2007 Colorado Licensed Practical Nurse Workforce Survey

....

Codebook and Variable Frequencies Report – Research File

....

Informing Policy. Advancing Health.

TABLE OF CONTENTS

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 will 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 is being developed to enable visitors to the CHI Web site to download health professions data and customize reports by profession and geographic location.

2007 COLORADO LPN WORKFORCE SURVEY

Methods

The survey was administered in three waves by mail beginning on November 24, 2007. The first wave was a cover letter, survey questionnaire and business reply envelope sent to the 2,500 randomly selected licensed practical nurses (LPNs). 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 LPN's home or practice location.

On December 3, 2007, a postcard was mailed either reminding the LPNs to fill out the survey or thanking them if they already sent it back. The third mailing, sent on December 17, 2007, consisted of a cover letter, a second questionnaire and a business reply envelope [See Appendix C for cover letters and postcard].

Response rate

CHI received survey responses from 1,002 LPNs, or 42 percent of those who were mailed a survey form. The following table shows the final survey disposition of surveys by response category.

Final Disposition	Number
Surveys mailed out	2,500
Unable to forward/non-responses	107
Eligible sample	2,393
Total returned completed questionnaires	1,002
Return Rate	41.9%

Data from the paper questionnaires returned to CHI were entered into an electronic database (N=958). In addition, 44 forms were electronically submitted to CHI via an online option on the internet. With the paper forms, CHI randomly selected 50 (5%) questionnaires for data entry validation. 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 2007 DORA database of LPNs with an active Colorado license and a contact address in Colorado (n=9,719).

The sampling design followed a disproportionate stratified random sampling scheme and included 2,500 LPNs randomly selected from ten strata. The ten sample strata were based on combinations of gender and urban/rural

classifications created from the 2005 Rural Urban Commuting Area (RUCA) codes[1]. Rural males were the smallest subpopulation (N=182), requiring oversampling to ensure enough respondents for statistical tests. Urban females were the largest subpopulation (N=6,837) and were further stratified into the Federal Office of Management and Budget Metropolitan Statistical Areas (MSAs)[2] [See Appendix B for sampling and response summary by strata].

Weighting up to the population

This survey was conducted to yield information about LPNs holding an active license in Colorado with a contact address in Colorado as of November 2007. A survey form was mailed to a stratified random sample of Colorado LPNs with a contact address in Colorado. The data file includes variable counts for valid respondents only (N=1,002). CHI, however, has added weights to the file to account for potential non-response bias.

Because of the Nurse Licensure Compact, however, this number may not be reflective of the Colorado LPN workforce. The Nurse Licensure Compact became effective in Colorado on October 1, 2007, establishing a relationship between participating states in the area of LPN licensure, discipline, and information sharing. The Compact allows a nurse to hold a license in one compact state and practice in all 22 compact states. There is currently not a mechanism in place to collect data on where nurses holding compact licenses work at any given point in time and how many nurses may be working in Colorado via a compact license from another participating state.

Gender and the urban/rural classification were used to calculate the survey weight variable, which takes into account the probability of responding to the survey and non-response bias. The weight variable must be applied to all descriptive and inferential statistics calculated from the LPN survey data in order to correctly apportion the sample population to overall LPN population in Colorado [See Appendix B for weighting procedures].

RESEARCH DATA FILE

This codebook specifies the variables contained in the 2007 CHI Colorado Licensed Practical Nurse Survey research file. The file contains 1,002 records, one for each respondent, and includes a weight variable. The research file contains 152 variables. [See the list of variables on p.13-17].

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 2007 Licensed Practical Nurse 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 Christine Demont-Heinrich at 720.382.7093, or by e-mail at demont-heinrichc@coloradohealthinstitute.org.

---

[1] Rural-urban commuting area (RUCA) codes are a sub-county measure of urban/rural status based on 2000 Census data and 2004 ZIP Codes; they are more specific than county-based definitions of rural and therefore more accurately classify intra-county rural and urban areas. For more information on RUCA codes, refer to http://depts.washington.edu/uwruca/index.html.

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

Codebook structure
The codebook lists variable labels in the order in which they appear on the questionnaire. Each variable includes a name, description and any appropriate technical notes. The last 15 variables in the codebook were created from survey questions and re-coded to protect the confidentiality of survey respondents.

For each variable, an unweighted and weighted frequency is provided. The unweighted sum for each variable totals 1,002, that is, the number of survey respondents. The weighted sum is 9,719, the number of actively licensed practical nurses living or practicing in Colorado [Because of rounding, totals in the weighted frequency tables do not always equal 9,719].

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

THE FIRST SET OF QUESTIONS IS ABOUT YOUR LPN TRAINING PROGRAM

1. What is the name of the school where you received your LPN diploma?
    _____

(a) In what state was the training program located? _____

(b) How many months were you enrolled in the program? __ __ __

(c) In what year did you complete your LPN training? __ __ __ __

(d) In what year did you first become licensed to practice as an LPN in Colorado? __ __ __ __

(e) Where was your classroom instruction held? [MARK ONLY ONE BOX]
    ⇡   Traditional campus
    ⇡   Hospital-based nursing program
    ⇡   On-site program at place of employment other than hospital
    ⇡   Other (Please specify) _____

2. Please rate the CLASSROOM INSTRUCTION of the LPN training program in which you were enrolled in
    the following areas using a scale of 1-5 with 1 representing *Inadequate* and 5 representing *Most Adequate.*

	Inadequate				Most Adequate
(a) Caring for the elderly	1	2	3	4	5
(b) Caring for persons with dementia and other mental impairments	1	2	3	4	5
(c) Caring for persons with physical disabilities	1	2	3	4	5
(d) Caring for persons with behavioral health problems	1	2	3	4	5
(e) Administering medications/treatments	1	2	3	4	5
(f) Providing patient care fundamentals such as bathing, personal care, transferring, catheter care, etc	1	2	3	4	5
(g) Decision-making within the LPN scope of practice	1	2	3	4	5
(h) Developing leadership/management skills	1	2	3	4	5
(i) Using problem-solving skills	1	2	3	4	5
(j) Understanding the LPN role on the care team	1	2	3	4	5

3. Where did you receive *most* of your <u>CLINICAL TRAINING</u> while in your LPN training program? [MARK ONLY ONE]
   - ⇡ Urban Hospital
   - ⇡ Rural Hospital
   - ⇡ Urban Nursing Home
   - ⇡ Rural Nursing Home
   - ⇡ Other (Please specify) _____

4. Did you have any health care experience prior to completing your LPN training?
   - ⇡ Yes → **Go to Question 4a**
   - ⇡ No → **Go to Question 5**

4a. If yes, what type of position did you hold? [MARK ALL THAT APPLY]
   - ⇡ Certified Nurse Aide
   - ⇡ Medical Assistant
   - ⇡ Unit secretary or other medical clerical position
   - ⇡ Other (Please specify) _____

5. Please rate the <u>CLINICAL INSTRUCTION</u> you received in your LPN training program in the following areas using a scale of 1-5 with 1 representing *Inadequate* and 5 representing *Most Adequate* [THIS QUESTION IS SPECIFIC TO CLINICAL INSTRUCTION AS OPPOSED TO CLASSROOM, Q2]

	Inadequate				Most Adequate
(a) Caring for the elderly	1	2	3	4	5
(b) Caring for persons with dementia and other mental impairments	1	2	3	4	5
(c) Caring for persons with physical disabilities	1	2	3	4	5
(d) Caring for persons with behavioral health problems	1	2	3	4	5
(e) Administering medications/treatments	1	2	3	4	5
(f) Providing patient care fundamentals such as bathing, personal care, transferring, catheter care, etc	1	2	3	4	5
(g) Decision-making within the LPN scope of practice	1	2	3	4	5
(h) Developing leadership/management skills	1	2	3	4	5
(i) Using problem-solving skills	1	2	3	4	5
(j) Understanding the LPN role on the care team	1	2	3	4	5

6. Did you receive instruction in the LPN scope of practice, including the legal and professional issues that are specific to LPN roles?
   - ⇡ Yes
   - ⇡ No
   - ⇡ Don't know/don't remember

7. In what type of facility/clinic/organization did you work <u>when you were first employed after completing your LPN training program?</u> [MARK ONLY ONE]

⇡ Nursing home
⇡ Hospital
⇡ Rehabilitation facility
⇡ Home health agency
⇡ Behavioral health facility   → **Go to Question 7a**
⇡ Public health/Community health
⇡ Clinic or physician office
⇡ School-based health center
⇡ Other (Please specify) _____
⇡ I did not go to work as an LPN after completing the training program → **Go to Question 9**
⇡ I have never worked as an LPN → **Go to Question 9**

7a. Was the facility/clinic/organization <u>you first worked at upon completion of your LPN training</u> located in a rural or urban area?

