2010 Colorado Advanced Practice Nurse Workforce Survey

Codebook and Variable Frequencies Report – Research File

Informing Policy. Advancing Health.

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ACKNOWLEDGMENTS

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.

Final Disposition	Number
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 (2nd wave)	413
Returned completed questionnaires (4th 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) codes[1]. 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].

RESEARCH DATA FILE
This codebook specifies the variables contained in the 2010 CHI Colorado Advanced Practice Nurse Workforce Survey research file. 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 research file contains confidential and sensitive data and is available for researchers for analysis and aggregate statistical reporting. Because responder confidentiality was assured by CHI, data analysis should not be conducted with the purpose of identifying individual survey respondents, either directly or by inference. Users of the research file must sign a Workforce Research File Data Sharing Agreement, a non-discloser affidavit, and have a copy of approval or exemption from an Institutional Review Board (IRB). Students are required to provide evidence of faculty sponsorship. Submission of a brief letter from a faculty member stating that he/she is acting as the faculty sponsor/advisor for the project, and that he/she has reviewed and approved the data sharing agreement.

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.

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[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.

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 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.

For more information, contact:
Rebecca Crepin
SAS Programmer/Analyst
Colorado Health Institute
720.382.7086
rcrepin@coloradohealthinstitute.org

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   **Very Dissatisfied**

   1   2   3   4   5   6   7   8   9   10

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   **Very Dissatisfied**

   1   2   3   4   5   6   7   8   9   10

ABOUT YOU

4. What is your gender?
☐ Female   ☐ Male

5. In what year were you born? _1_ _9_ __ __

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]

- ☐ Yes ☐ No Acute Care
- ☐ Yes ☐ No Adult Primary Care
- ☐ Yes ☐ No Adult Psychiatric and Mental Health
- ☐ Yes ☐ No Adult Specialty Care
- ☐ Yes ☐ No Child/Adolescent Psychiatric and Mental Health
- ☐ Yes ☐ No Family Primary Care
- ☐ Yes ☐ No Family Psychiatric and Mental Health
- ☐ Yes ☐ No Gerontology
- ☐ Yes ☐ No Nurse Anesthetist
- ☐ Yes ☐ No Nurse Midwife
- ☐ Yes ☐ No Neonatal
- ☐ Yes ☐ No Pediatric Primary Care
- ☐ Yes ☐ No Pediatric Specialty Care
- ☐ Yes ☐ No Women's Health
- ☐ Yes ☐ No Other (specify) _____

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

		Certification	**Year Obtained**
☐ Yes	☐ No	Adult Acute Care Nurse Practitioner	___ ___ ___ ___
☐ Yes	☐ No	Adult Nurse Practitioner	___ ___ ___ ___
☐ Yes	☐ No	Adult Psychiatric and Mental Health Nurse Practitioner	___ ___ ___ ___
☐ Yes	☐ No	Certified Registered Nurse Anesthetist (CRNA)	___ ___ ___ ___
☐ Yes	☐ No	Certified Nurse Midwife (CNM)	___ ___ ___ ___
☐ Yes	☐ No	Child/Adolescent Psychiatric and Mental Health Nurse Practitioner	___ ___ ___ ___
☐ Yes	☐ No	Clinical Nurse Specialist	___ ___ ___ ___
☐ Yes	☐ No	Family Nurse Practitioner	___ ___ ___ ___
☐ Yes	☐ No	Family Psychiatric and Mental Health Nurse Practitioner	___ ___ ___ ___
☐ Yes	☐ No	Geriatric Nurse Practitioner	___ ___ ___ ___
☐ Yes	☐ No	Neonatal Care Nurse Practitioner	___ ___ ___ ___
☐ Yes	☐ No	Pediatric Acute Care Nurse Practitioner	___ ___ ___ ___
☐ Yes	☐ No	Pediatric Nurse Practitioner	___ ___ ___ ___
☐ Yes	☐ No	Women's Health Nurse Practitioner	___ ___ ___ ___
☐ Yes	☐ 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 PRESCRITIVE 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 <u>yes</u> or <u>no</u> 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 <u>yes</u> or <u>no</u> 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 <u>yes</u> or <u>no</u> for each factor]

☐ Yes   ☐ No   Employed in a primary health care setting that does not utilize my APN training
☐ Yes   ☐ No   Employed in a health-related position that does not utilize my APN training
☐ Yes   ☐ No   Currently pursuing additional education
☐ Yes   ☐ No   Lack of respect for APNs by physicians and employers
☐ Yes   ☐ No   Work is not professionally challenging
☐ Yes   ☐ No   Insufficient wages
☐ Yes   ☐ No   There are no APN positions available
☐ Yes   ☐ No   Family responsibilities interfered with my ability to work at this time
☐ Yes   ☐ No   Health does not allow me to work as an APN
☐ Yes   ☐ No   Retired from the active workforce
☐ Yes   ☐ 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	☐ $60,001 to $70,000	☐ $90,001 to $100,000
☐ $40,001 to $50,000	☐ $70,001 to $80,000	☐ More than $100,000
☐ $50,001 to $60,000	☐ $80,001 to $90,000	☐ 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 <u>principal APN position</u>. [Circle the number that most closely represents your rating of the time you spend in each.]

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

34. Please rate whether the following factors routinely occur in your <u>principal APN position</u>. [Mark one frequency for each factor listed below]

Always	Sometimes	Never	
☐	☐	☐	I am able to function within my full scope of practice
☐	☐	☐	I am a member of a care team that allows me to participate in decisions related to my patients
☐	☐	☐	Reimbursement for the services I provide appropriately reflects my training and experience
☐	☐	☐	I am able to bill for my services under my own license
☐	☐	☐	I have positive relationships with the physicians with whom I work
☐	☐	☐	I make autonomous decisions with regard to my patients
☐	☐	☐	I am culturally competent to address the health needs of my full panel of patients
☐	☐	☐	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 <u>principal APN position</u>? [Mark the best response for each factor]

Not A Problem	Somewhat A Problem	Significant Problem	
☐	☐	☐	Having sufficient time with patients during office visits
☐	☐	☐	Communicating with patients whose language or cultural background is different from my own
☐	☐	☐	Having enough qualified specialists available to whom I can refer patients
☐	☐	☐	Receiving reports from other providers and facilities in a timely manner
☐	☐	☐	Denied reimbursement from private insurance companies
☐	☐	☐	My patients' access to needed care is limited based on their ability to pay
☐	☐	☐	High cost of liability insurance
☐	☐	☐	Lack of call coverage for weekends and vacations
☐	☐	☐	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	
☐	☐	☐	☐	Individuals covered by private insurance
☐	☐	☐	☐	Family members of current patients
☐	☐	☐	☐	Individuals who are uninsured and paying out of pocket
☐	☐	☐	☐	Individuals paying on a sliding-fee scale
☐	☐	☐	☐	Adults covered by Medicaid
☐	☐	☐	☐	Children covered by Medicaid
☐	☐	☐	☐	Pregnant women covered by CHP+
☐	☐	☐	☐	Children covered by CHP+
☐	☐	☐	☐	Medicare beneficiaries
☐	☐	☐	☐	Individuals covered by Worker's Compensation
☐	☐	☐	☐	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	
☐	☐	☐	Desire a primary care position that does not utilize my APN training
☐	☐	☐	Desire a non-clinical health-related position
☐	☐	☐	Want to pursue additional education
☐	☐	☐	Want to work in nursing education
☐	☐	☐	Lack of respect for APNs by physicians and employers
☐	☐	☐	Work is not professionally challenging
☐	☐	☐	Insufficient wages given the workload and responsibilities involved
☐	☐	☐	Family responsibilities interfere with my ability to continue working
☐	☐	☐	Health does not allow me to continue working as an APN
☐	☐	☐	Plan to retire from the active workforce
☐	☐	☐	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	Satisfaction with career as an APN
3	SATISF_COMPENSATE	Satisfaction with compensation for work as an APN
4	GENDER	Gender
5	BIRTH_YR	Year born
6	GREW_UP_LOCATION	Community grew up in
7	RACE	Ethnic/racial identification
8	FLUENT	Fluent in a language other than English
9	SPANISH	Use Spanish to communicate with patients
9	RUSSIAN	Use Russian to communicate with patients
9	OTHERLANG	Use another language to communicate with patients
9	OTHERLANG_DESC	Use another language to communicate with patients: description
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	PHD_NURSING	Completed prior to APN: PhD in Nursing
10	OTHER_DOC	Completed prior to APN: Doctorate in another field
10	OTHER_DEGREE	Completed prior to APN: Other degree
10	OTHER_DEGREE_DESC	Completed prior to APN: Other degree description
11	GRAD_YR	Graduation year
12	GRAD_STATE	Graduation state
13	HIGHEST_EDUC	Highest level of education completed
13	HIGHEST_EDUC_DESC	Highest level of education completed: description
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

