Culturally competent to address the health needs of my full panel of patients (grouped)

TYPE

Numeric

LENGTH

8

FORMAT

Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	11	40
-8	Not Applicable	104	742
-7	Skip pattern violation	26	143
1	Always	307	2194
2	Sometimes/Never	123	881
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

34

PRINCIPAL_HIGH_QUALITY_GRP

Principal APN position: Believe the quality of care is high at my current work setting (grouped)

TYPE

Numeric

LENGTH

8

FORMAT

Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	9	35
-8	Not Applicable	104	742
-7	Skip pattern violation	26	143
1	Always	375	2665
2	Sometimes/Never	57	415
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

35

PROB_TIME

Problem: Having sufficient time with patients during office visits

TYPE

Numeric

LENGTH

8

FORMAT

Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	24	159
-8	Not Applicable	106	746
-7	Skip pattern violation	24	139
1	Not a problem	253	1767
2	Somewhat a problem	139	990
3	Significant problem	25	199
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

35

PROB_COMMUNICATE

Problem: Communicating with patients whose language or cultural background is different from my own

TYPE

Numeric

LENGTH

8

FORMAT

Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	12	40
-8	Not Applicable	105	744
-7	Skip pattern violation	25	141
1	Not a problem	187	1259
2	Somewhat a problem	214	1687
3	Significant problem	28	129
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

35

PROB_SPECIALISTS

Problem: Having enough qualified specialists available to whom I can refer patients

TYPE

Numeric

LENGTH

8

FORMAT

Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	13	61
-8	Not Applicable	104	742
-7	Skip pattern violation	26	143
-6	Invalid answer/out of range	1	2
1	Not a problem	246	2029
2	Somewhat a problem	121	668
3	Significant problem	60	356
TOTAL		571	4000

**QUESTION
NUMBER**

35

VARIABLE NAME

PROB_REPORTS

DESCRIPTION

Problem: Receiving reports from other providers and facilities in a timely manner

TYPE

Numeric

LENGTH

8

FORMAT

Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	16	124
-8	Not Applicable	105	744
-7	Skip pattern violation	25	141
-6	Invalid answer/out of range	1	2
1	Not a problem	154	1139
2	Somewhat a problem	230	1643
3	Significant problem	40	206
TOTAL		571	4000

**QUESTION
NUMBER**

35

VARIABLE NAME

PROB_PRIV_INS

DESCRIPTION

Problem: Denied reimbursement from private insurance companies

TYPE

Numeric

LENGTH

8

FORMAT

Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	49	358
-8	Not Applicable	106	746
-7	Skip pattern violation	24	139
1	Not a problem	222	1629
2	Somewhat a problem	139	856
3	Significant problem	31	272
TOTAL		571	4000

**QUESTION
NUMBER**

35

VARIABLE NAME

PROB_PAY

DESCRIPTION

Problem: Patient access to needed care is limited based on their ability to pay

TYPE

Numeric

LENGTH

8

FORMAT

Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	17	70
-8	Not Applicable	105	744
-7	Skip pattern violation	25	141
1	Not a problem	157	1192
2	Somewhat a problem	163	1166
3	Significant problem	104	688
TOTAL		571	4000

**QUESTION
NUMBER**

35

VARIABLE NAME

PROB_LIABILITY_INS

DESCRIPTION

Problem: High cost of liability insurance

TYPE

Numeric

LENGTH

8

FORMAT

Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	16	105
-8	Not Applicable	106	746
-7	Skip pattern violation	24	139
1	Not a problem	255	2038
2	Somewhat a problem	125	735
3	Significant problem	45	236
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

35

PROB_CALL_COVERAGE

Problem: Lack of call coverage for weekends and vacations

TYPE

Numeric

LENGTH

8

FORMAT

Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	28	146
-8	Not Applicable	105	744
-7	Skip pattern violation	25	141
1	Not a problem	306	2293
2	Somewhat a problem	76	525
3	Significant problem	31	150
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

36

PCT_TIME_DIRECT_GRP

Percent of time during typical work week: Direct face-to-face patient care
(grouped)**TYPE**

Numeric

LENGTH

8

FORMAT

Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	5	29
-8	Not Applicable	41	323
-7	Skip pattern violation	26	162
-6	Invalid answer/out of range	84	534
1	0-25 percent	22	271
2	26-50 percent	68	528
3	51-75 percent	157	1161
4	76-100 percent	168	992
TOTAL		571	4000

**QUESTION
NUMBER**

36

VARIABLE NAME

PCT_TIME_INDIRECT_GRP

DESCRIPTION

Percent of time during typical work week: Indirect patient care (grouped)

TYPE

Numeric

LENGTH

8

FORMAT

Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	5	29
-8	Not Applicable	41	323
-7	Skip pattern violation	26	162
-6	Invalid answer/out of range	84	534
1	0-25 percent	355	2476
2	26-100 percent	60	476
TOTAL		571	4000

**QUESTION
NUMBER**

36

VARIABLE NAME

PCT_TIME_ADMIN_GRP

DESCRIPTION

Percent of time during typical work week: Administration (grouped)

TYPE

Numeric

LENGTH

8

FORMAT

Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	5	29
-8	Not Applicable	41	323
-7	Skip pattern violation	26	162
-6	Invalid answer/out of range	84	534
1	0-5 percent	333	2296
2	6-10 percent	46	357
3	11-15 percent	11	79
4	16-100 percent	25	220
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

36

PCT_TIME_TEACHING_GRP

Percent of time during typical work week: Teaching (grouped)