⇡ Urban
⇡ Rural

8. In the first LPN position you held after completing your training, how prepared were you to assume your assigned responsibilities? On a scale of 1-5, with 1 representing **Not Prepared** and 5 representing **Fully Prepared**, please rate your preparation for practice as an LPN. [CIRCLE ONE NUMBER]

Not Prepared				Fully Prepared
1	2	3	4	5

THE NEXT SET OF QUESTIONS IS ABOUT CONTINUING EDUCATION OPPORTUNITIES

9. If offered, would you be interested in additional on-the-job training that would result in a certificate of program completion in any of the following specialized clinical areas? [MARK ALL THAT APPLY]

	Yes	No
(a) Geriatrics	⇡	⇡
(b) Alzheimer's disease and/or other types of mental disorders	⇡	⇡
(c) Spinal cord injuries	⇡	⇡
(d) Developmental disabilities and other cognitive disorders	⇡	⇡
(e) Pediatric long-term care	⇡	⇡
(f) Wound care	⇡	⇡
(g) Other (Please specify) _____	⇡	⇡

10. Are you currently enrolled in an RN Program?
⇡ Yes → **Go to Question 14**
⇡ No

11. Do you currently have any plans to pursue an RN education?
⇡ Yes
⇡ No

12. Are you currently enrolled in any educational or certification program?
- ⛆   Yes, Type of program _____ → **Go to Question 14**
- ⛆   No

13. There are many reasons why people choose not to continue their professional education. Please rate the importance of the following factors in your decision NOT to pursue additional education/training at this time. Rate the importance of these factors on a scale of 1-5 with 1 representing **Not Important** and 5 representing **Very Important**.

	Not Important				Very Important
(a) I am satisfied with my current work and do not need additional education or training	1	2	3	4	5
(b) I cannot afford the cost of pursuing more education	1	2	3	4	5
(c) I have other time commitments that take priority	1	2	3	4	5
(d) There is no training program close to where I live	1	2	3	4	5
(e) Other (Please specify) _____	1	2	3	4	5

THE NEXT SET OF QUESTIONS RELATES TO YOUR EMPLOYMENT SINCE COMPLETING YOUR LPN TRAINING PROGRAM

14. As of July 2007, are you currently employed as an LPN in a <u>clinical position in Colorado</u>?
- ⛆   Yes → **Go to Question 17**
- ⛆   No → **Answer Question 15 and Question 16**

15. If you are not currently employed as an LPN in a <u>clinical position in Colorado</u>, which of the following best describes the primary reason? [MARK ONLY ONE]
- ⛆   I do not currently live in Colorado
- ⛆   I am voluntarily unemployed because of family responsibilities
- ⛆   I am voluntarily unemployed because I am pursuing other career goals
- ⛆   I am voluntarily unemployed and not actively looking for any position
- ⛆   I am working in an administrative or other health care-related non-clinical position using my LPN license
- ⛆   I am unemployed and actively looking for a clinical LPN position
- ⛆   I am unemployed but looking for work in a field other than as an LPN
- ⛆   Other (Please specify) _____

16. Listed below are factors that may have contributed to your decision not to work as an LPN <u>in a clinical role</u> in Colorado. On a scale of 1-5, with 1 representing **Not Important** and 5 representing **Very Important,** rate the relative importance of each of these factors**.**

	Not Important				Very Important
(a) Workplace safety issues	1	2	3	4	5
(b) Too much stress on the job	1	2	3	4	5
(c) The hours are too long	1	2	3	4	5
(d) The hours are inconvenient	1	2	3	4	5
(e) The wages are insufficient given the workload and responsibility	1	2	3	4	5
(f) Insufficient benefits (e.g., sick leave, health insurance)	1	2	3	4	5
(g) I do not feel respected in the work I do as an LPN	1	2	3	4	5
(h) I do not feel the work is professionally challenging	1	2	3	4	5
(i) I am pursuing more education	1	2	3	4	5
(j) My health does not allow me to work	1	2	3	4	5
(k) I have family responsibilities that interfere with my ability to work as an LPN	1	2	3	4	5
(l) I have retired from the active workforce	1	2	3	4	5
(m) No LPN positions available	1	2	3	4	5
(n) Other (Please specify) _____	1	2	3	4	5

→ **After completing this question, please go to Question 29** →

THE TERM **PRIMARY EMPLOYER** IN THE FOLLOWING QUESTIONS REFERS TO THE WORKSITE WHERE YOU SPEND THE MAJORITY OF YOUR TIME. IF YOU SPLIT YOUR TIME EQUALLY BETWEEN WORKSITES, THEN REFER TO YOUR PRIMARY EMPLOYER AS THE ONE YOU CONSIDER THE MOST IMPORTANT IN YOUR CAREER.

17. As of July 2007, were you employed as an LPN by more than one employer in Colorado?
    ○ Yes
    ○ No → **Go to Question 18**

    IF YES, please rate the level of importance of each factor in your decision to have more than one job. Rate on a scale of 1-5, with 1 representing **Not Important** and 5 representing **Very Important**.

	Not Important				Very Important
(a) I don't earn enough at my primary place of employment	1	2	3	4	5
(b) I don't have enough hours of work at my primary place of employment	1	2	3	4	5
(c) I don't get health insurance at my primary place of employment	1	2	3	4	5
(d) I want more challenges at work	1	2	3	4	5

18. What type of facility or organization is your current <u>primary employer</u>? [MARK ONLY ONE]
    - ⇡ Nursing home
    - ⇡ Hospital
    - ⇡ Rehabilitation facility
    - ⇡ Home health agency
    - ⇡ Behavioral health facility
    - ⇡ Public health/Community health
    - ⇡ Clinic or physician office
    - ⇡ School-based health center
    - ⇡ Other (Please specify) _____

18a. Is your primary employer located in a rural or urban area?
    - ⇡ Urban
    - ⇡ Rural

19. What is the ZIP Code of your <u>primary place of employment</u>? __ __ __ __ __

20. On average, how many <u>hours per week</u> do you work at your <u>primary place of employment</u>? [PLEASE ROUND TO THE NEAREST HOUR] __ __ hours

21. The hourly wage I receive at my primary place of employment is:
    - ⇡ Less than $10.00/hour
    - ⇡ Between $10.01-$15.00/hour
    - ⇡ Between $15.01-$20.00/hour
    - ⇡ Between $20.01-$25.00/hour
    - ⇡ More than $25.00/hour

22. Do you have health insurance coverage through your <u>primary place of employment</u>?
    - ⇡ Yes → **Go to Question 25**
    - ⇡ No

23. If you <u>do not have health insurance</u> coverage through your <u>primary place of employment</u>, were you offered coverage but declined it?
    - ⇡ Yes
    - ⇡ No → **Go to Question 25**

24. How important were the following reasons in your decision to decline the health insurance coverage your employer offered? On a scale of 1-5, with 1 representing *Not Important* and 5 representing *Very Important*, rate the reasons listed.

	Not Important				Very Important
(a) I have health insurance coverage from my spouse or other family member	1	2	3	4	5
(b) The coverage offered was too expensive	1	2	3	4	5
(c) I do not need health insurance at this time	1	2	3	4	5
(d) Having health insurance coverage is not a high priority for me	1	2	3	4	5
(e) The coverage that was offered did not meet my health care needs	1	2	3	4	5
(f) Other (Please specify) _____	1	2	3	4	5

25. Are you planning to leave your primary place of employment in the next twelve months?
   ⇧ Yes
   ⇧ No → **Go to Question 27**

26. There are many factors that influence a decision to leave a job. Listed below are some of these factors.
    Please rate the level of importance to you of each. On a scale of 1-5 with 1 representing **Not Important**
    and 5 representing **Very Important**, please rate the factor.

	Not Important				Very Important
(a) Workplace safety issues	1	2	3	4	5
(b) Too much stress on the job	1	2	3	4	5
(c) The hours are too long	1	2	3	4	5
(d) The hours are inconvenient	1	2	3	4	5
(e) The wages are insufficient given the workload and responsibility	1	2	3	4	5
(f) Insufficient benefits (e.g., sick leave, health insurance)	1	2	3	4	5
(g) I do not feel respected in the work I do as an LPN	1	2	3	4	5
(h) I do not feel the work is professionally challenging	1	2	3	4	5
(i) I am pursuing more education	1	2	3	4	5
(j) My health does not allow me to work	1	2	3	4	5
(k) I have family responsibilities that interfere with my ability to work as an LPN	1	2	3	4	5
(l) I am retiring from the active workforce	1	2	3	4	5
(m) Other (Please specify) _____	1	2	3	4	5

27. Have you received any of the following work incentives since becoming an LPN at a job where you provided
    <u>clinical care</u>?

	Received?	
(a) Student loan forgiveness	⇧ Y	⇧ N
(b) A flexible schedule	⇧ Y	⇧ N
(c) Signing bonus	⇧ Y	⇧ N
(d) Tuition reimbursement	⇧ Y	⇧ N

28. Please rate the level of importance to you of each of the following work incentives.
    Rate on a scale of 1-5 with 1 representing **Not Important** and 5 representing **Very Important**.

	Not Important				Very Important
(a) Student loan forgiveness	1	2	3	4	5
(b) A flexible schedule	1	2	3	4	5
(c) Signing bonus	1	2	3	4	5
(d) Tuition reimbursement	1	2	3	4	5

29. Did you grow up in Colorado (or spend most of your childhood here)?
   - ⇡ Yes → **Go to Question 30**
   - ⇡ No

29a. If NO, in what state or foreign country did you grow up (or spend most of your childhood)?