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
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
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
15	SPEC_OTHER_DESC	Specialization: Other description
16	CERT_AD_ACUTE_NP	Certification: Adult Acute Care NP
16	CERT_AD_ACUTE_NP_YR	Certification Year: Adult Acute Care NP
16	CERT_AD_NP	Certification: Adult NP
16	CERT_AD_NP_YR	Certification Year: Adult NP
16	CERT_AD_PSYCH_NP	Certification: Adult Psychiatric and Mental Health NP
16	CERT_AD_PSYCH_NP_YR	Certification Year: Adult Psychiatric and Mental Health NP
16	CERT_CRNA	Certification: CRNA
16	CERT_CRNA_YR	Certification Year: CRNA
16	CERT_CNM	Certification: CNM
16	CERT_CNM_YR	Certification Year: CNM
16	CERT_CH_PSYCH_NP	Certification: Child/Adolescent Psychiatric and Mental Health NP
16	CERT_CH_PSYCH_NP_YR	Certification Year: Child/Adolescent Psychiatric and Mental Health NP
16	CERT_CNS	Certification: CNS
16	CERT_CNS_YR	Certification Year: CNS
16	CERT_FAM_NP	Certification: Family NP
16	CERT_FAM_NP_YR	Certification Year: Family NP
16	CERT_FAM_PSYCH_NP	Certification: Family Psychiatric and Mental Health NP
16	CERT_FAM_PSYCH_NP_YR	Certification Year: Family Psychiatric and Mental Health NP
16	CERT_GERIATRIC_NP	Certification: Geriatric NP
16	CERT_GERIATRIC_NP_YR	Certification Year: Geriatric NP
16	CERT_NEONATAL_NP	Certification: Neonatal NP

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
16	CERT_NEONATAL_NP_YR	Certification Year: Neonatal NP
16	CERT_PED_ACUTE_NP	Certification: Pediatric Acute Care NP
16	CERT_PED_ACUTE_NP_YR	Certification Year: Pediatric Acute Care NP
16	CERT_PED_NP	Certification: Pediatric NP
16	CERT_PED_NP_YR	Certification Year: Pediatric NP
16	CERT_WMN_NP	Certification: Womens Health NP
16	CERT_WMN_NP_YR	Certification Year: Womens Health NP
16	CERT_OTHER	Certification: Other
16	CERT_OTHER_YR	Certification Year: Other
16	CERT_OTHER_DESC	Certification: Other description
18	RSN_NO_PA	Reason for no prescriptive authority
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
20	RSN_NO_SCH_DRUGS_OTHER_DESC	Reason for not prescribing schedule II-V drugs: Other description
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
22	RSN_NO_DEA_OTHER	Reason no DEA number: Other
22	RSN_NO_DEA_OTHER_DESC	Reason no DEA number: Other description
23	PRAC_YR	Years worked in position requiring APN training
23	PRAC_MO	Months worked in position requiring APN training
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_ADD_EDUC	Reason not working as APN: Pursuing additional education
25	NO_WORK_LACK_RESPECT	Reason not working as APN: Lack of respect for APNs by physicians and employers
25	NO_WORK_NO_CHALLENGE	Reason not working as APN: Work is not professionally challenging
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

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
25	NO_WORK_FAMILY	Reason not working as APN: Family responsibilities interfered with my ability to work
25	NO_WORK_HEALTH	Reason not working as APN: Health does not allow me to work as an APN
25	NO_WORK_RETIRED	Reason not working as APN: Retired from the active workforce
25	NO_WORK_OTHER	Reason not working as APN: Other
25	NO_WORK_OTHER_DESC	Reason not working as APN: Other description
26	ANOTHER_POSITION	Employed in another position requiring your APN registration or RN license
27	RSN_ADD_POSITION	Reason for additional position
27	RSN_ADD_POSITION_DESC	Reason for additional position: Other description
28	PRINCIPAL_ZIP	ZIP Code of principal APN position
28	SECONDARY_ZIP	ZIP Code of secondary APN position
29	HOURS_ALL	Hours worked during typical work week for all APN and RN positions
29	HOURS_PRINCIPAL	Hours worked during typical work week for principal APN position
29	HOURS_SECONDARY	Hours worked during typical work week for secondary APN position
30	INCOME	Total income before taxes in 2009 from all APN positions combined
31	INDEP_PRAC	Working in practice made up exclusively of APNs and/or nurses
32	SETTING	Principal practice setting
32	SETTING_DESC	Principal practice setting: Other description
33	TIME_DIR_PATIENT_CARE	Time spent: Direct patient care
33	TIME_COLL_PATIENT_CARE	Time spent: Collateral patient care
33	TIME_ADMIN	Time spent: Administration
33	TIME_MEETINGS	Time spent: Meetings
33	TIME_RESEARCH	Time spent: Research
33	TIME_OTHER	Time spent: Other
34	PRINCIPAL_FULL_SCOPE	Principal APN position: Function within scope of practice
34	PRINCIPAL_MEMBER	Principal APN position: Member of care team that allows participation in decisions related to patients
34	PRINCIPAL_REIMB	Principal APN position: Reimbursement for the services provided appropriately reflects training and experience
34	PRINCIPAL_BILL	Principal APN position: Able to bill for services under own license
34	PRINCIPAL_POS_RELATION	Principal APN position: Positive relationships with the physicians
34	PRINCIPAL_AUTO_DECISION	Principal APN position: Autonomous decisions with regard to patients
34	PRINCIPAL_CULTURAL	Principal APN position: Culturally competent to address the health needs of my full panel of patients
34	PRINCIPAL_HIGH_QUALITY	Principal APN position: Believe the quality of care is high at my current work setting
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

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
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
35	PROB_OTHER	Problem: Other
35	PROB_OTHER_DESC	Problem; Other description
36	PCT_TIME_DIRECT	Percent of time during typical work week: Direct face-to-face patient care
36	PCT_TIME_INDIRECT	Percent of time during typical work week: Indirect patient care
36	PCT_TIME_ADMIN	Percent of time during typical work week: Administration
36	PCT_TIME_TEACHING	Percent of time during typical work week: Teaching
36	PCT_TIME_CONT_EDUC	Percent of time during typical work week: Continuing education
36	PCT_TIME_RESEARCH	Percent of time during typical work week: Research
36	PCT_TIME_QUAL_IMPROVE	Percent of time during typical work week: Activities related to quality improvement or patient safety
36	PCT_TIME_OTHER	Percent of time during typical work week: Other activities
36	PCT_TIME_TOTAL	Percent of time during typical work week: Total
36	PCT_TIME_OTHER_DESC	Percent of time during typical work week: Other activities description
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	Payer mix: Private insurance
40	PCT_MDCR	Payer mix: Medicare
40	PCT_MDCD	Payer mix: Medicaid
40	PCT_CHP	Payer mix: CHP+
40	PCT_TRICARE	Payer mix: TriCare/CHAMPUS/VA
40	PCT_WC	Payer mix: Workers Compensation
40	PCT_SELFPAY	Payer mix: Self-pay and sliding fee schedule
40	PCT_UNCOMPENSATED	Payer mix: Uncompensated care
40	PCT_OTHER	Payer mix: Other

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
40	PCT_TOTAL	Payer mix: Total
40	PCT_DONTKNOW	Payer mix: Do not know
40	PCT_OTHER_DESC	Payer mix: Other description
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	Payer of professional medical liability (malpractice) insurance
43	PAYS_LIABILITY_DESC	Payer of professional medical liability (malpractice) insurance: Other description
44	LEAVE_12MO	Planning to leave principal APN position in the next 12 months
45	LEAVE_RSN_PC_NO_APN	Reason for leaving practice: Desire a primary care position that does not utilize my APN training
45	LEAVE_RSN_NONCLINICAL	Reason for leaving practice: Desire a non-clinical health-related position
45	LEAVE_RSN_ADD_EDUC	Reason for leaving practice: Want to pursue additional education
45	LEAVE_RSN_TEACH	Reason for leaving practice: Want to work in nursing education
45	LEAVE_RSN_NO_RESPECT	Reason for leaving practice: Lack of respect for APNs by physicians and employers
45	LEAVE_RSN_CHALLENGE	Reason for leaving practice: Work is not professionally challenging
45	LEAVE_RSN_WAGES	Reason for leaving practice: Insufficient wages given the workload and responsibilities involved
45	LEAVE_RSN_FAMILY	Reason for leaving practice: Family responsibilities
45	LEAVE_RSN_HEALTH	Reason for leaving practice: health does not allow me to continue working as an APN
45	LEAVE_RSN_RETIRE	Reason for leaving practice: Plan to retire from the active workforce
45	LEAVE_RSN_OTHER	Reason for leaving practice: Other
45	LEAVE_RSN_OTHER_DESC	Reason for leaving practice: Other description
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
47	INTEREST_OTHER_DESC	Programs interested in teaching: Other description
N/A	COMMENTS	
CREATED VARIABLE	PRINCIPAL_CITY_FROM_ZIP	City: principal APN position address (derived from ZIP code)
CREATED VARIABLE	PRINCIPAL_STATE_FROM_ZIP	State: principal APN position address (derived from ZIP code)
CREATED VARIABLE	PRINCIPAL_COUNTY_FROM_ZIP	County: principal APN position address (derived from ZIP code)