TYPE

Numeric

LENGTH

8

FORMAT

Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	5	29
-8	Not Applicable	41	323
-7	Skip pattern violation	26	162
-6	Invalid answer/out of range	84	534
1	0-5 percent	332	2183
2	6-100 percent	83	769
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

36

PCT_TIME_CONT_EDUC_GRP

Percent of time during typical work week: Continuing education (grouped)

TYPE

Numeric

LENGTH

8

FORMAT

Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	5	29
-8	Not Applicable	41	323
-7	Skip pattern violation	26	162
-6	Invalid answer/out of range	84	534
1	0-5 percent	367	2594
2	6-100 percent	48	358
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

36

PCT_TIME_RESEARCH_GRP

Percent of time during typical work week: Research (grouped)

TYPE

Numeric

LENGTH

8

FORMAT

Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	46	352
-6	Invalid answer/out of range	84	534
1	0 percent	369	2594
2	1-100 percent	72	521
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

36

PCT_TIME_QUAL_IMPROVE_GRP

Percent of time during typical work week: Activities related to quality improvement or patient safety (grouped)

TYPE

Numeric

LENGTH

8

FORMAT

Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	5	29
-8	Not Applicable	41	323
-7	Skip pattern violation	26	162
-6	Invalid answer/out of range	84	534
1	0-5 percent	374	2549
2	6-100 percent	41	403
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

36

PCT_TIME_OTHER_GRP

Percent of time during typical work week: Other activities (grouped)

TYPE

Numeric

LENGTH

8

FORMAT

Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	5	29
-8	Not Applicable	41	323
-7	Skip pattern violation	26	162
-6	Invalid answer/out of range	84	534
1	0-10 percent	405	2915
2	11-100 percent	10	37
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

36

PCT_TIME_TOTAL

Percent of time during typical work week: Total

TYPE

Numeric

LENGTH

8

FORMAT

Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	26	163
-8	Not Applicable	104	723
-7	Skip pattern violation	26	162
100	100	415	2952
TOTAL		571	4000

**QUESTION
NUMBER**

37

VARIABLE NAME

LISTED_PROVIDER

DESCRIPTION

A listed provider, eligible for reimbursement from private insurance carriers

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	24	158
-8	Not Applicable	101	737
-7	Skip pattern violation	29	148
-6	Invalid answer/out of range	1	21
0	No	156	1274
1	Yes	260	1661
TOTAL		571	4000

**QUESTION
NUMBER**

38

VARIABLE NAME

HOSP_ADMIT_PRIV

DESCRIPTION

Hospital admitting privileges

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	10	18
-8	Not Applicable	97	691
-7	Skip pattern violation	33	194
-6	Invalid answer/out of range	1	21
0	No	346	2404
1	Yes	84	672
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

39

ACCEPT_NEW_PRIV_INS

Accept patients: Private insurance

TYPE

Numeric

LENGTH

8

FORMAT

Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	30	153
-8	Not Applicable	106	746
-7	Skip pattern violation	24	139
1	All	293	2145
2	Some	75	486
3	None	24	178
4	Do Not Know	19	154
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

39

ACCEPT_NEW_FAMILY

Accept patients: Family members of current patients

TYPE

Numeric

LENGTH

8

FORMAT

Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	40	247
-8	Not Applicable	107	748
-7	Skip pattern violation	23	137
1	All	257	1747
2	Some	78	588
3	None	35	298
4	Do Not Know	31	235
TOTAL		571	4000

**QUESTION
NUMBER**

39

VARIABLE NAME

ACCEPT_NEW_UNINSURED

DESCRIPTION

Accept patients: Uninsured and paying out of pocket

TYPE

Numeric

LENGTH

8

FORMAT

Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	36	221
-8	Not Applicable	106	746
-7	Skip pattern violation	24	139
1	All	271	1905
2	Some	80	555
3	None	28	266
4	Do Not Know	26	168
TOTAL		571	4000

**QUESTION
NUMBER**

39

VARIABLE NAME

ACCEPT_NEW_SLIDE_FEE

DESCRIPTION

Accept patients: Sliding-fee scale

TYPE

Numeric

LENGTH

8

FORMAT

Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	38	226
-8	Not Applicable	107	748
-7	Skip pattern violation	23	137
1	All	179	1102
2	Some	53	349
3	None	104	903
4	Do Not Know	67	535
TOTAL		571	4000

**QUESTION
NUMBER**

39

VARIABLE NAME

ACCEPT_NEW_AD_MDCD

DESCRIPTION

Accept patients: Adults covered by Medicaid

TYPE

Numeric

LENGTH

8

FORMAT

Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	36	221
-8	Not Applicable	108	749
-7	Skip pattern violation	22	136
-6	Invalid answer/out of range	1	21
1	All	247	1653
2	Some	59	419
3	None	77	643
4	Do Not Know	21	158
TOTAL		571	4000

**QUESTION
NUMBER**

39

VARIABLE NAME

ACCEPT_NEW_CH_MDCD

DESCRIPTION

Accept patients: Children covered by Medicaid

TYPE

Numeric

LENGTH

8

FORMAT

Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	40	269
-8	Not Applicable	108	750
-7	Skip pattern violation	22	135
1	All	204	1279
2	Some	46	413
3	None	123	963
4	Do Not Know	28	191
TOTAL		571	4000