_____

30. How would you describe the community in which you grew up (or spent most of your childhood)?
   - ⇡ Urban
   - ⇡ Rural

31. In what year were you born? __ __ __ __

32. What is your gender?
   - ⇡ Female
   - ⇡ Male

33. How would you describe your racial/ethnic identification? [MARK ONLY ONE]
   - ⇡ American Indian/Alaskan Native
   - ⇡ Asian/Pacific Islander
   - ⇡ Black, not of Hispanic origin
   - ⇡ Hispanic
   - ⇡ White, not of Hispanic origin
   - ⇡ Multi-racial/multi-ethnic

34. Are you fluent in a language other than English?
   - ⇡ Yes
   - ⇡ No → **Go to Question 35**

34a. If YES, what language(s)? (Please specify) _____
34b. If YES, do you use this language to communicate with the patients/clients you serve?
   - ⇡ Yes
   - ⇡ No

35. What is the ZIP Code of your home address? __ __ __ __ __

The time you have taken to complete this survey is appreciated. The survey responses will be used to help policymakers better understand your profession.

THANK YOU!

LISTING OF VARIABLES

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
1	GRAD_SCHOOL	Name of school/earned LPN diploma
1a	GRAD_STATE	State earned LPN diploma
1b	TRAIN_MONTHS	Number of months enrolled in LPN program
1c	GRAD_YR	Year graduated with LPN diploma
1d	LIC_YR	Year first licensed as LPN in CO
1e	CLASS_INST_VENUE	Venue where classroom instruction was held
1e	CLASS_INST_VENUE_OTHDESC	Venue where classroom instruction was held: Other description
2a	CLASS_INST_ADEQ_ELDERLY	Adequacy of training: caring for the elderly
2b	CLASS_INST_ADEQ_DEMENTIA	Adequacy of training: caring for persons with dementia and other mental impairments
2c	CLASS_INST_ADEQ_PHYS_DIS	Adequacy of training: caring for persons with physical disabilities
2d	CLASS_INST_ADEQ_BEHAVIOR	Adequacy of training: caring for persons with behavioral health problems
2e	CLASS_INST_ADEQ_MEDS	Adequacy of training: administering medications/treatments
2f	CLASS_INST_ADEQ_FUNDS	Adequacy of training: providing patient care fundamentals such as bathing, personal care, transferring, catheter care, etc
2g	CLASS_INST_ADEQ_DECISION	Adequacy of training: decision-making within the LPN scope of practice
2h	CLASS_INST_ADEQ_LEADER	Adequacy of training: developing leadership/management skills
2i	CLASS_INST_ADEQ_PROBLEM	Adequacy of training: using problem-solving skills
2j	CLASS_INST_ADEQ_ROLE	Adequacy of training: understanding the LPN role on the care team
3	CLIN_INST_VENUE	Venue for LPN clinical training
3	CLIN_INST_VENUE_OTHDESC	Venue for LPN clinical training: Other description
4	PRIOR_EXP	Prior experience in health care
4a	PRIOR_EXP_CNA	Prior experience as certified nurse aide
4a	PRIOR_EXP_MA	Prior experience as medical assistant
4a	PRIOR_EXP_CLERICAL	Prior experience as unit secretary/medical clerk
4a	PRIOR_EXP_OTHER	Prior experience as other
4a	PRIOR_EXP_OTHDESC	Prior experience as other description
5a	CLIN_INST_ADEQ_ELDERLY	Adequacy of clinical instruction: caring for the elderly
5b	CLIN_INST_ADEQ_DEMENTIA	Adequacy of clinical instruction: caring for persons with dementia and other mental impairments
5c	CLIN_INST_ADEQ_PHYS_DIS	Adequacy of clinical instruction: caring for persons with physical disabilities
5d	CLIN_INST_ADEQ_BEHAVIOR	Adequacy of clinical instruction: caring for persons with behavioral health problems
5e	CLIN_INST_ADEQ_MEDS	Adequacy of clinical instruction: administering medications/treatments
5f	CLIN_INST_ADEQ_FUNDS	Adequacy of clinical instruction: providing patient care fundamentals such as bathing, personal care, transferring, catheter care, etc
5g	CLIN_INST_ADEQ_DECISION	Adequacy of clinical instruction: decision-making within the LPN scope of practice
5h	CLIN_INST_ADEQ_LEADER	Adequacy of clinical instruction: developing leadership/management skills

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
5i	CLIN_INST_ADEQ_PROBLEM	Adequacy of clinical instruction: using problem-solving skills
5j	CLIN_INST_ADEQ_ROLE	Adequacy of clinical instruction: understanding the LPN role on the care team
6	TRAIN_SCOPE	Received instruction in LPN scope of practice
7	FIRST_FACIL_TYPE	Type of facility: first employer
7	FIRST_FACIL_TYPE_OTHDESC	Type of facility: first employer (other description)
7a	FIRST_FACIL_URBAN_RURAL	Facility, first employer: Urban or Rural
8	PREPARED	Rate preparedness for first LPN position
9a	ADDL_TRAIN_GERIATRICS	Interest/additional training: geriatrics
9b	ADDL_TRAIN_ALZHEIMERS	Interest/additional training: Alzheimer's, etc.
9c	ADDL_TRAIN_SPINAL	Interest/additional training: spinal injuries
9d	ADDL_TRAIN_COGNITIVE	Interest/additional training: dev dab/cog disorders
9e	ADDL_TRAIN_PEDIATRIC	Interest/additional training: pads long-term care
9f	ADDL_TRAIN_WOUNDCARE	Interest/additional training: wound care
9g	ADDL_TRAIN_OTHER	Interest/additional training: other
9g	ADDL_TRAIN_OTHDESC	Interest/additional training: other description
10	RN_PGM_CURRENT	Currently enrolled in an RN Program
11	RN_PGM_PLANS	Plans to pursue an RN education
12	ADDL_TRAIN_CURRENT	Currently enrolled in educational or certification program
12	ADDL_TRAIN_CURRENT_OTHDESC	Type of educational or certification program (specification)
13a	RSN_NOEDUC_SATISFIED	Reason not continuing education: satisfied
13b	RSN_NOEDUC_NOTAFFORD	Reason not continuing education: can't afford
13c	RSN_NOEDUC_TIME	Reason not continuing education: other time commitments
13d	RSN_NOEDUC_NOCLOSE	Reason not continuing education: no program close
13e	RSN_NOEDUC_OTHER	Reason not continuing education: other
13e	RSN_NOEDUC_OTHDESC	Reason not continuing education: other description
14	WORK_CURRENT	As of 7/2007, employed as LPN in CO
15	EMPL_STATUS	Reason not employed as LPN in CO
15	EMPL_STATUS_OTHDESC	Reason not employed as LPN in CO: other description
16a	RSN_NOTWRK_SAFETY	Reason not LPN: workplace safety
16b	RSN_NOTWRK_STRESS	Reason not LPN: too stressful
16c	RSN_NOTWRK_LONGHOURS	Reason not LPN: hours too long
16d	RSN_NOTWRK_INCONVEN	Reason not LPN: inconvenient hours
16e	RSN_NOTWRK_WAGES	Reason not LPN: low wages
16f	RSN_NOTWRK_BENEFITS	Reason not LPN: insufficient benefits
16g	RSN_NOTWRK_RESPECT	Reason not LPN: not respected

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
16h	RSN_NOTWRK_CHALLENGE	Reason not LPN: not challenging
16i	RSN_NOTWRK_EDUC	Reason not LPN: back in school
16j	RSN_NOTWRK_HEALTH	Reason not LPN: health problems
16k	RSN_NOTWRK_FAMILY	Reason not LPN: family responsibilities
16l	RSN_NOTWRK_RETIRED	Reason not LPN: retired
16m	RSN_NOTWRK_NO_POSIT	Reason not LPN: no positions available
16n	RSN_NOTWRK_OTHER	Reason not LPN: other
16n	RSN_NOTWRK_OTHDESC	Reason not LPN: other description
17	MULTI_EMPLOYER	As of 7/2007, have more than one LPN employer in CO
17a	RSN_MULTI_EMPLOYER_EARN	Reason multiple employers: low wages
17b	RSN_MULTI_EMPLOYER_HOURS	Reason multiple employers: not enough hours
17c	RSN_MULTI_EMPLOYER_INSUR	Reason multiple employers: no health insurance
17d	RSN_MULTI_EMPLOYER_CHALLENGE	Reason multiple employers: want more challenge
18	PRIMARY_TYPE	Type of facility: current primary employer
18	PRIMARY_TYPE_OTHDESC	Type of facility: current primary employer (other description)
18a	PRIMARY_URBAN_RURAL	Type of facility: current primary employer (urban/rural)
19	PRIMARY_ZIP	ZIP Code of primary place of employment
20	HOURS	Average hours per week worked at primary place of employment
21	WAGE	Hourly wage rate at primary place of employment
22	INSURE	Has health insurance through primary place of employment
23	INSURE_DECLINE	Declined health insurance through primary place of employment
24a	RSN_DECLINE_SPOUSE	Reason declined health insurance: coverage from spouse
24b	RSN_DECLINE_EXPENSIVE	Reason declined health insurance: too expensive
24c	RSN_DECLINE_NEED	Reason declined health insurance: don't need
24d	RSN_DECLINE_PRIORITY	Reason declined health insurance: not high priority
24e	RSN_DECLINE_COVERAGE	Reason declined health insurance: coverage didn't meet needs
24f	RSN_DECLINE_OTHER	Reason declined health insurance: other
24f	RSN_DECLINE_OTHDESC	Reason declined health insurance: other description
25	LEAVE_JOB	Plan to quit within 12 months
26a	RSN_LEAVEJOB_SAFETY	Reason to quit job: workplace safety
26b	RSN_LEAVEJOB_STRESS	Reason to quit job: too much stress
26c	RSN_LEAVEJOB_LONGHOURS	Reason to quit job: hours too long
26d	RSN_LEAVEJOB_INCONVEN	Reason to quit job: inconvenient hours
26e	RSN_LEAVEJOB_WAGES	Reason to quit job: insufficient wages
26f	RSN_LEAVEJOB_BENEFITS	Reason to quit job: insufficient benefits