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
CREATED VARIABLE	PRINCIPAL_FIPS_FROM_ZIP	FIPS code: principal APN position address (derived from ZIP code)
CREATED VARIABLE	PRINCIPAL_URBAN_FROM_ZIP	Urban/Not-urban: principal APN position address (derived from ZIP code)
CREATED VARIABLE	PRINCIPAL_RUCA2_FROM_ZIP	RUCA2 code: principal APN position address (derived from ZIP code)
CREATED VARIABLE	SECONDARY_CITY_FROM_ZIP	City: secondary APN position address (derived from ZIP code)
CREATED VARIABLE	SECONDARY_STATE_FROM_ZIP	State: secondary APN position address (derived from ZIP code)
CREATED VARIABLE	SECONDARY_COUNTY_FROM_ZIP	County: secondary APN position address (derived from ZIP code)
CREATED VARIABLE	SECONDARY_FIPS_FROM_ZIP	FIPS code: secondary APN position address (derived from ZIP code)
CREATED VARIABLE	SECONDARY_URBAN_FROM_ZIP	Urban/Not-urban: secondary APN position address (derived from ZIP code)
CREATED VARIABLE	SECONDARY_RUCA2_FROM_ZIP	RUCA2 code: secondary APN position address (derived from ZIP code)
CREATED VARIABLE	TOTAL_HOURS	Hours worked during typical work week for all APN and RN positions; calculated
CREATED VARIABLE	AGE	Age (years) as of 2010
CREATED VARIABLE	GRAD_AGE	Num of yrs from birth to graduation
CREATED VARIABLE	GRAD_NUMYRS	Num of yrs from graduation to survey
CREATED VARIABLE	RX_AUTHORITY	Prescriptive authority
CREATED VARIABLE	RX_AUTHORITY_YR	Prescriptive authority (year)
CREATED VARIABLE	TOTAL_PRAC_MO	Total months worked in position requiring APN training

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	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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	LENGTH	FORMAT
Numeric	8	Nominal

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

	VARIABLE NAME	DESCRIPTION
1	REIMB_POLICY	Policy/regulation: Enforceable reimbursement policies that establish reimbursement levels commensurate with the clinical services provided by APNs

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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
1	STATE_PILOT	Policy/regulation: State-initiated pilot projects that evaluate models of collaborative practice wherein APNs are team leaders

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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**	**FORMAT**
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	16	163
I	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**	**FORMAT**
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	16	163
I	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**	**FORMAT**
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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	Satisfaction with career as an APN

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	11	58
1	1-Very Satisfied	181	1146
2	2	152	1016
3	3	91	805
4	4	35	216
5	5	23	156
6	6	10	95
7	7	23	156
8	8	24	102
9	9	14	161
10	10-Very Dissatified	7	90
TOTAL		571	4000

QUESTION NUMBER 3

VARIABLE NAME	**DESCRIPTION**	
SATISF_COMPENSATE	Satisfaction with compensation for work as an APN	

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	9	55
1	1-Very Satisfied	57	303
2	2	68	573
3	3	110	749
4	4	105	671
5	5	87	638
6	6	32	308
7	7	41	323
8	8	33	193
9	9	16	86
10	10-Very Dissatified	13	100
TOTAL		571	4000

QUESTION NUMBER 4

VARIABLE NAME	**DESCRIPTION**	
GENDER	Gender	

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Nominal

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

QUESTION NUMBER 5

VARIABLE NAME	BIRTH_YR
DESCRIPTION	Year born

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	11	78
>0	>0	560	3922
TOTAL		571	4000

QUESTION NUMBER 6

VARIABLE NAME	GREW_UP_LOCATION
DESCRIPTION	Community grew up in

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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	Ethnic/racial identification

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	5	9
1	Multi-racial/multi-ethnic	11	79
2	Native American or Alaska Native	3	5
3	Asian	5	48
4	Black/African American	2	5
5	Hispanic/Latino	21	78
7	White, not Hispanic	524	3778
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
8	FLUENT	Fluent in a language other than English

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

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

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
9	SPANISH	Use Spanish to communicate with patients

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	13	43
-8	Not Applicable	465	3204
-7	Skip pattern violation	2	4
0	No	8	73
1	Yes	83	675
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
9	RUSSIAN	Use Russian to communicate with patients

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	51	384
-8	Not Applicable	466	3206
0	No	54	410
TOTAL		571	4000

QUESTION NUMBER
9

VARIABLE NAME
OTHERLANG

DESCRIPTION
Use another language to communicate with patients

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	44	333
-8	Not Applicable	467	3208
0	No	39	342
1	Yes	21	117
TOTAL		571	4000

QUESTION NUMBER
9

VARIABLE NAME
OTHERLANG_DESC

DESCRIPTION
Use another language to communicate with patients: description

TYPE
Character

LENGTH
255

FORMAT
Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-8	Not Applicable	39	342
-9	Missing/Unknown	511	3541
0	non-missing	21	117
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
10	CNA	Completed prior to APN: CNA

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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

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

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
10	ADN	Completed prior to APN: ADN

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

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

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
10	BSN	Completed prior to APN: BSN

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

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

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

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

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

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

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

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
10	PHD_NURSING	Completed prior to APN: PhD in Nursing

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	286	1800
0	No	283	2177
1	Yes	2	23
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
10	OTHER_DOC	Completed prior to APN: Doctorate in another field

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	284	1795
0	No	281	2174
1	Yes	6	30
TOTAL		571	4000

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

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

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

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

TYPE	LENGTH	FORMAT
Character	255	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-8	Not Applicable	198	1425
-9	Missing/Unknown	293	1968
0	non-missing	80	608
TOTAL		571	4000

QUESTION NUMBER
11

VARIABLE NAME
GRAD_YR

DESCRIPTION
Graduation year

TYPE
Numeric

LENGTH
8

FORMAT
Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	13	120
>0	>0	558	3880
TOTAL		571	4000

QUESTION NUMBER
12

VARIABLE NAME
GRAD_STATE

DESCRIPTION
Graduation state

TYPE
Character

LENGTH
255

FORMAT
Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-6	Invalid answer/out of range	1	2
-9	Missing	22	157
Non-Colorado	Non-Colorado	261	1374
Colorado	Colorado	287	2467
TOTAL		571	4000

QUESTION NUMBER	**VARIABLE NAME**	**DESCRIPTION**	
13	HIGHEST_EDUC	Highest level of education completed	

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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	6	89
5	Doctorate of Nursing Practice	13	179
6	Ph.D in Nursing	9	113
7	Doctorate in another field	11	22
8	Other	48	319
TOTAL		571	4000

QUESTION NUMBER	**VARIABLE NAME**	**DESCRIPTION**	
13	HIGHEST_EDUC_DESC	Highest level of education completed: description	

TYPE	**LENGTH**	**FORMAT**
Character	255	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	494	3456
0	non-missing	77	544
TOTAL		571	4000

VARIABLE NAME

DESCRIPTION

14

REGISTR_CRNA

Registration with CO Board of Nursing Advanced Practice Registry: CRNA

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Nominal

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

QUESTION NUMBER

VARIABLE NAME

DESCRIPTION

14

REGISTR_CNS

Registration with CO Board of Nursing Advanced Practice Registry: CNS

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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	**LENGTH**	**FORMAT**
Numeric	8	Nominal

VALUE	**VALUE LABEL**	**UNWEIGHTED FREQUENCY**	**WEIGHTED FREQUENCY**
-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	**LENGTH**	**FORMAT**
Numeric	8	Nominal

VALUE	**VALUE LABEL**	**UNWEIGHTED FREQUENCY**	**WEIGHTED FREQUENCY**
-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	**LENGTH**	**FORMAT**
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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	**LENGTH**	**FORMAT**
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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	VARIABLE NAME	DESCRIPTION
15	SPEC_CH_PSYCH	Specialization: Child/Adolescent Psychiatric and Mental Health

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

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

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
15	SPEC_FAM_PRIM_CARE	Specialization: Family Primary Care

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

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

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

15 SPEC_FAM_PSYCH Specialization: Family Psychiatric and Mental Health

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Nominal

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

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

15 SPEC_GERONTOLOGY Specialization: Gerontology

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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	**LENGTH**	**FORMAT**
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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	**LENGTH**	**FORMAT**
Numeric	8	Nominal

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

QUESTION NUMBER	**VARIABLE NAME**	**DESCRIPTION**		
15	SPEC_NEONATAL	Specialization: Neonatal		

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Nominal

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

QUESTION NUMBER	**VARIABLE NAME**	**DESCRIPTION**		
15	SPEC_PED_PRIM_CARE	Specialization: Pediatric Primary Care		

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Nominal

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

VARIABLE NAME

DESCRIPTION

15

SPEC_PED_SPEC_CARE

Specialization: Pediatric Specialty Care

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Nominal

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

**QUESTION
NUMBER**

VARIABLE NAME

DESCRIPTION

15

SPEC_WMN_HEALTH

Specialization: Womens health

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Nominal

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

VARIABLE NAME
SPEC_OTHER

DESCRIPTION
Specialization: Other

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

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

**QUESTION
NUMBER**
15

VARIABLE NAME
SPEC_OTHER_DESC

DESCRIPTION
Specialization: Other description

TYPE
Character

LENGTH
255

FORMAT
Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-8	Not Applicable	251	1734
-9	Missing/Unknown	245	1742
0	non-missing	75	524
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION		
16	cert_ad_acute_np	Certification: Adult Acute Care NP		

	TYPE	LENGTH	FORMAT	
	Numeric	8	Nominal	

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	194	1361
0	No	372	2610
1	Yes	5	30
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION		
16	cert_ad_acute_np_yr	Certification Year: Adult Acute Care NP		