**QUESTION
NUMBER**

39

VARIABLE NAME

ACCEPT_NEW_WMN_CHP

DESCRIPTION

Accept patients: Pregnant women covered by CHP+

TYPE

Numeric

LENGTH

8

FORMAT

Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	45	258
-8	Not Applicable	110	772
-7	Skip pattern violation	20	113
-6	Invalid answer/out of range	1	21
1	All	159	1084
2	Some	34	218
3	None	147	1081
4	Do Not Know	55	453
TOTAL		571	4000

**QUESTION
NUMBER**

39

VARIABLE NAME

ACCEPT_NEW_CH_CHP

DESCRIPTION

Accept patients: Children covered by CHP+

TYPE

Numeric

LENGTH

8

FORMAT

Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	48	341
-8	Not Applicable	108	750
-7	Skip pattern violation	22	135
-6	Invalid answer/out of range	1	2
1	All	187	1151
2	Some	33	215
3	None	129	1053
4	Do Not Know	43	354
TOTAL		571	4000

**QUESTION
NUMBER**

39

VARIABLE NAME

ACCEPT_NEW_MDCR

DESCRIPTION

Accept patients: Medicare beneficiaries

TYPE

Numeric

LENGTH

8

FORMAT

Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	37	243
-8	Not Applicable	108	769
-7	Skip pattern violation	22	116
-6	Invalid answer/out of range	1	21
1	All	235	1538
2	Some	70	575
3	None	64	480
4	Do Not Know	34	259
TOTAL		571	4000

**QUESTION
NUMBER**

39

VARIABLE NAME

ACCEPT_NEW_WC

DESCRIPTION

Accept patients: Workers compensation

TYPE

Numeric

LENGTH

8

FORMAT

Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	44	332
-8	Not Applicable	107	748
-7	Skip pattern violation	23	137
1	All	171	920
2	Some	60	267
3	None	109	1064
4	Do Not Know	57	531
TOTAL		571	4000

**QUESTION
NUMBER**

39

VARIABLE NAME

ACCEPT_NEW_CHARITY

DESCRIPTION

Accept patients: Charity care

TYPE

Numeric

LENGTH

8

FORMAT

Ordinal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	37	263
-8	Not Applicable	107	748
-7	Skip pattern violation	23	137
-6	Invalid answer/out of range	1	2
1	All	161	989
2	Some	80	479
3	None	76	662
4	Do Not Know	86	720
TOTAL		571	4000

**QUESTION
NUMBER**

40

VARIABLE NAME

PCT_PRIV_INS_GRP

DESCRIPTION

Payer mix: Private insurance (grouped)

TYPE

Numeric

LENGTH

8

FORMAT

Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	150	1032
-8	Not Applicable	111	774
-7	Skip pattern violation	17	107
-6	Invalid answer/out of range	36	316
1	0-25 percent	150	1109
2	26-50 percent	67	432
3	51-75 percent	28	166
4	76-100 percent	12	62
TOTAL		571	4000

**QUESTION
NUMBER**

40

VARIABLE NAME

PCT_MDCR_GRP

DESCRIPTION

Payer mix: Medicare (grouped)

TYPE

Numeric

LENGTH

8

FORMAT

Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	150	1032
-8	Not Applicable	111	774
-7	Skip pattern violation	17	107
-6	Invalid answer/out of range	36	316
1	0-25 percent	186	1309
2	26-50 percent	47	282
3	51-100 percent	24	178
TOTAL		571	4000

**QUESTION
NUMBER**

40

VARIABLE NAME

PCT_MDCCD_GRP

DESCRIPTION

Payer mix: Medicaid (grouped)

TYPE

Numeric

LENGTH

8

FORMAT

Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	150	1032
-8	Not Applicable	111	774
-7	Skip pattern violation	17	107
-6	Invalid answer/out of range	36	316
1	0-25 percent	193	1268
2	26-50 percent	40	246
3	51-100 percent	24	256
TOTAL		571	4000

**QUESTION
NUMBER**

40

VARIABLE NAME

PCT_CHP_GRP

DESCRIPTION

Payer mix: CHP+ (grouped)

TYPE

Numeric

LENGTH

8

FORMAT

Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	150	1032
-8	Not Applicable	111	774
-7	Skip pattern violation	17	107
-6	Invalid answer/out of range	36	316
1	0-5 percent	220	1527
2	6-100 percent	37	242
TOTAL		571	4000

**QUESTION
NUMBER**

40

VARIABLE NAME

PCT_TRICARE_GRP

DESCRIPTION

Payer mix: TriCare/CHAMPUS/VA (grouped)

TYPE

Numeric

LENGTH

8

FORMAT

Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	150	1032
-8	Not Applicable	111	774
-7	Skip pattern violation	17	107
-6	Invalid answer/out of range	36	316
1	0-5 percent	227	1480
2	6-100 percent	30	290
TOTAL		571	4000

**QUESTION
NUMBER**

40

VARIABLE NAME

PCT_WC_GRP

DESCRIPTION

Payer mix: Workers Compensation (grouped)

TYPE

Numeric

LENGTH

8

FORMAT

Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	150	1032
-8	Not Applicable	111	774
-7	Skip pattern violation	17	107
-6	Invalid answer/out of range	36	316
1	0-5 percent	239	1736
2	6-100 percent	18	33
TOTAL		571	4000

**QUESTION
NUMBER**

40

VARIABLE NAME

PCT_SELFPAY_GRP

DESCRIPTION

Payer mix: Self-pay and sliding fee schedule (grouped)