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
26g	RSN_LEAVEJOB_RESPECT	Reason to quit job: not respected
26h	RSN_LEAVEJOB_CHALLENGE	Reason to quit job: not challenging
26i	RSN_LEAVEJOB_EDUC	Reason to quit job: pursue more education
26j	RSN_LEAVEJOB_HEALTH	Reason to quit job: bad health
26k	RSN_LEAVEJOB_FAMILY	Reason to quit job: family responsibilities
26l	RSN_LEAVEJOB_RETIRED	Reason to quit job: retired
26m	RSN_LEAVEJOB_OTHER	Reason to quit job: other
26m	RSN_LEAVEJOB_OTHDESC	Reason to quit job: other description
27a	INCENT_RCV_LOAN	Receive incentive: student loan forgiveness
27b	INCENT_RCV_FLEXIBLE	Receive incentive: flexible schedule
27c	INCENT_RCV_BONUS	Receive incentive: Signing bonus
27d	INCENT_RCV_TUITION	Receive incentive: tuition reimbursement
28a	INCENT_IMPORT_LOAN	Incentive importance: student loan forgiveness
28b	INCENT_IMPORT_FLEXIBLE	Incentive importance: flexible schedule
28c	INCENT_IMPORT_BONUS	Incentive importance: signing bonus
28d	INCENT_IMPORT_TUITION	Incentive importance: tuition reimbursement
29	GREWUP_CO	Grew up in CO
29a	GREWUP_STATE	State, grew up
29a	GREWUP_CTRY	Country, grew up
30	GREWUP_URBAN_RURAL	Community, grew up
31	BIRTH_YR	Year of birth
32	GENDER	Gender
33	RACE_ETHNIC	Race/Ethnicity
34	LANG	Fluency, other than English
34a	LANG_1	Fluent, other than English (1)
34a	LANG_2	Fluent, other than English (2)
34a	LANG_3	Fluent, other than English (3)
34a	LANG_4	Fluent, other than English (4)
34a	LANG_5	Fluent, other than English (5)
34a	LANG_6	Fluent, other than English (6)
34b	LANG_USE	Communicate w/ patients in language other than English
35	HOME_ZIP	ZIP Code, home address
	COMMENT_FROM_PAPER_FORM	Comments, paper form
CREATED VARIABLE	GRAD_AGE	Number of years from birth to graduation
CREATED VARIABLE	GRAD_NUMYRS	Number of years from graduation to survey

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
CREATED VARIABLE	PRIMARY_URBAN_FROM_ZIP	Urban/Not-urban: primary place of employment (derived from ZIP Code)
CREATED VARIABLE	PRIMARY_CITY_FROM_ZIP	City: primary place of employment (derived from ZIP Code)
CREATED VARIABLE	PRIMARY_COUNTY_FROM_ZIP	County: primary place of employment (derived from ZIP Code)
CREATED VARIABLE	PRIMARY_STATE_FROM_ZIP	State: primary place of employment (derived from ZIP Code)
CREATED VARIABLE	PRIMARY_RUCA2_FROM_ZIP	RUCA Code: primary place of employment (derived from ZIP Code)
CREATED VARIABLE	PRIMARY_FIPS_FROM_ZIP	FIPS Code: primary place of employment (derived from ZIP Code)
CREATED VARIABLE	AGE	Age (years) as of 2007
CREATED VARIABLE	HOME_URBAN_FROM_ZIP	Urban/Not-urban: home address (derived from ZIP Code)
CREATED VARIABLE	HOME_CITY_FROM_ZIP	City: home address (derived from ZIP Code)
CREATED VARIABLE	HOME_COUNTY_FROM_ZIP	County: home address (derived from ZIP Code)
CREATED VARIABLE	HOME_STATE_FROM_ZIP	State: home address (derived from ZIP Code)
CREATED VARIABLE	HOME_RUCA2_FROM_ZIP	RUCA Code: home address (derived from ZIP Code)
CREATED VARIABLE	HOME_FIPS_FROM_ZIP	FIPS Code: home address (derived from ZIP Code)
CREATED VARIABLE	ID	Identification number

CODEBOOK AND FREQUENCIES

QUESTION NUMBER
1

VARIABLE NAME
GRAD_SCHOOL

DESCRIPTION
Name of school/earned LPN diploma

TYPE
Character

LENGTH
84

FORMAT
Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	14	128
	Non-missing	988	9591
TOTAL		1002	9719

QUESTION NUMBER
1a

VARIABLE NAME
GRAD_STATE

DESCRIPTION
State earned LPN diploma

TYPE
Character

LENGTH
2

FORMAT
Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	8	71
-8	Not applicable	2	41
	Non-Colorado	365	3620
CO	Colorado	627	5986
TOTAL		1002	9718

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
1b	TRAIN_MONTHS	Number of months enrolled in LPN program

TYPE	LENGTH	FORMAT
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	69	569
>0	>0	933	9150
TOTAL		1002	9719

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
1c	GRAD_YR	Year graduated with LPN diploma

TYPE	LENGTH	FORMAT
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	26	189
-8	Not applicable	3	46
>0	>0	973	9484
TOTAL		1002	9719

VARIABLE NAME
LIC_YR

DESCRIPTION
Year first licensed as LPN in CO

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	28	344
-8	Not applicable	3	46
>0	>0	971	9329
TOTAL		1002	9719

**QUESTION
NUMBER**
1e

VARIABLE NAME
CLASS_INST_VENUE

DESCRIPTION
Venue where classroom instruction was held

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	7	58
-8	Not applicable	17	228
1	Traditional Campus	684	6235
2	Hospital-based nursing program	163	1810
3	On-site program other than hospital	5	36
4	Other	126	1352
TOTAL		1002	9719

NUMBER **VARIABLE NAME** **DESCRIPTION**
1e CLASS_INST_VENUE_OTHDESC Venue where classroom instruction was held: Other description

TYPE	**LENGTH**	**FORMAT**
Character	109	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	864	8250
-8	Not applicable	13	129
	Non-missing	125	1340
TOTAL		1002	9719

QUESTION
NUMBER **VARIABLE NAME** **DESCRIPTION**
2a CLASS_INST_ADEQ_ELDERLY Adequacy of training: caring for the elderly

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	17	143
1	1 - Inadequate	16	125
2	2	52	399
3	3	234	2239
4	4	318	3052
5	5 - Most adequate	365	3761
TOTAL		1002	9719

VARIABLE NAME

DESCRIPTION

2b

CLASS_INST_ADEQ_DEMENTIA

Adequacy of training: caring for persons with dementia and other mental impairments

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	18	146
-8	Not applicable	1	17
1	1 - Inadequate	51	459
2	2	149	1219
3	3	299	2982
4	4	270	2673
5	5 - Most adequate	214	2223
TOTAL		1002	9719

**QUESTION
NUMBER**

VARIABLE NAME

DESCRIPTION

2c

CLASS_INST_ADEQ_PHYS_DIS

Adequacy of training: caring for persons with physical disabilities

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	14	130
-8	Not applicable	1	10
1	1 - Inadequate	31	315
2	2	113	1098
3	3	296	2679
4	4	320	2849
5	5 - Most adequate	227	2639
TOTAL		1002	9720

QUESTION NUMBER
2d

VARIABLE NAME
CLASS_INST_ADEQ_BEHAVIOR

DESCRIPTION
Adequacy of training: caring for persons with behavioral health problems

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	20	210
-8	Not applicable	1	3
1	1 - Inadequate	58	549
2	2	221	2018
3	3	332	3141
4	4	210	1921
5	5 - Most adequate	160	1876
TOTAL		1002	9718

QUESTION NUMBER
2e

VARIABLE NAME
CLASS_INST_ADEQ_MEDS

DESCRIPTION
Adequacy of training: administering medications/treatments

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	18	145
1	1 - Inadequate	3	13
2	2	11	130
3	3	98	1010
4	4	276	2464
5	5 - Most adequate	596	5957
TOTAL		1002	9719

QUESTION NUMBER
2f

VARIABLE NAME
CLASS_INST_ADEQ_FUNDS

DESCRIPTION
Adequacy of training: providing patient care fundamentals such as bathing, personal care, transferring, catheter care, etc