	TYPE	LENGTH	FORMAT	
	Numeric	8	Continuous	

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	198	1388
-8	Not Applicable	370	2606
-7	Skip pattern violation	2	3
>0	>0	1	2
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
16	cert_ad_np	Certification: Adult NP

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

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

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
16	cert_ad_np_yr	Certification Year: Adult NP

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	201	1412
-8	Not Applicable	335	2350
-7	Skip pattern violation	1	2
>0	>0	34	236
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
16	cert_ad_psych_np	Certification: Adult Psychiatric and Mental Health NP

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	190	1354
0	No	374	2615
1	Yes	7	31
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
16	cert_ad_psych_np_yr	Certification Year: Adult Psychiatric and Mental Health NP

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	193	1359
-8	Not Applicable	373	2594
-7	Skip pattern violation	1	21
>0	>0	4	26
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
16	cert_crna	Certification: CRNA

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

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

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
16	cert_crna_yr	Certification Year: CRNA

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	197	1347
-8	Not Applicable	323	2454
>0	>0	51	200
TOTAL		571	4000

	QUESTION NUMBER	VARIABLE NAME	DESCRIPTION		
	16	cert_cnm	Certification: CNM		

	TYPE	LENGTH	FORMAT	
	Numeric	8	Nominal	

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

	QUESTION NUMBER	VARIABLE NAME	DESCRIPTION		
	16	cert_cnm_yr	Certification Year: CNM		

	TYPE	LENGTH	FORMAT	
	Numeric	8	Continuous	

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	204	1494
-8	Not Applicable	350	2400
>0	>0	17	106
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
16	cert_ch_psych_np	Certification: Child/Adolescent Psychiatric and Mental Health NP

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	195	1362
0	No	374	2614
1	Yes	2	23
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
16	cert_ch_psych_np_yr	Certification Year: Child/Adolescent Psychiatric and Mental Health NP

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	196	1365
-8	Not Applicable	374	2614
>0	>0	1	21
TOTAL		571	4000

	QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
	16	cert_cns	Certification: CNS

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

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

	QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
	16	cert_cns_yr	Certification Year: CNS

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	202	1413
-8	Not Applicable	354	2463
>0	>0	15	125
TOTAL		571	4000

QUESTION NUMBER 16

VARIABLE NAME cert_fam_np

DESCRIPTION Certification: Family NP

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Nominal

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

QUESTION NUMBER 16

VARIABLE NAME cert_fam_np_yr

DESCRIPTION Certification Year: Family NP

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	231	1526
-8	Not Applicable	235	1669
-7	Skip pattern violation	1	2
>0	>0	104	803
TOTAL		571	4000

QUESTION NUMBER
16

VARIABLE NAME
cert_fam_psych_np

DESCRIPTION
Certification: Family Psychiatric and Mental Health NP

TYPE
Num

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	195	1362
0	No	371	2608
1	Yes	5	30
TOTAL		571	4000

QUESTION NUMBER
16

VARIABLE NAME
cert_fam_psych_np_yr

DESCRIPTION
Certification Year: Family Psychiatric and Mental Health NP

TYPE
Numeric

LENGTH
8

FORMAT
Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	196	1365
-8	Not Applicable	371	2608
>0	>0	4	27
TOTAL		571	4000

			QUESTION		

QUESTION NUMBER
16

VARIABLE NAME
cert_geriatric_np

DESCRIPTION
Certification: Geriatric NP

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

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

QUESTION NUMBER
16

VARIABLE NAME
cert_geriatric_np_yr

DESCRIPTION
Certification Year: Geriatric NP

TYPE
Numeric

LENGTH
8

FORMAT
Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	194	1361
-8	Not Applicable	368	2527
>0	>0	9	113
TOTAL		571	4000

QUESTION NUMBER
16

VARIABLE NAME
cert_neonatal_np

DESCRIPTION
Certification: Neonatal NP

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

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

QUESTION NUMBER
16

VARIABLE NAME
cert_neonatal_np_yr

DESCRIPTION
Certification Year: Neonatal NP

TYPE
Numeric

LENGTH
8

FORMAT
Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	197	1405
-8	Not Applicable	367	2526
>0	>0	7	70
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
16	cert_ped_acute_np	Certification: Pediatric Acute Care NP

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	195	1362
0	No	374	2595
1	Yes	2	42
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
16	cert_ped_acute_np_yr	Certification Year: Pediatric Acute Care NP

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	196	1384
-8	Not Applicable	374	2595
>0	>0	1	21
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION		
16	cert_ped_np	Certification: Pediatric NP		

	TYPE	LENGTH	FORMAT	
	Numeric	8	Nominal	

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

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION		
16	cert_ped_np_yr	Certification Year: Pediatric NP		

	TYPE	LENGTH	FORMAT	
	Numeric	8	Continuous	

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	202	1453
-8	Not Applicable	355	2445
>0	>0	14	102
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
16	cert_wmn_np	Certification: Womens Health NP

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

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

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
16	cert_wmn_np_yr	Certification Year: Womens Health NP

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	193	1360
-8	Not Applicable	348	2397
>0	>0	30	244
TOTAL		571	4000

	QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
	16	cert_other	Certification: Other

	TYPE	LENGTH	FORMAT
	Numeric	8	Nominal

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

	QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
	16	cert_other_yr	Certification Year: Other

	TYPE	LENGTH	FORMAT
	Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	265	1796
-8	Not Applicable	288	2034
>0	>0	18	170
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
16	cert_other_desc	Certification: Other description

TYPE	LENGTH	FORMAT
Character	225	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
0	non-missing	29	226
-8	Not Applicable	288	2034
-9	Missing/Unknown	254	1739
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
18	rsn_no_pa	Reason for no prescriptive authority

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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 a physician willing to enter into a collaborative agreement	8	54
2	Unable to find a physician willing to serve as my preceptor or mentor	5	28
3	Currently completing my preceptorship or mentorship	19	152
4	Do not currently need prescriptive authority	132	677
5	Do not want to have prescriptive authority	29	208
6	Do not meet the criteria for having prescriptive authority	18	187
TOTAL		571	4000

QUESTION NUMBER	**VARIABLE NAME**	**DESCRIPTION**
19	prescribe_sch_drugs	Prescribe schedule II-V drugs

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Nominal

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

QUESTION NUMBER	**VARIABLE NAME**	**DESCRIPTION**
20	rsn_no_sch_drugs_colleagues	Reason for not prescribing schedule II-V drugs: Colleagues write schedule II-V prescriptions

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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

	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	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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
20

VARIABLE NAME
rsn_no_sch_drugs_concern

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

	TYPE	LENGTH	FORMAT
	Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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
20

VARIABLE NAME
rsn_no_sch_drugs_other

DESCRIPTION
Reason for not prescribing schedule II-V drugs: Other

	TYPE	LENGTH	FORMAT
	Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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
	20	rsn_no_sch_drugs_other_desc	Reason for not prescribing schedule II-V drugs: Other description

TYPE	LENGTH	FORMAT
Character	225	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-7	Skip Violation	2	3
-8	Not Applicable	327	2424
-9	Missing/Unknown	197	1297
0	non-missing	45	276
TOTAL		571	4000

	QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
	21	have_dea_num	Have a DEA number

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

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

QUESTION NUMBER

22

VARIABLE NAME

rsn_no_dea_nodesire

DESCRIPTION

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

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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	rsn_no_dea_fee

VARIABLE NAME

DESCRIPTION

Reason no DEA number: Not willing to pay the fee

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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

22   rsn_no_dea_other

VARIABLE NAME

DESCRIPTION

Reason no DEA number: Other

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	141	888
-8	Not Applicable	300	2219
-7	Skip pattern violation	2	3
0	No	66	469
1	Yes	62	421
TOTAL		571	4000

QUESTION NUMBER
22

VARIABLE NAME
rsn_no_dea_other_desc

DESCRIPTION
Reason no DEA number: Other description

	TYPE	**LENGTH**	**FORMAT**
	Character	225	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-7	Skip Violation	2	3
-8	Not Applicable	366	2688
-9	Missing/Unknown	142	890
0	non-missing	61	419
TOTAL		571	4000

QUESTION NUMBER
23

VARIABLE NAME
prac_yr

DESCRIPTION
Years worked in position requiring APN training

	TYPE	**LENGTH**	**FORMAT**
	Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	28	129
0	0	27	166
>0	>0	516	3706
TOTAL		571	4000

VARIABLE NAME
prac_mo

DESCRIPTION
Months worked in position requiring APN training

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	183	1159
0	0	60	250
>0	>0	328	2591
TOTAL		571	4000

QUESTION NUMBER
24

VARIABLE NAME
employed_co

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

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

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

QUESTION NUMBER

25

VARIABLE NAME

no_work_prim_hc_no_apn

DESCRIPTION

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

	TYPE	LENGTH	FORMAT
	Numeric	8	Nominal

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

QUESTION NUMBER

25

VARIABLE NAME

no_work_hc_related_no_apn

DESCRIPTION

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

	TYPE	LENGTH	FORMAT
	Numeric	8	Nominal

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

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
25	no_work_add_educ	Reason not working as APN: Pursuing additional education