TYPE

Numeric

LENGTH

8

FORMAT

Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	150	1032
-8	Not Applicable	111	774
-7	Skip pattern violation	17	107
-6	Invalid answer/out of range	36	316
1	0-5 percent	151	1153
2	6-100 percent	106	616
TOTAL		571	4000

**QUESTION
NUMBER**

40

VARIABLE NAME

PCT_UNCOMPENSATED_GRP

DESCRIPTION

Payer mix: Uncompensated care (grouped)

TYPE

Numeric

LENGTH

8

FORMAT

Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	150	1032
-8	Not Applicable	111	774
-7	Skip pattern violation	17	107
-6	Invalid answer/out of range	36	316
1	0-5 percent	218	1561
2	6-100 percent	39	209
TOTAL		571	4000

**QUESTION
NUMBER**

40

VARIABLE NAME

PCT_OTHER_GRP

DESCRIPTION

Payer mix: Other (grouped)

TYPE

Numeric

LENGTH

8

FORMAT

Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	150	1032
-8	Not Applicable	111	774
-7	Skip pattern violation	17	107
-6	Invalid answer/out of range	36	316
1	0-5 percent	228	1540
2	6-100 percent	29	230
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
40	PCT_TOTAL	Payer mix: Total

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	184	1345
-8	Not Applicable	113	778
-7	Skip pattern violation	17	107
100	100	257	1770
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
40	PCT_DONTKNOW	Payer mix: Do not know

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-7	Skip pattern violation	130	885
0	No	305	2089
1	Yes	136	1026
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

41

MDCR_PN

Provider number: Medicare

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	29	265
-8	Not Applicable	88	618
-7	Skip pattern violation	42	267
0	No	142	1072
1	Yes	270	1778
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

41

MDCD_PN

Provider number: Medicaid

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	40	345
-8	Not Applicable	90	641
-7	Skip pattern violation	40	244
0	No	133	1002
1	Yes	268	1768
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

41

NPI

Provider number: NPI

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	36	222
-8	Not Applicable	90	622
-7	Skip pattern violation	40	263
0	No	41	349
1	Yes	364	2544
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

42

SERVICES_BILLED

Billing of professional services

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	34	217
-8	Not Applicable	106	745
-7	Skip pattern violation	24	140
-6	Invalid answer/out of range	8	73
1	Both directly and indirectly ("incident to"--under physician in practice)	121	786
2	Direct billing only (under physician in practice)	93	560
3	Indirect billing only ("incident to"--under physician in practice)	56	372
4	Do not know	129	1108
TOTAL		571	4000

**QUESTION
NUMBER**

43

VARIABLE NAME

PAYS_LIABILITY_GRP

DESCRIPTION

Payer of professional medical liability (malpractice insurance (grouped))

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	7	14
-8	Not Applicable	97	731
-7	Skip pattern violation	33	154
-6	Invalid answer/out of range	8	34
1	Share cost with employer	26	222
2	Self	266	1915
3	Practice/group	86	511
4	Hospital	18	149
5	Government	30	270
TOTAL		571	4000

**QUESTION
NUMBER**

44

VARIABLE NAME

LEAVE_12MO

DESCRIPTION

Planning to leave principal APN position in the next 12 months

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	7	14
-8	Not Applicable	99	715
-7	Skip pattern violation	31	170
0	No	380	2751
1	Yes	54	351
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
45	LEAVE_RSN_NO_RESPECT_GRP	Reason for leaving practice: Lack of respect for APNs by physicians and employers (grouped)
	TYPE	LENGTH
	Numeric	8
		FORMAT
		Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	18	91
-8	Not Applicable	496	3552
-7	Skip pattern violation	14	83
1	Very Important	15	66
2	Somewhat/Not Important	28	206
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
45	LEAVE_RSN_WAGES_GRP	Reason for leaving practice: Insufficient wages given the workload and responsibilities involved (grouped)
	TYPE	LENGTH
	Numeric	8
		FORMAT
		Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	15	67
-8	Not Applicable	495	3551
-7	Skip pattern violation	15	85
1	Very Important	23	118
2	Somewhat/Not Important	23	179
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION	
46	INTEREST_FACULTY	Interested in becoming a faculty member in a nursing education program	
	TYPE	LENGTH	FORMAT
	Numeric	8	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	6	31
-6	Invalid answer/out of range	4	6
1	No	222	1445
2	Undecided	138	1141
3	Yes	149	1010
4	Already a faculty member	52	366
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION	
47	INTEREST_CNA	Programs interested in teaching: CNA	
	TYPE	LENGTH	FORMAT
	Numeric	8	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-8	Not Applicable	359	2565
-7	Skip pattern violation	1	21
0	No	188	1294
1	Yes	23	120
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

47

INTEREST_LPN

Programs interested in teaching: LPN

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-8	Not Applicable	360	2586
0	No	182	1265
1	Yes	29	149
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

47

INTEREST_ADN

Programs interested in teaching: ADN

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-8	Not Applicable	358	2583
-7	Skip pattern violation	2	3
0	No	146	1027
1	Yes	65	387
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

47

INTEREST_BSN

Programs interested in teaching: BSN

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-8	Not Applicable	352	2495
-7	Skip pattern violation	8	91
0	No	75	410
1	Yes	136	1004
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**

47

INTEREST_MSN

Programs interested in teaching: MSN

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-8	Not Applicable	354	2498
-7	Skip pattern violation	6	88
0	No	92	575
1	Yes	119	839
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
47	INTEREST_DNP	Programs interested in teaching: DNP