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	12	81
1	1 - Inadequate	4	25
2	2	11	111
3	3	75	705
4	4	248	2332
5	5 - Most adequate	652	6464
TOTAL		1002	9718

QUESTION NUMBER
2g

VARIABLE NAME
CLASS_INST_ADEQ_DECISION

DESCRIPTION
Adequacy of training: decision-making within the LPN scope of practice

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	14	144
-8	Not applicable	1	31
1	1 - Inadequate	8	118
2	2	53	528
3	3	160	1589
4	4	295	2607
5	5 - Most adequate	471	4703
TOTAL		1002	9720

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

2h   CLASS_INST_ADEQ_LEADER   Adequacy of training: developing leadership/management skills

TYPE   **LENGTH**   **FORMAT**

Numeric   8   Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	17	142
1	1 - Inadequate	33	283
2	2	121	1222
3	3	257	2551
4	4	284	2504
5	5 - Most adequate	290	3017
TOTAL		1002	9719

QUESTION

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

2i   CLASS_INST_ADEQ_PROBLEM   Adequacy of training: using problem-solving skills

TYPE   **LENGTH**   **FORMAT**

Numeric   8   Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	17	141
1	1 - Inadequate	12	138
2	2	48	543
3	3	216	2154
4	4	334	2911
5	5 - Most adequate	375	3832
TOTAL		1002	9719

QUESTION
NUMBER   **VARIABLE NAME**   **DESCRIPTION**
2j   CLASS_INST_ADEQ_ROLE   Adequacy of training: understanding the LPN role on the care team

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	14	116
1	1 - Inadequate	7	72
2	2	39	364
3	3	170	1689
4	4	333	2995
5	5 - Most adequate	439	4483
TOTAL		1002	9719

QUESTION
NUMBER   **VARIABLE NAME**   **DESCRIPTION**
3   CLIN_INST_VENUE   Venue for LPN clinical training

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	14	149
-8	Not applicable	92	969
1	Urban Hospital	503	4512
2	Rural Hospital	231	2208
3	Urban Nursing Home	68	850
4	Rural Nursing Home	54	548
5	Other	40	484
TOTAL		1002	9720

QUESTION NUMBER
3

VARIABLE NAME
CLIN_INST_VENUE_OTHDESC

DESCRIPTION
Venue for LPN clinical training: Other description

TYPE
Character

LENGTH
92

FORMAT
Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	952	9133
-8	Not applicable	11	107
	Non-missing	39	479
TOTAL		1002	9719

QUESTION NUMBER
4

VARIABLE NAME
PRIOR_EXP

DESCRIPTION
Prior experience in health care

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	17	168
-8	Not applicable	1	5
0	No	358	3872
1	Yes	626	5674
TOTAL		1002	9719

NUMBER | **VARIABLE NAME** | **DESCRIPTION**

QUESTION
NUMBER   VARIABLE NAME   DESCRIPTION
4a   PRIOR_EXP_CNA   Prior experience as certified nurse aide

TYPE   LENGTH   FORMAT
Numeric   8   Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	222	1991
-8	Not applicable	358	3872
1	Yes	422	3856
TOTAL		1002	9719

QUESTION
NUMBER   VARIABLE NAME   DESCRIPTION
4a   PRIOR_EXP_MA   Prior experience as medical assistant

TYPE   LENGTH   FORMAT
Numeric   8   Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	575	5226
-8	Not applicable	358	3872
1	Yes	69	621
TOTAL		1002	9719

VARIABLE NAME
PRIOR_EXP_CLERICAL

DESCRIPTION
Prior experience as unit secretary/medical clerk

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	563	5135
-8	Not applicable	358	3872
1	Yes	81	712
TOTAL		1002	9719

**QUESTION
NUMBER**
4a

VARIABLE NAME
PRIOR_EXP_OTHER

DESCRIPTION
Prior experience as other

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	433	4066
-8	Not applicable	358	3872
1	Yes	211	1781
TOTAL		1002	9719

VARIABLE NAME
PRIOR_EXP_OTHDESC

DESCRIPTION
Prior experience as other description

TYPE
Character

LENGTH
138

FORMAT
Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	433	4066
-8	Not applicable	358	3872
	Non-missing	211	1781
TOTAL		1002	9719

**QUESTION
NUMBER**
5a

VARIABLE NAME
CLIN_INST_ADEQ_ELDERLY

DESCRIPTION
Adequacy of clinical instruction: caring for the elderly

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	33	345
-8	Not applicable	2	9
1	1 - Inadequate	19	180
2	2	63	493
3	3	190	1689
4	4	318	2964
5	5 - Most adequate	377	4038
TOTAL		1002	9718

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
5b	CLIN_INST_ADEQ_DEMENTIA	Adequacy of clinical instruction: caring for persons with dementia and other mental impairments

TYPE	LENGTH	FORMAT
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	33	324
-8	Not applicable	2	7
1	1 - Inadequate	58	573
2	2	142	1265
3	3	262	2429
4	4	287	2865
5	5 - Most adequate	218	2255
TOTAL		1002	9718

QUESTION NUMBER	VARIABLE NAME	DESCRIPTION
5c	CLIN_INST_ADEQ_PHYS_DIS	Adequacy of clinical instruction: caring for persons with physical disabilities

TYPE	LENGTH	FORMAT
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	28	248
-8	Not applicable	2	15
1	1 - Inadequate	35	388
2	2	129	1215
3	3	258	2276
4	4	294	2809
5	5 - Most adequate	256	2768
TOTAL		1002	9719

QUESTION NUMBER
5d

VARIABLE NAME
CLIN_INST_ADEQ_BEHAVIOR

DESCRIPTION
Adequacy of clinical instruction: caring for persons with behavioral health problems

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	32	299
-8	Not applicable	4	45
1	1 - Inadequate	74	700
2	2	205	2019
3	3	291	2665
4	4	229	2221
5	5 - Most adequate	167	1771
TOTAL		1002	9720

QUESTION NUMBER
5e

VARIABLE NAME
CLIN_INST_ADEQ_MEDS

DESCRIPTION
Adequacy of clinical instruction: administering medications/treatments

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	27	258
-8	Not applicable	2	8
1	1 - Inadequate	5	48
2	2	12	107
3	3	96	975
4	4	246	2367
5	5 - Most adequate	614	5955
TOTAL		1002	9718

VARIABLE NAME
CLIN_INST_ADEQ_FUNDS

DESCRIPTION
Adequacy of clinical instruction: providing patient care fundamentals such as bathing, personal care, transferring, catheter care, etc

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	29	253
-8	Not applicable	3	18
1	1 - Inadequate	1	5
2	2	13	68
3	3	83	808
4	4	244	2293
5	5 - Most adequate	629	6274
TOTAL		1002	9719

QUESTION NUMBER

5g

VARIABLE NAME
CLIN_INST_ADEQ_DECISION

DESCRIPTION
Adequacy of clinical instruction: decision-making within the LPN scope of practice

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	31	314
-8	Not applicable	2	8
1	1 - Inadequate	14	187
2	2	53	523
3	3	212	2044
4	4	267	2340
5	5 - Most adequate	423	4302
TOTAL		1002	9718

NUMBER
5h

VARIABLE NAME
CLIN_INST_ADEQ_LEADER

DESCRIPTION
Adequacy of clinical instruction: developing leadership/management skills

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	32	275
-8	Not applicable	2	14
1	1 - Inadequate	30	312
2	2	129	1231
3	3	256	2520
4	4	264	2441
5	5 - Most adequate	289	2927
TOTAL		1002	9720

QUESTION
NUMBER
5i

VARIABLE NAME
CLIN_INST_ADEQ_PROBLEM

DESCRIPTION
Adequacy of clinical instruction: using problem-solving skills

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	31	278
-8	Not applicable	3	31
1	1 - Inadequate	9	106
2	2	62	719
3	3	194	1908
4	4	324	2834
5	5 - Most adequate	379	3842
TOTAL		1002	9718

NUMBER
5j

VARIABLE NAME
CLIN_INST_ADEQ_ROLE

DESCRIPTION
Adequacy of clinical instruction: understanding the LPN role on the care team

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	33	280
-8	Not applicable	1	5
1	1 - Inadequate	10	61
2	2	51	580
3	3	171	1628
4	4	300	2781
5	5 - Most adequate	436	4384
TOTAL		1002	9719

**QUESTION
NUMBER**
6

VARIABLE NAME
TRAIN_SCOPE

DESCRIPTION
Received instruction in LPN scope of practice

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	54	584
-8	Not applicable	2	9
0	No	35	315
1	Yes	780	7466
2	Don't know/don't remember	131	1344
TOTAL		1002	9718

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

7   FIRST_FACIL_TYPE   Type of facility: first employer

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	9	153
-8	Not applicable	30	320
1	Nursing home	332	3224
2	Hospital	419	3987
3	Rehabilitation facility	17	146
4	Home health agency	23	204
5	Behavioral health facility	17	168
6	Public health/Community health	6	41
7	Clinic or physician office	71	686
8	School-based health center	4	16
9	Did not work as LPN after training	15	107
10	I have never worked as an LPN	11	92
11	Other	48	574
TOTAL		1002	9718

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

7   FIRST_FACIL_TYPE_OTHDESC   Type of facility: first employer (other description)

TYPE	**LENGTH**	**FORMAT**
Character	72	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	952	9136
-8	Not applicable	2	8
	Non-missing	48	574
TOTAL		1002	9718

VARIABLE NAME
FIRST_FACIL_URBAN_RURAL

DESCRIPTION
Facility, first employer: Urban or Rural

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	18	192
-8	Not applicable	26	198
1	Urban	639	6333
2	Rural	319	2996
TOTAL		1002	9719

**QUESTION
NUMBER**
8

VARIABLE NAME
PREPARED

DESCRIPTION
Rate preparedness for first LPN position

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	13	152
-8	Not applicable	29	224
1	1 - Not prepared	10	157
2	2	44	445
3	3	211	2062
4	4	367	3423
5	5 - Fully prepared	328	3255
TOTAL		1002	9718

QUESTION NUMBER
9a

VARIABLE NAME
ADDL_TRAIN_GERIATRICS

DESCRIPTION
Interest/additional training: geriatrics

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	210	2233
0	No	329	3052
1	Yes	463	4434
TOTAL		1002	9719

QUESTION NUMBER
9b

VARIABLE NAME
ADDL_TRAIN_ALZHEIMERS

DESCRIPTION
Interest/additional training: Alzheimer's, etc.