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	41	245
-8	Not Applicable	431	3078
-7	Skip pattern violation	5	28
0	No	87	598
1	Yes	7	51
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	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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	**VARIABLE NAME**	**DESCRIPTION**
25	no_work_no_challenge	Reason not working as APN: Work is not professionally challenging

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	41	245
-8	Not Applicable	431	3078
-7	Skip pattern violation	5	28
0	No	91	625
1	Yes	3	24
TOTAL		571	4000

QUESTION NUMBER	**VARIABLE NAME**	**DESCRIPTION**
25	no_work_wages	Reason not working as APN: Insufficient wages

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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**   **VARIABLE NAME**   **DESCRIPTION**

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

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	38	240
-8	Not Applicable	431	3078
-7	Skip pattern violation	5	28
0	No	70	492
I	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	**LENGTH**	**FORMAT**
Numeric	8	Nominal

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

25   no_work_health   Reason not working as APN: Health does not allow me to work as an APN

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	41	245
-8	Not Applicable	432	3080
-7	Skip pattern violation	4	26
0	No	85	575
1	Yes	9	73
TOTAL		571	4000

QUESTION
NUMBER   VARIABLE NAME   DESCRIPTION

25   no_work_retired   Reason not working as APN: Retired from the active workforce

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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

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

	TYPE	LENGTH	FORMAT
	Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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**

NUMBER	VARIABLE NAME	DESCRIPTION
25	no_work_other_desc	Reason not working as APN: Other description

	TYPE	LENGTH	FORMAT
	Character	225	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-7	Skip Violation	7	31
-8	Not Applicable	466	3256
-9	Missing/Unknown	55	349
0	non-missing	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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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	Reason for additional position

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	13	83
-8	Not Applicable	449	3312
-7	Skip pattern violation	13	102
-6	Invalid answer/out of range	5	28
1	To supplement the earnings from principal APN position	4	26
2	Was not offered fulltime work in principal APN position	57	294
3	To gain experience in a different aspect of advanced practice nursing	11	43
4	Enjoy working in various clinical settings	2	23
5	Other	17	88
TOTAL		571	4000

QUESTION NUMBER
27

VARIABLE NAME
rsn_add_position_desc

DESCRIPTION
Reason for additional position: Other description

TYPE	**LENGTH**	**FORMAT**
Character	225	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-6	Invalid Answer	5	28
-7	Skip Violation	11	117
-8	Not Applicable	196	1162
-9	Missing/Unknown	341	2604
0	non-missing	18	90
TOTAL		571	4000

QUESTION NUMBER
28

VARIABLE NAME
principal_zip

DESCRIPTION
ZIP Code of principal APN position

TYPE	**LENGTH**	**FORMAT**
Character	225	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-6	Invalid Answer	3	44
-7	Skip Violation	34	215
-8	Not Applicable	96	670
-9	Missing/Unknown	22	120
0	non-missing	416	2951
TOTAL		571	4000

QUESTION NUMBER
28

VARIABLE NAME
secondary_zip

DESCRIPTION
ZIP Code of secondary APN position

	TYPE	LENGTH	FORMAT
	Character	225	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-6	Invalid Answer	1	2
-7	Skip Violation	19	112
-8	Not Applicable	463	3395
-9	Missing/Unknown	17	52
0	non-missing	71	439
TOTAL		571	4000

QUESTION NUMBER
29

VARIABLE NAME
hours_all

DESCRIPTION
Hours worked during typical work week for all APN and RN positions

	TYPE	LENGTH	FORMAT
	Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	125	902
-8	Not Applicable	96	650
-7	Skip pattern violation	34	235
0	0	3	26
>0	>0	313	2187
TOTAL		571	4000

QUESTION NUMBER
29

VARIABLE NAME
hours_principal

DESCRIPTION
Hours worked during typical work week for principal APN position

TYPE
Numeric

LENGTH
8

FORMAT
Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	119	779
-8	Not Applicable	114	799
-7	Skip pattern violation	16	86
>0	>0	322	2336
TOTAL		571	4000

QUESTION NUMBER
29

VARIABLE NAME
hours_secondary

DESCRIPTION
Hours worked during typical work week for secondary APN position

TYPE
Numeric

LENGTH
8

FORMAT
Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	15	48
-8	Not Applicable	438	3174
-7	Skip pattern violation	44	334
>0	>0	74	444
TOTAL		571	4000

QUESTION NUMBER 30

VARIABLE NAME income

DESCRIPTION Total income before taxes in 2009 from all APN positions combined

TYPE	LENGTH	FORMAT
Numeric	8	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	36	295
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
9	Not working as an APN in 2009	8	53
TOTAL		571	4000

QUESTION NUMBER 31

VARIABLE NAME indep_prac

DESCRIPTION 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	Principal practice setting	

	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)	132	949
2	Ambulatory surgical center	14	49
3	Community health center (Federally qualified health center)	25	160
4	Federal, state or local governmental agency	36	242
5	Home health care agency	2	23
6	Hospice	4	46
8	Non-clinical setting	2	3
9	Nursing education	5	28
10	Nursing home/extended care facility	8	92
11	Occupational health setting	7	32
12	Private physician office	67	547
13	Public or community health clinic (non-federally qualified)	29	263
14	Rehabilitation facility	2	23
15	Rural health clinic (federally certified)	26	64
16	School-based health center or school clinic	11	78
17	Private practice	21	96
18	Outpatient clinic or ugent care facility	32	328
19	Other	4	45
TOTAL		571	4000

	QUESTION NUMBER	VARIABLE NAME	DESCRIPTION	
	32	setting_desc	Principal practice setting: Other description	

	TYPE	LENGTH	FORMAT
	Character	225	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-6	Invalid Answer	8	36
-7	Skip Violation	46	257
-8	Not Applicable	507	3651
-9	Missing/Unknown	6	11
0	non-missing	4	45
TOTAL		571	4000

VARIABLE NAME

DESCRIPTION

33   time_dir_patient_care   Time spent: Direct patient care

TYPE	LENGTH	FORMAT
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	10	37
-8	Not Applicable	93	645
-7	Skip pattern violation	37	240
1	Too Little Time, level 1	6	31
2	Too Little Time, level 2	21	136
3	Little/too much, level 3	239	1778
4	Too Much Time, level 4	132	939
5	Too Much Time, level 5	28	186
6	N/A	5	9
TOTAL		571	4000

QUESTION NUMBER

VARIABLE NAME

DESCRIPTION

33   time_coll_patient_care   Time spent: Collateral patient care

TYPE	LENGTH	FORMAT
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	12	41
-8	Not Applicable	93	645
-7	Skip pattern violation	37	240
1	Too Little Time, level 1	11	22
2	Too Little Time, level 2	39	303
3	Little/too much, level 3	189	1435
4	Too Much Time, level 4	125	926
5	Too Much Time, level 5	47	335
6	N/A	18	53
TOTAL		571	4000

VARIABLE NAME
time_admin

DESCRIPTION
Time spent: Administration

	TYPE	**LENGTH**	**FORMAT**
	Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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, level 1	53	347
2	Too Little Time, level 2	76	487
3	Little/too much, level 3	138	896
4	Too Much Time, level 4	32	369
5	Too Much Time, level 5	18	131
6	N/A	95	678
TOTAL		571	4000

VARIABLE NAME
time_meetings

DESCRIPTION
Time spent: Meetings

	TYPE	**LENGTH**	**FORMAT**
	Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	12	60
-8	Not Applicable	96	650
-7	Skip pattern violation	34	235
1	Too Little Time, level 1	61	381
2	Too Little Time, level 2	111	721
3	Little/too much, level 3	185	1411
4	Too Much Time, level 4	26	262
5	Too Much Time, level 5	8	33
6	N/A	38	246
TOTAL		571	4000

QUESTION NUMBER	**VARIABLE NAME**	**DESCRIPTION**
33	time_research	Time spent: Research

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	16	106
-8	Not Applicable	93	645
-7	Skip pattern violation	37	240
-6	Invalid answer/out of range	1	2
1	Too Little Time, level 1	173	1166
2	Too Little Time, level 2	64	564
3	Little/too much, level 3	45	295
4	Too Much Time, level 4	1	21
6	N/A	141	960
TOTAL		571	4000

QUESTION NUMBER	**VARIABLE NAME**	**DESCRIPTION**
33	time_other	Time spent: Other

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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, level 1	104	632
2	Too Little Time, level 2	86	542
3	Little/too much, level 3	119	960
4	Too Much Time, level 4	13	101
5	Too Much Time, level 5	4	26
6	N/A	82	579
TOTAL		571	4000

**QUESTION
NUMBER** **VARIABLE NAME** **DESCRIPTION**
34 principal_full_scope Principal APN position: Function within scope of practice

TYPE **LENGTH** **FORMAT**
Numeric 8 Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	9	35
-8	Not Applicable	102	738
-7	Skip pattern violation	28	147
1	Always	344	2449
2	Sometimes	75	472
3	Never	13	158
TOTAL		571	4000

**QUESTION
NUMBER** **VARIABLE NAME** **DESCRIPTION**
34 principal_member Principal APN position: Member of care team that allows participation in decisions related to patients