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-8	Not Applicable	359	2565
-7	Skip pattern violation	1	21
0	No	178	1119
1	Yes	33	295
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
47	INTEREST_OTHER	Programs interested in teaching: Other

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-8	Not Applicable	358	2563
-7	Skip pattern violation	2	23
0	No	199	1333
1	Yes	12	81
TOTAL		571	4000

Created Variables

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
CREATED VARIABLE	PRINCIPAL_STATE_FROM_ZIP_GRP	State: principal APN position address (derived from ZIP code (grouped))

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
0	Non-Colorado	156	1051
1	Colorado	415	2949
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
CREATED VARIABLE	PRINCIPAL_URBAN_FROM_ZIP	Urban/Not-urban: principal APN position address (derived from ZIP code)

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	156	1051
0	Rural	170	311
1	Urban	245	2638
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**CREATED
VARIABLE

PRINCIPAL_RUCA2_FROM_ZIP_GRP

RUCA2 code: principal APN position address (derived from ZIP code (grouped))

TYPE

Numeric

LENGTH

8

FORMAT

Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	156	1051
1	Isolated	26	63
2	Small Rural	82	138
3	Large Rural	62	111
4	Urban	245	2638
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**CREATED
VARIABLE

SECONDARY_STATE_FROM_ZIP_GRP

State: secondary APN position address (derived from ZIP code (grouped))

TYPE

Numeric

LENGTH

8

FORMAT

Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
0	Non-Colorado	500	3561
1	Colorado	71	439
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**CREATED
VARIABLE

SECONDARY_URBAN_FROM_ZIP

Urban/Not-urban: secondary APN position address (derived from ZIP code)

TYPE

Numeric

LENGTH

8

FORMAT

Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	500	3561
0	Rural	30	49
1	Urban	41	389
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**CREATED
VARIABLE

SECONDARY_RUCA2_FROM_ZIP_GRP

RUCA2 code: secondary APN position address (derived from ZIP code (grouped))

TYPE

Numeric

LENGTH

8

FORMAT

Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	500	3561
1	Isolated	4	6
2	Small Rural	16	26
3	Large Rural	10	18
4	Urban	41	389
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**CREATED
VARIABLE

AGE_GRP

Age (years as of 2010 (grouped))

TYPE

Numeric

LENGTH

8

FORMAT

Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	11	78
1	34 years or younger	41	518
2	35 - 44 years	94	776
3	45 - 54 years	149	738
4	55 - 64 years	229	1574
5	65 years or older	47	317
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**CREATED
VARIABLE

GRAD_AGE_GRP

Num of yrs from birth to graduation (grouped)

TYPE

Numeric

LENGTH

8

FORMAT

Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	20	191
1	25 years or younger	29	303
2	26 - 35 years	252	1839
3	36 years or older	270	1667
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**CREATED
VARIABLE

GRAD_NUMYRS_GRP

Num of yrs from graduation to survey (grouped)

TYPE

Numeric

LENGTH

8

FORMAT

Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	13	120
1	5 years or less	112	995
2	6 - 15 years	216	1345
3	16 - 25 years	110	743
4	26 - 35 years	104	709
5	36 years or more	16	88
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**CREATED
VARIABLE

RX_AUTHORITY

Prescriptive authority

TYPE

Numeric

LENGTH

8

FORMAT

Nominal

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
0	No	236	1448
1	Yes	335	2552
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**CREATED
VARIABLE

RX_AUTHORITY_YR_GRP

Prescriptive authority (year (grouped))

TYPE

Numeric

LENGTH

8

FORMAT

Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	256	1659
1	1995 or before	25	198
2	1996-2000	111	742
3	2001-2005	65	446
4	2006-2010	114	956
TOTAL		571	4000

**QUESTION
NUMBER****VARIABLE NAME****DESCRIPTION**CREATED
VARIABLE

TOTAL_PRAC_MO_GRP

Total months worked in position requiring APN training (grouped)

TYPE

Numeric

LENGTH

8

FORMAT

Continuous

<u>VALUE</u>	<u>VALUE LABEL</u>	<u>UNWEIGHTED FREQUENCY</u>	<u>WEIGHTED FREQUENCY</u>
-9	Missing	16	49
1	0-11 months	39	246
2	12-24 months	36	355
3	25-48 months	43	385
4	49-120 months	128	854
5	121-240 months	186	1153
6	241-360 months	86	659
7	361 or more months	37	300
TOTAL		571	4000

APPENDIX A BUSINESS RULES FOR DATA CLEANING

The Colorado Health Institute (CHI) used the following business rules to edit data obtained from the 2010 Colorado Advanced Practice Nurse (APN) Workforce Survey.

For more information, contact Rebecca Crepin at 720.382.7086 or crepinr@ColoradoHealthInstitute.org.

General Rules:

1. Terminology- Unless otherwise stated, “-6” refers to an Invalid Answer/Out of Range; “-7” refers to the respondent answering a question that should have been skipped; “-8” means the question is missing due to a skip pattern; and “-9” means the respondent did not answer the question.
2. Case exclusions- If the principal APN position ZIP Code (Q28) was out of state and the respondent indicated he or she was working in Colorado (Q24=yes) the case was excluded.
3. Calculated variables- When the value was missing, regardless of the reason, all created variables were set to -9 (includes missing due to blank responses as well as invalid or inconsistent responses). This rule applied to such variables as age, graduation age and number of years since graduation.
4. Contradictory answers within an item- If more than one item was marked for items with strictly one option, the variable was coded as -6; if nothing was marked, the resulting variable was coded as -9. This rule applied to Q1, Q2, Q3, Q4, Q6, Q7, Q13, Q18, Q26, Q27, Q30, Q32, Q33, Q34, Q35, Q39, Q42, Q43, Q45 and Q46.
5. For items with a series of yes/no questions- if respondent marked both “yes” and “no” on any sub-portion, the particular portion where this occurred was coded as -6. This rule applied to Q8, Q9, Q10, Q14, Q15, Q16, Q17, Q19, Q20, Q21, Q22, Q24, Q25, Q31, Q37, Q38, Q41 and Q44.