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	203	2139
0	No	300	2952
1	Yes	499	4628
TOTAL		1002	9719

VARIABLE NAME
ADDL_TRAIN_SPINAL

DESCRIPTION
Interest/additional training: spinal injuries

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	276	2750
0	No	341	3366
1	Yes	385	3603
TOTAL		1002	9719

**QUESTION
NUMBER**
9d

VARIABLE NAME
ADDL_TRAIN_COGNITIVE

DESCRIPTION
Interest/additional training: dev dab/cog disorders

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	255	2505
-8	Not applicable	1	3
0	No	335	3383
1	Yes	411	3828
TOTAL		1002	9719

VARIABLE NAME
ADDL_TRAIN_PEDIATRIC

DESCRIPTION
Interest/additional training: pads long-term care

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	310	3157
0	No	388	3698
1	Yes	304	2864
TOTAL		1002	9719

**QUESTION
NUMBER**
9f

VARIABLE NAME
ADDL_TRAIN_WOUNDCARE

DESCRIPTION
Interest/additional training: wound care

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	150	1522
0	No	237	2373
1	Yes	615	5825
TOTAL		1002	9720

VARIABLE NAME
ADDL_TRAIN_OTHER

DESCRIPTION
Interest/additional training: other

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	650	6409
0	No	152	1593
1	Yes	200	1717
TOTAL		1002	9719

**QUESTION
NUMBER**
9g

VARIABLE NAME
ADDL_TRAIN_OTHDESC

DESCRIPTION
Interest/additional training: other description

TYPE
Character

LENGTH
206

FORMAT
Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	808	8011
-8	Not applicable	7	127
	Non-missing	187	1581
TOTAL		1002	9719

VARIABLE NAME
RN_PGM_CURRENT

DESCRIPTION
Currently enrolled in an RN Program

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	20	257
0	No	829	8145
1	Yes	153	1317
TOTAL		1002	9719

QUESTION NUMBER
11

VARIABLE NAME
RN_PGM_PLANS

DESCRIPTION
Plans to pursue an RN education

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	77	803
-8	Not applicable	156	1343
0	No	539	5207
1	Yes	230	2366
TOTAL		1002	9719

VARIABLE NAME
ADDL_TRAIN_CURRENT

DESCRIPTION
Currently enrolled in educational or certification program

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	57	679
-8	Not applicable	154	1348
0	No	747	7270
1	Yes	44	421
TOTAL		1002	9718

VARIABLE NAME
ADDL_TRAIN_CURRENT_OTHDESC

DESCRIPTION
Type of educational or certification program (specification)

TYPE	**LENGTH**	**FORMAT**
Character	133	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	806	7947
-8	Not applicable	157	1374
	Non-missing	39	399
TOTAL		1002	9720

QUESTION NUMBER
13a

VARIABLE NAME
RSN_NOEDUC_SATISFIED

DESCRIPTION
Reason not continuing education: satisfied

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	195	2135
-8	Not applicable	197	1738
1	1 - Not important	91	901
2	2	61	532
3	3	186	1806
4	4	137	1441
5	5 - Very important	135	1166
TOTAL		1002	9719

QUESTION NUMBER
13b

VARIABLE NAME
RSN_NOEDUC_NOTAFFORD

DESCRIPTION
Reason not continuing education: can't afford

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	183	1881
-8	Not applicable	200	1782
1	1 - Not important	92	888
2	2	29	246
3	3	111	1102
4	4	93	977
5	5 - Very important	294	2842
TOTAL		1002	9718

QUESTION NUMBER
13c

VARIABLE NAME
RSN_NOEDUC_TIME

DESCRIPTION
Reason not continuing education: other time commitments

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	188	1947
-8	Not applicable	197	1738
1	1 - Not important	69	672
2	2	57	526
3	3	135	1337
4	4	145	1465
5	5 - Very important	211	2033
TOTAL		1002	9718

QUESTION NUMBER
13d

VARIABLE NAME
RSN_NOEDUC_NOCLOSE

DESCRIPTION
Reason not continuing education: no program close

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	225	2273
-8	Not applicable	198	1748
1	1 - Not important	261	2493
2	2	87	830
3	3	122	1183
4	4	54	703
5	5 - Very important	55	489
TOTAL		1002	9719

NUMBER	**VARIABLE NAME**
13e	RSN_NOEDUC_OTHER

DESCRIPTION
Reason not continuing education: other

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	654	6524
-8	Not applicable	197	1738
1	1 - Not important	13	179
2	2	2	20
3	3	8	46
4	4	9	157
5	5 - Very important	119	1055
TOTAL		1002	9719

QUESTION

NUMBER	**VARIABLE NAME**
13e	RSN_NOEDUC_OTHDESC

DESCRIPTION
Reason not continuing education: other description

TYPE	**LENGTH**	**FORMAT**
Character	248	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	593	5931
-8	Not applicable	197	1738
	Non-missing	212	2050
TOTAL		1002	9719

VARIABLE NAME
WORK_CURRENT

DESCRIPTION
As of 7/2007, employed as LPN in CO

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	37	447
-8	Not applicable	4	54
0	No	297	2829
1	Yes	664	6390
TOTAL		1002	9720

QUESTION
NUMBER
15

VARIABLE NAME
EMPL_STATUS

DESCRIPTION
Reason not employed as LPN in CO

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	40	445
-8	Not applicable	671	6418
1	Do not currently live in CO	6	64
2	unemployed: family responsibilities	29	230
3	unemployed: pursuing other career	17	109
4	unemployed: & not actively looking	32	331
5	work in other position using LPN license	53	669
6	unemployed: actively looking	16	158
7	unemployed: looking for non-LPN position	6	61
8	Other	132	1232
TOTAL		1002	9717

VARIABLE NAME
EMPL_STATUS_OTHDESC

DESCRIPTION
Reason not employed as LPN in CO: other description

TYPE	**LENGTH**	**FORMAT**
Character	259	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	194	2034
-8	Not applicable	677	6460
	Non-missing	131	1225
TOTAL		1002	9719

QUESTION NUMBER
16a

VARIABLE NAME
RSN_NOTWRK_SAFETY

DESCRIPTION
Reason not LPN: workplace safety

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	108	1123
-8	Not applicable	665	6393
1	1 - Not important	73	701
2	2	36	364
3	3	35	318
4	4	30	286
5	5 - Very important	55	533
TOTAL		1002	9718

VARIABLE NAME
RSN_NOTWRK_STRESS

DESCRIPTION
Reason not LPN: too stressful

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	102	1099
-8	Not applicable	664	6390
1	1 - Not important	52	475
2	2	19	197
3	3	41	308
4	4	36	412
5	5 - Very important	88	839
TOTAL		1002	9720

QUESTION
NUMBER
16c

VARIABLE NAME
RSN_NOTWRK_LONGHOURS

DESCRIPTION
Reason not LPN: hours too long

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	100	1023
-8	Not applicable	665	6393
1	1 - Not important	69	658
2	2	34	303
3	3	45	406
4	4	32	237
5	5 - Very important	57	698
TOTAL		1002	9718

VARIABLE NAME
RSN_NOTWRK_INCONVEN

DESCRIPTION
Reason not LPN: inconvenient hours

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	110	1128
-8	Not applicable	666	6411
1	1 - Not important	68	718
2	2	35	330
3	3	48	379
4	4	29	197
5	5 - Very important	46	555
TOTAL		1002	9718

**QUESTION
NUMBER**
16e

VARIABLE NAME
RSN_NOTWRK_WAGES

DESCRIPTION
Reason not LPN: low wages

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	98	1029
-8	Not applicable	665	6393
1	1 - Not important	36	409
2	2	20	207
3	3	34	329
4	4	51	458
5	5 - Very important	98	894
TOTAL		1002	9719