TYPE **LENGTH** **FORMAT**
Numeric 8 Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	12	41
-8	Not Applicable	105	744
-7	Skip pattern violation	25	141
1	Always	369	2639
2	Sometimes	51	362
3	Never	9	73
TOTAL		571	4000

NUMBER	VARIABLE NAME	DESCRIPTION
34	principal_reimb	Principal APN position: Reimbursement for the services provided appropriately reflects training and experience

TYPE	LENGTH	FORMAT
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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	202	1372
3	Never	53	484
TOTAL		571	4000

QUESTION

NUMBER	VARIABLE NAME	DESCRIPTION
34	principal_bill	Principal APN position: Able to bill for services under own license

TYPE	LENGTH	FORMAT
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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	95	583
3	Never	171	1339
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
34	principal_pos_relation	Principal APN position: Positive relationships with the physicians

TYPE	LENGTH	FORMAT
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	15	67
-8	Not Applicable	104	742
-7	Skip pattern violation	26	143
1	Always	330	2313
2	Sometimes	93	730
3	Never	3	6
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
34	principal_auto_decision	Principal APN position: Autonomous decisions with regard to patients

TYPE	LENGTH	FORMAT
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	9	35
-8	Not Applicable	105	744
-7	Skip pattern violation	25	141
1	Always	336	2262
2	Sometimes	86	722
3	Never	10	96
TOTAL		571	4000

QUESTION NUMBER	**VARIABLE NAME**	**DESCRIPTION**
34	principal_cultural	Principal APN position: Culturally competent to address the health needs of my full panel of patients

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	11	40
-8	Not Applicable	104	742
-7	Skip pattern violation	26	143
1	Always	307	2194
2	Sometimes	120	876
3	Never	3	6
TOTAL		571	4000

QUESTION NUMBER	**VARIABLE NAME**	**DESCRIPTION**
34	principal_high_quality	Principal APN position: Believe the quality of care is high at my current work setting

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	9	35
-8	Not Applicable	104	742
-7	Skip pattern violation	26	143
1	Always	375	2665
2	Sometimes	55	411
3	Never	2	3
TOTAL		571	4000

35 | prob_time | Problem: Having sufficient time with patients during office visits

TYPE	LENGTH	FORMAT
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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	LENGTH	FORMAT
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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

VARIABLE NAME
prob_specialists

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

TYPE	LENGTH	FORMAT
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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	LENGTH	FORMAT
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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

| **NUMBER** | **VARIABLE NAME** | **DESCRIPTION** |
| 35 | prob_priv_ins | Problem: Denied reimbursement from private insurance companies |

| **TYPE** | **LENGTH** | **FORMAT** |
| Numeric | 8 | Ordinal |

VALUE	**VALUE LABEL**	**UNWEIGHTED FREQUENCY**	**WEIGHTED FREQUENCY**
-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** | **VARIABLE NAME** | **DESCRIPTION** |
| 35 | prob_pay | Problem: Patient access to needed care is limited based on their ability to pay |

| **TYPE** | **LENGTH** | **FORMAT** |
| Numeric | 8 | Ordinal |

VALUE	**VALUE LABEL**	**UNWEIGHTED FREQUENCY**	**WEIGHTED FREQUENCY**
-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**   **VARIABLE NAME**   **DESCRIPTION**

35   prob_liability_ins   Problem: High cost of liability insurance

	TYPE	**LENGTH**	**FORMAT**
	Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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	**LENGTH**	**FORMAT**
	Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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

VARIABLE NAME	DESCRIPTION
prob_other	Problem: Other

TYPE	LENGTH	FORMAT
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	401	2848
-8	Not Applicable	128	881
-7	Skip pattern violation	2	5
1	Not a problem	23	179
2	Somewhat a problem	1	2
3	Significant problem	16	86
TOTAL		571	4000

QUESTION
NUMBER
35

VARIABLE NAME	DESCRIPTION
prob_other_desc	Problem; Other description

TYPE	LENGTH	FORMAT
Character	255	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-7	Skip Violation	1	2
-8	Not Applicable	129	883
-9	Missing/Unknown	406	2879
0	non-missing	35	236
TOTAL		571	4000

VARIABLE NAME

DESCRIPTION

36

pct_time_direct

Percent of time during typical work week: Direct face-to-face patient care

	TYPE	**LENGTH**	**FORMAT**
	Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	5	29
-8	Not Applicable	41	323
-7	Skip pattern violation	27	164
-6	Invalid answer/out of range	74	439
0	0	4	26
>0	>0	420	3019
TOTAL		571	4000

**QUESTION
NUMBER**

VARIABLE NAME

DESCRIPTION

36

pct_time_indirect

Percent of time during typical work week: Indirect patient care

	TYPE	**LENGTH**	**FORMAT**
	Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	5	29
-8	Not Applicable	41	323
-7	Skip pattern violation	27	164
-6	Invalid answer/out of range	74	439
0	0	39	267
>0	>0	385	2778
TOTAL		571	4000

QUESTION NUMBER	**VARIABLE NAME**	**DESCRIPTION**
36	pct_time_admin	Percent of time during typical work week: Administration

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	5	29
-8	Not Applicable	41	323
-7	Skip pattern violation	27	164
-6	Invalid answer/out of range	74	439
0	0	192	1320
>0	>0	232	1725
TOTAL		571	4000

QUESTION NUMBER	**VARIABLE NAME**	**DESCRIPTION**
36	pct_time_teaching	Percent of time during typical work week: Teaching

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	5	29
-8	Not Applicable	41	323
-7	Skip pattern violation	27	164
-6	Invalid answer/out of range	74	439
0	0	190	1238
>0	>0	234	1807
TOTAL		571	4000

QUESTION NUMBER
36

VARIABLE NAME
pct_time_cont_educ

DESCRIPTION
Percent of time during typical work week: Continuing education

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	5	29
-8	Not Applicable	41	323
-7	Skip pattern violation	27	164
-6	Invalid answer/out of range	74	439
0	0	143	904
>0	>0	281	2141
TOTAL		571	4000

QUESTION NUMBER
36

VARIABLE NAME
pct_time_research

DESCRIPTION
Percent of time during typical work week: Research

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	46	352
-6	Invalid answer/out of range	74	439
0	0	377	2685
>0	>0	74	524
TOTAL		571	4000

VARIABLE NAME

pct_time_qual_improve

DESCRIPTION

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

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	5	29
-8	Not Applicable	41	323
-7	Skip pattern violation	27	164
-6	Invalid answer/out of range	74	439
0	0	198	1318
>0	>0	226	1726
TOTAL		571	4000

QUESTION NUMBER

36

VARIABLE NAME

pct_time_other

DESCRIPTION

Percent of time during typical work week: Other activities

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	5	29
-8	Not Applicable	41	323
-7	Skip pattern violation	27	164
-6	Invalid answer/out of range	74	439
0	0	385	2762
>0	>0	39	283
TOTAL		571	4000

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	17	70
-8	Not Applicable	103	721
-7	Skip pattern violation	27	164
>0	>0	424	3045
TOTAL		571	4000

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

36 pct_time_other_desc Percent of time during typical work week: Other activities description

TYPE	**LENGTH**	**FORMAT**
Character	255	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-7	Skip Violation	87	558
-8	Not Applicable	440	3129
-9	Missing/Unknown	16	146
0	non-missing	28	166
TOTAL		571	4000

VARIABLE NAME
listed_provider

DESCRIPTION
A listed provider, eligible for reimbursement from private insurance carriers

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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	**LENGTH**	**FORMAT**
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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	**LENGTH**	**FORMAT**
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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	**LENGTH**	**FORMAT**
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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

VARIABLE NAME
accept_new_uninsured

DESCRIPTION
Accept patients: Uninsured and paying out of pocket

	TYPE	**LENGTH**	**FORMAT**
	Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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	**LENGTH**	**FORMAT**
	Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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	VARIABLE NAME	DESCRIPTION
39	accept_new_ad_mdcd	Accept patients: Adults covered by Medicaid

TYPE	LENGTH	FORMAT
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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	VARIABLE NAME	DESCRIPTION
39	accept_new_ch_mdcd	Accept patients: Children covered by Medicaid

TYPE	LENGTH	FORMAT
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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	LENGTH	FORMAT
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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	LENGTH	FORMAT
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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	VARIABLE NAME	DESCRIPTION
39	accept_new_charity	Accept patients: Charity care

TYPE	LENGTH	FORMAT
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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	VARIABLE NAME	DESCRIPTION
40	pct_priv_ins	Payer mix: Private insurance

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	150	1032
-8	Not Applicable	111	774
-7	Skip pattern violation	17	107
-6	Invalid answer/out of range	36	316
0	0	48	380
>0	>0	209	1390
TOTAL		571	4000

QUESTION NUMBER 40

VARIABLE NAME pct_mdcr

DESCRIPTION Payer mix: Medicare

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	150	1032
-8	Not Applicable	111	774
-7	Skip pattern violation	17	107
-6	Invalid answer/out of range	36	316
0	0	87	699
>0	>0	170	1071
TOTAL		571	4000

QUESTION NUMBER 40

VARIABLE NAME pct_mdcd

DESCRIPTION Payer mix: Medicaid

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	150	1032
-8	Not Applicable	111	774
-7	Skip pattern violation	17	107
-6	Invalid answer/out of range	36	316
0	0	80	634
>0	>0	177	1136
TOTAL		571	4000