Skip Patterns:

1. (Q8 and Q9) If the respondent marked “no” to Q8 but responded to Q9, then Q9 was marked -7. If Q9 was blank under this scenario (as it should have been), it was marked with a value of -8.
2. (Q17 and Q18) If the response to any part of Q17 was “yes” but responded to Q18, then Q18 was marked -7. If the response to Q18 was blank (as it should have been), Q18 was coded -8.
3. (Q17 and Q19) If the response to all parts of Q17 were “no” or missing but responded to Q19, then Q19 was marked -7. If the response to Q19 was blank (as it should have been), Q19 was coded -8.
4. (Q19 and Q20) If the response to Q19 was “yes,” then Q20 was coded -8 if it was blank (as it should have been). If it was not blank, it was coded -7.
5. (Q21 and Q22) If the response to Q21 was “yes,” Q22 items were coded -8 if blank (as they should have been). If Q22 was answered when Q21 was “yes,” items within Q22 were coded -7.
6. (Q24, Q25 and Q26-45) If the response to Q24 was “no” and the responses to Q26-45 were blank (as they should have been), Q26-45 were coded -8. Responses to any individual item that was filled out when it should not have been were marked with a -7. If the response on Q24 was “yes,” then items on Q25 were set to -8 if the response was blank. If the responses were not blank, values were coded as -7.
7. (Q26 and Q27) For Q26, if the respondent marked “No, I work in only one APN position” and left Q27 blank (as it should have been), then Q27 was coded -8. If Q27 was filled in under this scenario, it was coded -7.
8. (Q26 and Q28) For Q26, if the respondent marked “Yes, I work in one or more RN position(s) in addition to my principal APN position” or “No, I work in only one APN position” and left Q28 (secondary APN position) blank (as it should have been), Q28 (secondary APN position) was marked -8. If Q28 (secondary APN position) was answered under this scenario, it was coded -7.

9. (Q26 and Q29) For Q26, if the respondent marked “Yes, I work in one or more RN position(s) in addition to my principal APN position” or “No, I work in only one APN position” and left Q29 (secondary APN position) blank (as it should have been), Q29 (secondary APN position) was marked -8. If Q29 (secondary APN position) was answered under this scenario, it was coded -7.
10. (Q44 and Q45) If the respondent indicated “no” on Q44 and left Q45 blank (as it should have been), Q45 was coded as -8. If Q45 was not blank under this scenario, the reason for leaving item that was marked was coded -7.
11. (Q46 and Q47) If the respondent marked “no” or “undecided” for Q46 and left Q47 blank (as it should have been), then Q47 was coded -8. If Q47 was answered under this scenario, it was coded -7.

Question-Specific Rules:

1. (Q5) If the year born specified was before 1900, the value was reset to -6.
 2. (Q5 and Q11) If 13 years or fewer had elapsed from the time of birth to graduation year, then the created variable GRAD_AGE (graduation age) was set to -9.
 3. (Q12) If the state marked was not valid or XX for “foreign country” was listed, the value was set to -6. If the answer was blank, the value was set at -9.
 4. (Q9, Q10, Q15, Q16, Q20, Q22 and Q25) Description for “other” category: If the description for “Other” was filled in, the “yes/no” indicator was set to 1. If the “Other” portion had been coded to -6 due to the respondent marking both “yes” and “no,” the description text field was coded to -6 as well. If the final coded value was 0 for the “Other” indicator and the text description was blank, the description field was set at -8.
 5. (Q9, Q18, Q19 and Q27) If the respondent marked more than one of the “non-other” options, the value was set to -6. If the respondent marked one option from the first set as well as “Other,” the first response was used and the text description was blanked out and coded -6. If the respondent did not mark any box but put something in the text description field, the categorical variable was coded to “Other” and the text description retained. For “Other” text items, if the respondent marked another option, then “Other” was marked as -8.
 6. (Q17) Two dummy variables were created for this question instead of the original six variables. RX_AUTHORITY is coded 1 if respondent marked “Yes” to any part of Q17 and is coded 0 otherwise. RX_AUTHORITY_YR is coded -9 if all year fields are missing or RX_AUTHORITY is 0. Otherwise, RX_AUTHORITY_YR is the earliest year provided by the respondent.
 7. (Q36) If the sum of the percentages did not total 100, then all variables were coded -6. If the sum of the percentages totaled 100 and some variables were left blank, those blank variables were coded 0.
 8. (Q40) If the “do not know” box was checked,
 - If all of the percent variables were left blank, then the percent variables were coded -9.
 - If some of the percent variables were filled in (but did not add to 100), then the percent variables were coded -6.
 - If the percent variables totaled 100, then the “do not know” variable was coded 0 and the percent variables were retained.
- If the “do not know” box was not checked,
- If the sum of the percent variables did not total 100, then all variables were coded -6.
 - If the sum of the percent variables totaled 100 and some variables were left blank, those blank variables were coded 0.
9. (Q47) Since this is a check all that apply question, all variables that were checked were coded 1 and all variables that were not checked were coded 0, unless the respondent indicated “no” or “undecided” to Q46.