NUMBER   **VARIABLE NAME**   **DESCRIPTION**
16f   RSN_NOTWRK_BENEFITS   Reason not LPN: insufficient benefits

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	106	1096
-8	Not applicable	665	6393
1	1 - Not important	57	576
2	2	23	266
3	3	45	373
4	4	40	350
5	5 - Very important	66	665
TOTAL		1002	9719

QUESTION

NUMBER   **VARIABLE NAME**   **DESCRIPTION**
16g   RSN_NOTWRK_RESPECT   Reason not LPN: not respected

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	104	1028
-8	Not applicable	665	6407
1	1 - Not important	56	510
2	2	24	184
3	3	42	351
4	4	35	434
5	5 - Very important	76	805
TOTAL		1002	9719

NUMBER   **VARIABLE NAME**   **DESCRIPTION**
16h   RSN_NOTWRK_CHALLENGE   Reason not LPN: not challenging

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	111	1097
-8	Not applicable	664	6390
1	1 - Not important	78	719
2	2	41	370
3	3	55	582
4	4	23	284
5	5 - Very important	30	278
TOTAL		1002	9720

QUESTION
NUMBER   **VARIABLE NAME**   **DESCRIPTION**
16i   RSN_NOTWRK_EDUC   Reason not LPN: back in school

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	112	1139
-8	Not applicable	664	6390
1	1 - Not important	111	1198
2	2	21	207
3	3	23	238
4	4	12	116
5	5 - Very important	59	431
TOTAL		1002	9719

VARIABLE NAME
RSN_NOTWRK_HEALTH

DESCRIPTION
Reason not LPN: health problems

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	111	1165
-8	Not applicable	665	6393
1	1 - Not important	136	1236
2	2	22	217
3	3	23	221
4	4	13	117
5	5 - Very important	32	370
TOTAL		1002	9719

QUESTION
NUMBER
16k

VARIABLE NAME
RSN_NOTWRK_FAMILY

DESCRIPTION
Reason not LPN: family responsibilities

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	106	1077
-8	Not applicable	665	6393
1	1 - Not important	131	1172
2	2	22	226
3	3	33	297
4	4	15	219
5	5 - Very important	30	335
TOTAL		1002	9719

	VARIABLE NAME	DESCRIPTION
	RSN_NOTWRK_RETIRED	Reason not LPN: retired

TYPE	LENGTH	FORMAT
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	102	1101
-8	Not applicable	664	6390
1	1 - Not important	145	1253
2	2	20	227
3	3	14	168
4	4	7	74
5	5 - Very important	50	507
TOTAL		1002	9720

	VARIABLE NAME	DESCRIPTION
	RSN_NOTWRK_NO_POSIT	Reason not LPN: no positions available

TYPE	LENGTH	FORMAT
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	117	1195
-8	Not applicable	664	6390
1	1 - Not important	140	1261
2	2	10	103
3	3	23	200
4	4	14	109
5	5 - Very important	34	461
TOTAL		1002	9719

NUMBER | **VARIABLE NAME** | **DESCRIPTION**
16n | RSN_NOTWRK_OTHER | Reason not LPN: other

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	266	2683
-8	Not applicable	665	6407
1	1 - Not important	20	98
3	3	2	34
4	4	4	27
5	5 - Very important	45	470
TOTAL		1002	9719

QUESTION
NUMBER | **VARIABLE NAME** | **DESCRIPTION**
16n | RSN_NOTWRK_OTHDESC | Reason not LPN: other description

| | **TYPE** | **LENGTH** | **FORMAT** |
| | Character | 173 | Text |

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	266	2575
-8	Not applicable	664	6390
	Non-missing	72	754
TOTAL		1002	9719

VARIABLE NAME
MULTI_EMPLOYER

DESCRIPTION
As of 7/2007, have more than one LPN employer in CO

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	20	206
-8	Not applicable	298	2833
0	No	563	5655
1	Yes	121	1025
TOTAL		1002	9719

QUESTION
NUMBER
17a

VARIABLE NAME
RSN_MULTI_EMPLOYER_EARN

DESCRIPTION
Reason multiple employers: low wages

TYPE	LENGTH	FORMAT
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	31	285
-8	Not applicable	860	8484
1	1 - Not important	14	139
2	2	7	46
3	3	14	149
4	4	20	176
5	5 - Very important	56	439
TOTAL		1002	9718

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

17b   RSN_MULTI_EMPLOYER_HOURS   Reason multiple employers: not enough hours

TYPE   **LENGTH**   **FORMAT**

Numeric   8   Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	33	311
-8	Not applicable	860	8484
1	1 - Not important	32	299
2	2	13	93
3	3	26	223
4	4	12	77
5	5 - Very important	26	232
TOTAL		1002	9719

QUESTION

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

17c   RSN_MULTI_EMPLOYER_INSUR   Reason multiple employers: no health insurance

TYPE   **LENGTH**   **FORMAT**

Numeric   8   Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	33	297
-8	Not applicable	860	8484
1	1 - Not important	47	387
2	2	10	61
3	3	20	180
4	4	9	110
5	5 - Very important	23	200
TOTAL		1002	9719

VARIABLE NAME
RSN_MULTI_EMPLOYER_CHALLENGE

DESCRIPTION
Reason multiple employers: want more challenge

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	31	302
-8	Not applicable	861	8491
1	1 - Not important	25	243
2	2	9	47
3	3	16	175
4	4	27	244
5	5 - Very important	33	218
TOTAL		1002	9720

**QUESTION
NUMBER**
18

VARIABLE NAME
PRIMARY_TYPE

DESCRIPTION
Type of facility: current primary employer

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	46	517
-8	Not applicable	318	3063
1	Nursing home	228	2191
2	Hospital	103	952
3	Rehabilitation facility	19	185
4	Home health agency	41	315
5	Behavioral health facility	15	222
6	Public/Community health	5	60
7	Clinic/physician office	125	1041
8	School-based health center	4	33
9	Other	98	1139
TOTAL		1002	9718

QUESTION NUMBER
18

VARIABLE NAME
PRIMARY_TYPE_OTHDESC

DESCRIPTION
Type of facility: current primary employer (other description)

TYPE	LENGTH	FORMAT
Character	154	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	596	5627
-8	Not applicable	308	2953
	Non-missing	98	1139
TOTAL		1002	9719

QUESTION NUMBER
18a

VARIABLE NAME
PRIMARY_URBAN_RURAL

DESCRIPTION
Type of facility: current primary employer (urban/rural)

TYPE	LENGTH	FORMAT
Numeric	8	Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	25	328
-8	Not applicable	303	2883
1	Urban	508	5047
2	Rural	166	1460
TOTAL		1002	9718

	QUESTION NUMBER	VARIABLE NAME	DESCRIPTION

QUESTION NUMBER
19

VARIABLE NAME
PRIMARY_ZIP

DESCRIPTION
ZIP Code of primary place of employment

TYPE
Character

LENGTH
5

FORMAT
Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	80	1055
-8	Not applicable	297	2829
	Non-missing	625	5835
TOTAL		1002	9719

QUESTION NUMBER
20

VARIABLE NAME
HOURS

DESCRIPTION
Average hours per week worked at primary place of employment

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	44	540
-8	Not applicable	297	2829
0	0	1	3
>0	>0	660	6347
TOTAL		1002	9719

VARIABLE NAME
WAGE

DESCRIPTION
Hourly wage rate at primary place of employment

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	26	409
-8	Not applicable	299	2854
1	Less than $10.00/hour	4	16
2	$10.01 - $15.00/hour	50	450
3	$15.01 - $20.00/hour	333	2871
4	$20.01 - $25.00/hour	244	2605
5	More than $25.00/hour	46	514
TOTAL		1002	9719

QUESTION NUMBER
22

VARIABLE NAME
INSURE

DESCRIPTION
Has health insurance through primary place of employment

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	24	293
-8	Not applicable	298	2842
0	No	278	2685
1	Yes	402	3899
TOTAL		1002	9719

QUESTION
NUMBER   **VARIABLE NAME**   **DESCRIPTION**
23   INSURE_DECLINE   Declined health insurance through primary place of employment

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	31	366
-8	Not applicable	699	6729
0	No	90	855
1	Yes	182	1770
TOTAL		1002	9720

QUESTION
NUMBER   **VARIABLE NAME**   **DESCRIPTION**
24a   RSN_DECLINE_SPOUSE   Reason declined health insurance: coverage from spouse

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	48	512
-8	Not applicable	789	7583
1	1 - Not important	34	404
3	3	12	141
4	4	2	35
5	5 - Very important	117	1044
TOTAL		1002	9719

NUMBER   **VARIABLE NAME**   **DESCRIPTION**
24b   RSN_DECLINE_EXPENSIVE   Reason declined health insurance: too expensive

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	58	633
-8	Not applicable	790	7601
1	1 - Not important	36	394
2	2	7	73
3	3	15	98
4	4	21	233
5	5 - Very important	75	688
TOTAL		1002	9720

QUESTION
NUMBER   **VARIABLE NAME**   **DESCRIPTION**
24c   RSN_DECLINE_NEED   Reason declined health insurance: don't need

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	71	762
-8	Not applicable	790	7586
1	1 - Not important	73	755
2	2	7	52
3	3	22	218
4	4	6	37
5	5 - Very important	33	310
TOTAL		1002	9720