QUESTION NUMBER 40

VARIABLE NAME pct_chp

DESCRIPTION Payer mix: CHP+

TYPE	**LENGTH**	**FORMAT**	
Numeric	8	Continuous	

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	150	1032
-8	Not Applicable	111	774
-7	Skip pattern violation	17	107
-6	Invalid answer/out of range	36	316
0	0	174	1309
>0	>0	83	461
TOTAL		571	4000

QUESTION NUMBER 40

VARIABLE NAME pct_tricare

DESCRIPTION Payer mix: TriCare/CHAMPUS/VA

TYPE	**LENGTH**	**FORMAT**	
Numeric	8	Continuous	

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	150	1032
-8	Not Applicable	111	774
-7	Skip pattern violation	17	107
-6	Invalid answer/out of range	36	316
0	0	152	1089
>0	>0	105	680
TOTAL		571	4000

Created variables

QUESTION NUMBER 40

VARIABLE NAME pct_wc

DESCRIPTION Payer mix: Workers Compensation

TYPE Numeric

LENGTH 8

FORMAT Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	150	1032
-8	Not Applicable	111	774
-7	Skip pattern violation	17	107
-6	Invalid answer/out of range	36	316
0	0	184	1554
>0	>0	73	216
TOTAL		571	4000

QUESTION NUMBER 40

VARIABLE NAME pct_selfpay

DESCRIPTION Payer mix: Self-pay and sliding fee schedule

TYPE Numeric

LENGTH 8

FORMAT Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	150	1032
-8	Not Applicable	111	774
-7	Skip pattern violation	17	107
-6	Invalid answer/out of range	36	316
0	0	89	785
>0	>0	168	985
TOTAL		571	4000

VARIABLE NAME	**DESCRIPTION**
pct_uncompensated	Payer mix: Uncompensated care

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Continuous

VALUE	**VALUE LABEL**	**UNWEIGHTED FREQUENCY**	**WEIGHTED FREQUENCY**
-9	Missing/Unknown	150	1032
-8	Not Applicable	111	774
-7	Skip pattern violation	17	107
-6	Invalid answer/out of range	36	316
0	0	169	1333
>0	>0	88	437
TOTAL		571	4000

**QUESTION
NUMBER**
40

VARIABLE NAME	**DESCRIPTION**
pct_other	Payer mix: Other

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Continuous

VALUE	**VALUE LABEL**	**UNWEIGHTED FREQUENCY**	**WEIGHTED FREQUENCY**
-9	Missing/Unknown	150	1032
-8	Not Applicable	111	774
-7	Skip pattern violation	17	107
-6	Invalid answer/out of range	36	316
0	0	224	1533
>0	>0	33	237
TOTAL		571	4000

QUESTION NUMBER 40

VARIABLE NAME pct_total

DESCRIPTION Payer mix: Total

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Continuous

VALUE	**VALUE LABEL**	**UNWEIGHTED FREQUENCY**	**WEIGHTED FREQUENCY**
-9	Missing/Unknown	184	1345
-8	Not Applicable	113	778
-7	Skip pattern violation	17	107
>0	>0	257	1770
TOTAL		571	4000

QUESTION NUMBER 40

VARIABLE NAME pct_dontknow

DESCRIPTION Payer mix: Do not know

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Nominal

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

QUESTION NUMBER 40

QUESTION NUMBER	**VARIABLE NAME**	**DESCRIPTION**
40	pct_other_desc	Payer mix: Other description

TYPE	**LENGTH**	**FORMAT**
Character	255	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-7	Skip Violation	19	111
-8	Not Applicable	369	2620
-9	Missing/Unknown	154	1040
0	non-missing	29	229
TOTAL		571	4000

QUESTION NUMBER	**VARIABLE NAME**	**DESCRIPTION**
41	mdcr_pn	Provider number: Medicare

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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	**LENGTH**	**FORMAT**
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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	**LENGTH**	**FORMAT**
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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

VARIABLE NAME

services_billed

DESCRIPTION

Billing of professional services

	TYPE	**LENGTH**	**FORMAT**
	Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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

DESCRIPTION

Payer of professional medical liability (malpractice) insurance

	TYPE	**LENGTH**	**FORMAT**
	Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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

VARIABLE NAME
pays_liability_desc

DESCRIPTION
Payer of professional medical liability (malpractice) insurance: Other description

TYPE	**LENGTH**	**FORMAT**
Character	255	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-6	Invalid Answer	8	34
-7	Skip Violation	43	210
-8	Not Applicable	507	3692
-9	Missing/Unknown	7	14
0	non-missing	6	50
TOTAL		571	4000

**QUESTION
NUMBER**
44

VARIABLE NAME
leave_12mo

DESCRIPTION
Planning to leave principal APN position in the next 12 months

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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

	VARIABLE NAME	DESCRIPTION
45	leave_rsn_pc_no_apn	Reason for leaving practice: Desire a primary care position that does not utilize my APN training

TYPE	LENGTH	FORMAT
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	17	70
-8	Not Applicable	496	3552
-7	Skip pattern violation	14	83
2	Somewhat Important	5	48
3	Not Important	39	246
TOTAL		571	4000

	VARIABLE NAME	DESCRIPTION
45	leave_rsn_nonclinical	Reason for leaving practice: Desire a non-clinical health-related position

TYPE	LENGTH	FORMAT
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	16	49
-8	Not Applicable	496	3552
-7	Skip pattern violation	14	83
1	Very Important	1	2
2	Somewhat Important	5	48
3	Not Important	39	266
TOTAL		571	4000

	TYPE	LENGTH	FORMAT
	Numeric	8	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	8	34
2	Somewhat Important	14	103
3	Not Important	24	160
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION		
45	leave_rsn_teach	Reason for leaving practice: Want to work in nursing education		

	TYPE	LENGTH	FORMAT
	Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	17	70
-8	Not Applicable	496	3552
-7	Skip pattern violation	14	83
1	Very Important	1	2
2	Somewhat Important	9	75
3	Not Important	34	218
TOTAL		571	4000

TYPE	LENGTH	FORMAT
Numeric	8	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 Important	8	54
3	Not Important	20	152
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
45	leave_rsn_challenge	Reason for leaving practice: Work is not professionally challenging

TYPE	LENGTH	FORMAT
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	17	70
-8	Not Applicable	496	3552
-7	Skip pattern violation	14	83
1	Very Important	7	70
2	Somewhat Important	9	94
3	Not Important	28	130
TOTAL		571	4000

45   leave_rsn_wages   Reason for leaving practice: Insufficient wages given the workload and responsibilities
                                                   involved

TYPE   **LENGTH**   **FORMAT**
Numeric   8   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 Important	12	80
3	Not Important	11	99
TOTAL		571	4000

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

45   leave_rsn_family   Reason for leaving practice: Family responsibilities

TYPE   **LENGTH**   **FORMAT**
Numeric   8   Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	17	70
-8	Not Applicable	497	3555
-7	Skip pattern violation	13	81
1	Very Important	5	66
2	Somewhat Important	7	51
3	Not Important	32	176
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
45	leave_rsn_health	Reason for leaving practice: health does not allow me to continue working as an APN

TYPE	LENGTH	FORMAT
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	16	69
-8	Not Applicable	496	3552
-7	Skip pattern violation	14	83
1	Very Important	4	26
3	Not Important	41	269
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
45	leave_rsn_retire	Reason for leaving practice: Plan to retire from the active workforce

TYPE	LENGTH	FORMAT
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	17	89
-8	Not Applicable	493	3528
-7	Skip pattern violation	17	108
1	Very Important	4	45
2	Somewhat Important	1	21
3	Not Important	39	209
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
45	leave_rsn_other	Reason for leaving practice: Other

TYPE	LENGTH	FORMAT
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	43	290
-8	Not Applicable	501	3562
-7	Skip pattern violation	9	73
1	Very Important	12	43
3	Not Important	6	32
TOTAL		571	4000

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
45	leave_rsn_other_desc	Reason for leaving practice: Other description

TYPE	LENGTH	FORMAT
Character	255	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-7	Skip Violation	11	78
-8	Not Applicable	499	3558
-9	Missing/Unknown	41	249
0	non-missing	20	115
TOTAL		571	4000

VARIABLE NAME	DESCRIPTION
interest_faculty	Interested in becoming a faculty member in a nursing education program

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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
47

VARIABLE NAME	DESCRIPTION
interest_cna	Programs interested in teaching: CNA

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

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

VARIABLE NAME
interest_lpn

DESCRIPTION
Programs interested in teaching: LPN

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Nominal

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

QUESTION NUMBER
47

VARIABLE NAME
interest_adn

DESCRIPTION
Programs interested in teaching: ADN

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Nominal

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

VARIABLE NAME
interest_bsn

DESCRIPTION
Programs interested in teaching: BSN

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Nominal

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

**QUESTION
NUMBER**
47

VARIABLE NAME
interest_msn

DESCRIPTION
Programs interested in teaching: MSN

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Nominal

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

QUESTION NUMBER 47

VARIABLE NAME interest_dnp

DESCRIPTION Programs interested in teaching: DNP

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Nominal

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

QUESTION NUMBER 47

VARIABLE NAME interest_other

DESCRIPTION Programs interested in teaching: Other

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Nominal

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

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

47   interest_other_desc   Programs interested in teaching: Other description

TYPE	**LENGTH**	**FORMAT**
Character	255	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-7	Skip Violation	4	27
-8	Not Applicable	550	3883
0	non-missing	17	90
TOTAL		571	4000