APPENDIX B
SAMPLING AND RESPONSE SUMMARY BY STRATA

<u>STRATA</u>	<u>NUMBER RESPONDING</u>	<u>ELIGIBLE²</u>	<u>POPULATION</u>	<u>RESPONSE RATE</u>
Females: isolated	66	100	103	66.0%
Females: small rural	117	183	184	63.9%
Females: large rural	71	120	123	59.2%
Females: urban	153	261	3225	58.6%
Males: rural	32	67	68	47.8%
Males: urban	132	244	297	54.1%
TOTAL	571	975	4000	58.6%

² Eligible includes the number of active licensed advanced practice nurses in the sample with a contact address in Colorado minus out of state, unable to forward and non-responses.

APPENDIX C

POSTCARDS AND COVER LETTERS



Colorado Health Institute
303 E. 17th Avenue, Suite 930
Denver, CO 80203

Within a week the Colorado Health Institute will be mailing you a request to fill out a questionnaire for advanced practice nurses licensed in Colorado, as part of an important research project on behalf of The Colorado Trust.

Your participation will help us understand the challenges and barriers faced by Colorado's advanced practice nurses and develop evidence-based recommendations to address key issues.

I am writing you in advance because we have found many people like to know ahead of time that they will be contacted.

Thank you for your time and consideration in helping make our research successful.

Sincerely,

A handwritten signature in blue ink that reads 'Pamela Hanes'.

Pamela Hanes, PhD
President and CEO

November 5, 2010

Survey # xxxx

xxxxx
xxxxxxxxxxx
xxxxxxxxxxxxxxxx

Dear Mr./Ms. xxxxxx:

Colorado policymakers need to have a better understanding of the education, training and practice issues related to advanced practice nurses (APNs), in order to develop sound health profession workforce policies in our state. In order to inform our policymakers, we need reliable data about your experiences and practice as an APN. For this reason, we are asking you to complete the enclosed Advanced Practice Nurse Workforce Survey. Your responses are **extremely important**. With your help we can develop an accurate picture of the roles and responsibilities of APNs, as well as barriers and challenges APNs face that may limit their ability to work at the top of their scope of practice. Your name was randomly selected from a list of currently licensed registered nurses who have a Colorado professional address and who are on Colorado's Advanced Practice Nurse Registry. Your participation will ensure a representative sample of the APN workforce in Colorado. Please be assured that the responses you provide are confidential.

The Colorado Health Institute is conducting this survey, which is funded by The Colorado Trust. We have worked closely with Colorado APNs, as well as other workforce professionals nationwide, to develop the survey you will be completing.

We value your participation. The survey should take approximately fifteen minutes to complete. A high response rate will ensure the reliability of the findings and help us accurately portray the workforce issues faced by Colorado's APNs. Please assist us in better informing Colorado policymakers by completing this important survey.

Commonly Asked Questions about the survey are included on the back of this letter. If you have any additional questions about the survey or about the Colorado Health Institute, please contact Jacqueline Colby, CHI's Health Professions Workforce Program Manager, at 303.831.4200 x 225.

Warm regards,

A handwritten signature in blue ink, reading "Pamela Hanes", followed by a horizontal line.

Pamela Hanes, PhD
President and CEO

COMMONLY ASKED QUESTIONS

Who are the Colorado policymakers who will see the summary results?

CHI will share a report of the advanced practice nurse (APN) survey findings with interested individuals and groups including:

- Legislators
- Center for Nursing Excellence
- All Colorado nursing schools
- Providers
- Colorado foundations, such as The Colorado Trust, Caring for Colorado and The Colorado Health Foundation
- Colorado Rural Health Center
- Colorado Area Health Education Centers

Why is this survey important?

The 2010 APN Survey Findings Report will complement the Governor's Task Force on Collaborative Scopes of Care Report. The APN report will help Colorado nursing schools understand how to improve education. The Colorado Rural Health Center will identify opportunities for rural providers to recruit advanced practice nurses. The Colorado Area Health Education Centers will identify opportunities to increase high school students' interests in health careers. The Colorado Health Institute will inform legislators about training and practice issues related to advance practice nursing to inform their workforce deliberations.

How was I selected to be in the sample?

Using the home or work address contained in the Colorado Department of Regulatory Agency's registered nurse licensure file and advanced practice registry, CHI randomly selected your name. Only advanced practice nurses with a Colorado home or work address were chosen for participation. You are one of 1,000 APNs who were randomly selected throughout the state to complete the questionnaire.

If I am retired or not working as an advanced practice nurse, do I still need to fill out the questionnaire?

Yes. Questions 1-25 and question 46-47 apply to all APNs, even if you are not currently employed as an APN. Please answer these selected questions and return the enclosed questionnaire in the self-addressed stamped envelope. Your name will then be taken off the CHI mailing list for any further contact.

Who sees my answers?

CHI staff members working on the survey have signed a confidentiality agreement to protect the confidentiality of the data collected. Before the public sees the summary results or a research data file, CHI staff will ensure that survey responses that could identify an individual are re-coded to protect the confidentiality of all survey respondents.

How much time does the questionnaire take?

The survey contains a total of 47 questions but you will not have to answer them all. Based on a pre-test of the survey instrument, we estimate the questionnaire will take approximately 15-18 minutes to complete.

What happens if I do not respond?

This is a voluntary survey. However, if you do not respond your experiences and views cannot be included in the survey results. This will make the results less representative of all advanced practice nurses in the state.

Can I see a report from the survey?

Yes. If you would like a copy of the final report based on this survey, please contact Megan Dwyer, CHI research associate, at 303.831.4200 x 206 or dwyer@coloradohealthinstitute.org.



Colorado Health Institute
303 E. 17th Avenue, Suite 930
Denver, CO 80203

Dear Colleague,

Last week you received a letter inviting you to participate in the Advanced Practice Nurse Workforce Survey. Your name was drawn from a list of currently licensed advanced practice nurses in Colorado.

If you have already completed the survey and returned it to us, please accept our sincere thanks. If not, we ask that you please do so at your earliest convenience. In order to understand the issues facing your profession better, and to develop more comprehensive evidence-based recommendations to address the challenges you face in your practice, we ask for your participation in this important survey.

If you did not receive a questionnaire, or if it was misplaced, please call Megan Dwyer at 303.831.4200 x 206 and she will send you another copy of the survey promptly.

Warm regards,

A handwritten signature in blue ink, reading 'Pamela Hanes'.

Pamela Hanes, PhD
President and CEO

November 30, 2010

Survey # xxxx

xxxxx
xxxxxxxxxxx
xxxxxxxxxxxxxxxx

Dear Mr./Ms. xxxxxx:

About three weeks ago the Colorado Health Institute mailed you an Advanced Practice Nurse (APN) workforce questionnaire that asked about your educational background and experiences as a registered APN in Colorado. To date, we have not received your completed survey.

The individuals who have returned the survey report a range of direct patient care and administrative experiences and issues—both positive and negative. CHI is committed to ensuring that the results of the survey will be used to inform state policymakers, program developers, educators and funders' decisions with regard to preparing the future advance practice nursing workforce in Colorado for the opportunities and challenges that lie ahead.

We are writing to you because your participation is important to the success of this effort. As we stated in the first letter, your responses will be confidential and answers will only be reported in the aggregate.

A few people have called to say they are retired or working in a position that does not require their registry as an APN. If this is true for you, we ask you to simply complete survey questions 1-25 and 46-47 and return it to CHI in the enclosed envelope.

Another copy of the questionnaire is enclosed with this letter, it will take approximately 15-18 minutes to complete. If you have any additional questions about the survey or about the Colorado Health Institute, please contact Jacqueline Colby, CHI's Health Professions Workforce Program Manager, at 303.831.4200 x 225. Thank you very much for your participation in this important survey effort.

Sincerely,

A handwritten signature in cursive script that reads "Michele Lueck". The signature is written in dark ink and has a long, horizontal flourish extending to the right.

Michele Lueck

President and CEO

FREQUENTLY ASKED QUESTIONS

How many people have responded?

As of November 22, CHI has received 372 completed surveys. The response rate for the survey so far is 38 percent. We need a 50% response rate to draw conclusions statewide.

Who are the Colorado policymakers who will see the summary results?

CHI will share a report of the advanced practice nurse (APN) survey findings with interested individuals and groups including:

- Legislators
- Center for Nursing Excellence
- Advanced Practice Nursing Programs in Colorado
- Colorado foundations, such as The Colorado Trust, Caring for Colorado and The Colorado Health Foundation
- Colorado Rural Health Center
- Colorado Area Health Education Centers

Why is this survey important?

The 2010 APN Survey Findings Report will complement the 2008 Governor's Task Force on Collaborative Scopes of Care Report, which examined the quality, safety, efficacy and cost-effectiveness issues related to utilizing advance practice nurses, as well as physician assistants and dental hygienists as primary care providers. The findings will also help the Colorado Rural Health Center identify opportunities for rural providers to recruit advanced practice nurses and it will enable the Colorado Health Institute to update legislators about training and practice issues related to advance practice nursing in order to inform their workforce deliberations.

How was I selected to be in the sample?

Using the home or work address contained in the Colorado Department of Regulatory Agency's registered nurse licensure file and advanced practice registry, CHI randomly selected your name. Only advanced practice nurses with a Colorado home or work address were chosen for participation. You are one of 1,000 APNs who were randomly selected throughout the state to complete this questionnaire.

If I am retired or not working as an advanced practice nurse, do I still need to fill out the questionnaire?

Yes. Questions 1-25 and question 46-47 apply to all APNs registered in Colorado, even if you are not currently working as an APN. Please answer these selected questions and return the enclosed questionnaire in the self-addressed stamped envelope. Your name will then be taken off the CHI mailing list for any further contact.

Who sees my answers?

CHI staff members working on the survey have signed a confidentiality agreement to protect the confidentiality of the data collected. Before the summary results are published or a research data file is released, CHI staff will ensure that survey responses that could identify an individual are re-coded to protect the confidentiality of all survey respondents.

How much time does the questionnaire take?

The survey contains a total of 47 questions but you will not have to answer them all. Based on a pre-test of the survey instrument, we estimate the questionnaire will take approximately 15-18 minutes to complete.

What happens if I do not respond?

This is a voluntary survey. However, if you do not respond your experiences and views cannot be included in the survey results. This will make the results less representative of all advanced practice nurses in the state.

Can I see a report from the survey?

Yes. If you would like a copy of the final report based on this survey, please contact Megan Dwyer, CHI research associate, at 303.831.4200 x 206 or dwyer@coloradohealthinstitute.org.