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

N/A   comments   0

TYPE	**LENGTH**	**FORMAT**
Character	789	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	402	2809
0	non-missing	169	1191
TOTAL		571	4000

Created Variables

QUESTION NUMBER | **VARIABLE NAME** | **DESCRIPTION**
CREATED VARIABLE | principal_city_from_zip | City: principal APN position address (derived from ZIP code)

TYPE | **LENGTH** | **FORMAT**
Character | 28 | Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	156	1051
0	non-missing	415	2949
TOTAL		571	4000

QUESTION NUMBER | **VARIABLE NAME** | **DESCRIPTION**
CREATED VARIABLE | principal_state_from_zip | State: principal APN position address (derived from ZIP code)

TYPE | **LENGTH** | **FORMAT**
Character | 2 | Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	156	1051
Colorado	Colorado	415	2949
TOTAL		571	4000

QUESTION NUMBER	**VARIABLE NAME**	**DESCRIPTION**
CREATED VARIABLE	principal_county_from_zip	County: principal APN position address (derived from ZIP code)

TYPE	**LENGTH**	**FORMAT**
Character	43	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	156	1051
0	non-missing	415	2949
TOTAL		571	4000

QUESTION NUMBER	**VARIABLE NAME**	**DESCRIPTION**
CREATED VARIABLE	principal_fips_from_zip	FIPS code: principal APN position address (derived from ZIP code)

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	156	1051
>0	>0	415	2949
TOTAL		571	4000

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-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

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

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	156	1051
>0	>0	415	2949
TOTAL		571	4000

QUESTION NUMBER

CREATED VARIABLE

VARIABLE NAME
secondary_city_from_zip

DESCRIPTION
City: secondary APN position address (derived from ZIP code)

TYPE	**LENGTH**	**FORMAT**
Character	28	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	500	3561
0	non-missing	71	439
TOTAL		571	4000

QUESTION NUMBER

CREATED VARIABLE

VARIABLE NAME
secondary_state_from_zip

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

TYPE	**LENGTH**	**FORMAT**
Character	2	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	500	3561
Colorado	Colorado	71	439
TOTAL		571	4000

QUESTION NUMBER

QUESTION NUMBER	**VARIABLE NAME**	**DESCRIPTION**
CREATED VARIABLE	secondary_county_from_zip	County: secondary APN position address (derived from ZIP code)

TYPE	**LENGTH**	**FORMAT**
Character	43	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	500	3561
0	non-missing	71	439
TOTAL		571	4000

QUESTION NUMBER	**VARIABLE NAME**	**DESCRIPTION**
CREATED VARIABLE	secondary_fips_from_zip	FIPS code: secondary APN position address (derived from ZIP code)

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	500	3561
>0	>0	71	439
TOTAL		571	4000

QUESTION NUMBER CREATED VARIABLE

VARIABLE NAME secondary_urban_from_zip

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

TYPE Numeric

LENGTH 8

FORMAT Continuous

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

QUESTION NUMBER CREATED VARIABLE

VARIABLE NAME secondary_ruca2_from_zip

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

TYPE Numeric

LENGTH 8

FORMAT Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	500	3561
>0	>0	71	439
TOTAL		571	4000

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

CREATED
VARIABLE   total_hours   Hours worked during typical work week for all APN and RN positions; calculated

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	9	36
-8	Not Applicable	90	602
-7	Skip pattern violation	40	283
>0	>0	432	3079
TOTAL		571	4000

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

CREATED
VARIABLE   age   Age (years) as of 2010

TYPE	LENGTH	FORMAT
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	11	78
>0	>0	560	3922
TOTAL		571	4000

QUESTION NUMBER

QUESTION NUMBER	**VARIABLE NAME**	**DESCRIPTION**
CREATED VARIABLE	grad_age	Num of yrs from birth to graduation

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	20	191
>0	>0	551	3809
TOTAL		571	4000

QUESTION NUMBER	**VARIABLE NAME**	**DESCRIPTION**
CREATED VARIABLE	grad_numyrs	Num of yrs from graduation to survey

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	13	120
0	0	8	53
>0	>0	550	3827
TOTAL		571	4000

QUESTION NUMBER CREATED VARIABLE

VARIABLE NAME rx_authority

DESCRIPTION Prescriptive authority

TYPE Numeric

LENGTH 8

FORMAT Nominal

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

QUESTION NUMBER CREATED VARIABLE

VARIABLE NAME rx_authority_yr

DESCRIPTION Prescriptive authority (year)

TYPE Numeric

LENGTH 8

FORMAT Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	256	1659
>0	>0	315	2341
TOTAL		571	4000

QUESTION NUMBER	**VARIABLE NAME**	**DESCRIPTION**
CREATED VARIABLE	total_prac_mo	Total months worked in position requiring APN training

TYPE	**LENGTH**	**FORMAT**
Numeric	8	Continuous

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing/Unknown	16	49
0	0	18	110
>0	>0	537	3841
TOTAL		571	4000

<div align="center">

APPENDIX A
BUSINESS RULES FOR DATA CLEANING

</div>

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.

<u>General Rules</u>:
1. <u>Terminology</u>- 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. <u>Case exclusions</u>- 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. <u>Calculated variables</u>- 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. <u>Contradictory answers within an item</u>- 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. <u>For items with a series of yes/no questions</u>- 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.

<u>Skip Patterns</u>:
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.

<u>Question-Specific Rules:</u>

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 <u>not</u> 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

STRATA	NUMBER RESPONDING	ELIGIBLE[2]	POPULATION	RESPONSE RATE
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%

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[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.

Colorado Health Institute
303 E. 17th Avenue, Suite 930
Denver, CO 80203
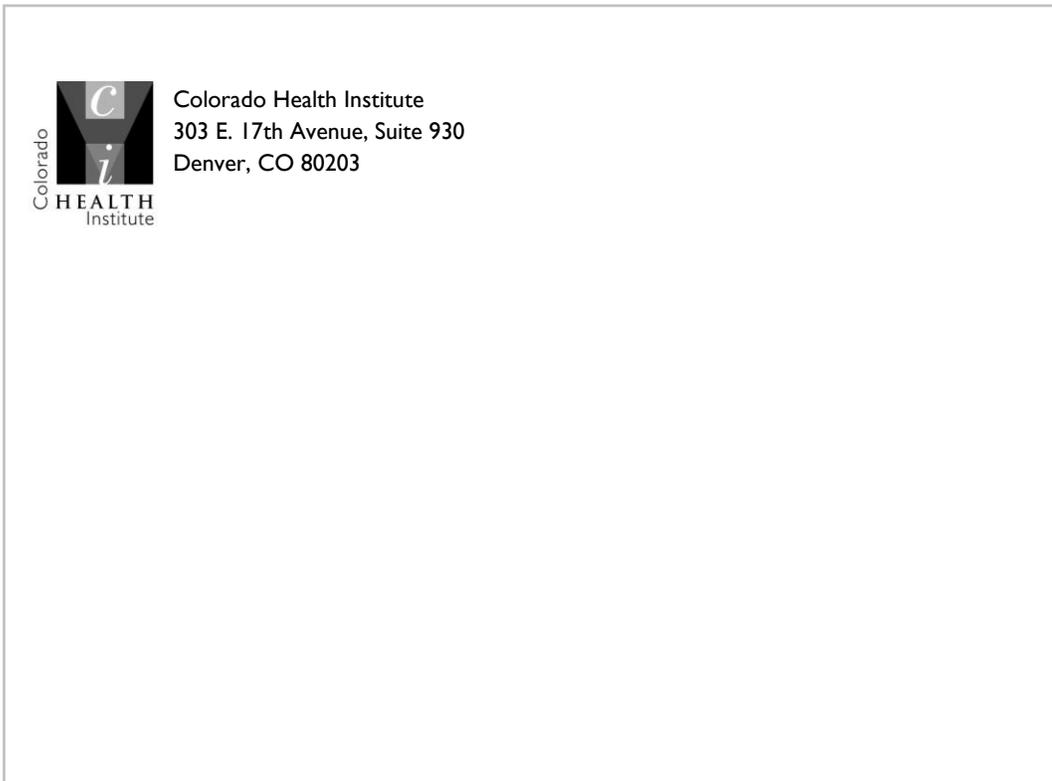
Within a week the Colorado Health Institute will be mailing you a request to fill out a questionnaire for advanced practice nurses licensed in Colorado, as part of an important research project on behalf of The Colorado Trust.

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,

Pamela Hanes, PhD
President and CEO

November 5, 2010   Survey # xxxx

xxxxx
xxxxxxxxxx
xxxxxxxxxxxxxx

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 **<u>extremely important</u>**. 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,

Pamela Hanes, PhD

President and CEO

Who are the Colorado <u>policymakers</u> 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 <u>dwyerm@coloradohealthinstitute.org</u>.

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,

Pamela Hanes, PhD
President and CEO

November 30, 2010   Survey # xxxx

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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,

Michele Lueck

Michele Lueck

President and CEO

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?
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