QUESTION NUMBER
24d

VARIABLE NAME
RSN_DECLINE_PRIORITY

DESCRIPTION
Reason declined health insurance: not high priority

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	70	723
-8	Not applicable	789	7583
1	1 - Not important	71	757
2	2	10	76
3	3	16	137
4	4	9	100
5	5 - Very important	37	342
TOTAL		1002	9718

QUESTION NUMBER
24e

VARIABLE NAME
RSN_DECLINE_COVERAGE

DESCRIPTION
Reason declined health insurance: coverage didn't meet needs

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	72	730
-8	Not applicable	789	7583
1	1 - Not important	68	651
2	2	8	51
3	3	26	299
4	4	7	66
5	5 - Very important	32	339
TOTAL		1002	9719

QUESTION
NUMBER
24f

VARIABLE NAME
RSN_DECLINE_OTHER

DESCRIPTION
Reason declined health insurance: other

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	190	1896
-8	Not applicable	789	7583
1	1 - Not important	5	45
3	3	3	41
5	5 - Very important	15	153
TOTAL		1002	9718

QUESTION
NUMBER
24f

VARIABLE NAME
RSN_DECLINE_OTHDESC

DESCRIPTION
Reason declined health insurance: other description

TYPE
Character

LENGTH
99

FORMAT
Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	185	1850
-8	Not applicable	789	7583
	Non-missing	28	285
TOTAL		1002	9718

**QUESTION
NUMBER**
25

VARIABLE NAME
LEAVE_JOB

DESCRIPTION
Plan to quit within 12 months

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	35	387
-8	Not applicable	301	2853
0	No	507	4961
1	Yes	159	1518
TOTAL		1002	9719

**QUESTION
NUMBER**
26a

VARIABLE NAME
RSN_LEAVEJOB_SAFETY

DESCRIPTION
Reason to quit job: workplace safety

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	50	524
-8	Not applicable	805	7794
1	1 - Not important	34	352
2	2	9	86
3	3	30	317
4	4	22	160
5	5 - Very important	52	487
TOTAL		1002	9720

NUMBER
26b

VARIABLE NAME
RSN_LEAVEJOB_STRESS

DESCRIPTION
Reason to quit job: too much stress

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	47	499
-8	Not applicable	805	7793
1	1 - Not important	19	156
2	2	8	104
3	3	21	194
4	4	37	412
5	5 - Very important	65	560
TOTAL		1002	9718

**QUESTION
NUMBER**
26c

VARIABLE NAME
RSN_LEAVEJOB_LONGHOURS

DESCRIPTION
Reason to quit job: hours too long

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	49	545
-8	Not applicable	804	7790
1	1 - Not important	46	420
2	2	28	280
3	3	30	246
4	4	18	155
5	5 - Very important	27	283
TOTAL		1002	9719

QUESTION
NUMBER   VARIABLE NAME   DESCRIPTION
26d   RSN_LEAVEJOB_INCONVEN   Reason to quit job: inconvenient hours

TYPE	LENGTH	FORMAT
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	55	548
-8	Not applicable	804	7790
1	1 - Not important	44	462
2	2	22	181
3	3	33	258
4	4	17	156
5	5 - Very important	27	325
TOTAL		1002	9720

QUESTION
NUMBER   VARIABLE NAME   DESCRIPTION
26e   RSN_LEAVEJOB_WAGES   Reason to quit job: insufficient wages

TYPE	LENGTH	FORMAT
Numeric	8	Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	44	458
-8	Not applicable	804	7790
1	1 - Not important	21	210
2	2	14	77
3	3	16	215
4	4	20	182
5	5 - Very important	83	786
TOTAL		1002	9718

QUESTION NUMBER
26f

VARIABLE NAME
RSN_LEAVEJOB_BENEFITS

DESCRIPTION
Reason to quit job: insufficient benefits

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	49	490
-8	Not applicable	805	7803
1	1 - Not important	31	310
2	2	18	164
3	3	29	207
4	4	21	181
5	5 - Very important	49	563
TOTAL		1002	9718

QUESTION NUMBER
26g

VARIABLE NAME
RSN_LEAVEJOB_RESPECT

DESCRIPTION
Reason to quit job: not respected

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	48	489
-8	Not applicable	805	7793
1	1 - Not important	25	281
2	2	10	95
3	3	19	179
4	4	40	364
5	5 - Very important	55	517
TOTAL		1002	9718

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	51	527
-8	Not applicable	805	7795
1	1 - Not important	31	306
2	2	22	261
3	3	29	226
4	4	22	265
5	5 - Very important	42	339
TOTAL		1002	9719

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	49	505
-8	Not applicable	804	7790
1	1 - Not important	38	442
2	2	14	134
3	3	22	180
4	4	17	142
5	5 - Very important	58	526
TOTAL		1002	9719

VARIABLE NAME
RSN_LEAVEJOB_HEALTH

DESCRIPTION
Reason to quit job: bad health

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	53	555
-8	Not applicable	804	7790
1	1 - Not important	84	665
2	2	24	249
3	3	16	197
4	4	8	111
5	5 - Very important	13	152
TOTAL		1002	9719

VARIABLE NAME
RSN_LEAVEJOB_FAMILY

DESCRIPTION
Reason to quit job: family responsibilities

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	51	540
-8	Not applicable	804	7790
1	1 - Not important	77	708
2	2	26	250
3	3	19	234
4	4	12	91
5	5 - Very important	13	107
TOTAL		1002	9720

NUMBER	**VARIABLE NAME**	**DESCRIPTION**
26l	RSN_LEAVEJOB_RETIRED	Reason to quit job: retired

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	49	522
-8	Not applicable	804	7790
1	1 - Not important	98	834
2	2	14	152
3	3	11	109
4	4	7	51
5	5 - Very important	19	260

QUESTION

NUMBER	**VARIABLE NAME**	**DESCRIPTION**
26m	RSN_LEAVEJOB_OTHER	Reason to quit job: other

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	159	1519
-8	Not applicable	804	7790
1	1 - Not important	6	45
2	2	1	4
3	3	1	5
5	5 - Very important	31	357
TOTAL		1002	9720

QUESTION
NUMBER   **VARIABLE NAME**   **DESCRIPTION**
26m   RSN_LEAVEJOB_OTHDESC   Reason to quit job: other description

TYPE   **LENGTH**   **FORMAT**
Character   146   Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	158	1512
-8	Not applicable	804	7790
	Non-missing	40	417
TOTAL		1002	9719

QUESTION
NUMBER   **VARIABLE NAME**   **DESCRIPTION**
27a   INCENT_RCV_LOAN   Receive incentive: student loan forgiveness

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	87	861
-8	Not applicable	297	2829
0	No	599	5889
1	Yes	19	139
TOTAL		1002	9718

VARIABLE NAME
INCENT_RCV_FLEXIBLE

DESCRIPTION
Receive incentive: flexible schedule

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	42	438
-8	Not applicable	297	2829
0	No	309	2902
1	Yes	354	3550
TOTAL		1002	9719

**QUESTION
NUMBER**
27c

VARIABLE NAME
INCENT_RCV_BONUS

DESCRIPTION
Receive incentive: Signing bonus

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	77	768
-8	Not applicable	298	2847
0	No	553	5514
1	Yes	74	590
TOTAL		1002	9719

NUMBER | **VARIABLE NAME** | **DESCRIPTION**
27d | INCENT_RCV_TUITION | Receive incentive: tuition reimbursement

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	58	612
-8	Not applicable	298	2832
0	No	503	4942
1	Yes	143	1333
TOTAL		1002	9719

QUESTION

NUMBER | **VARIABLE NAME** | **DESCRIPTION**
28a | INCENT_IMPORT_LOAN | Incentive importance: student loan forgiveness

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	52	508
-8	Not applicable	297	2829
1	1 - Not important	171	1845
2	2	36	315
3	3	75	653
4	4	75	589
5	5 - Very important	296	2980
TOTAL		1002	9719

VARIABLE NAME
INCENT_IMPORT_FLEXIBLE

DESCRIPTION
Incentive importance: flexible schedule

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

VALUE	**VALUE LABEL**	**UNWEIGHTED FREQUENCY**	**WEIGHTED FREQUENCY**
-9	Missing	33	334
-8	Not applicable	298	2832
1	1 - Not important	24	231
2	2	6	95
3	3	47	353
4	4	111	1067
5	5 - Very important	483	4807
TOTAL		1002	9719

QUESTION NUMBER
28c

VARIABLE NAME
INCENT_IMPORT_BONUS

DESCRIPTION
Incentive importance: signing bonus

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

VALUE	**VALUE LABEL**	**UNWEIGHTED FREQUENCY**	**WEIGHTED FREQUENCY**
-9	Missing	47	444
-8	Not applicable	299	2857
1	1 - Not important	67	683
2	2	49	529
3	3	133	1254
4	4	106	909
5	5 - Very important	301	3043
TOTAL		1002	9719

VARIABLE NAME
INCENT_IMPORT_TUITION

DESCRIPTION
Incentive importance: tuition reimbursement

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	39	339
-8	Not applicable	298	2833
1	1 - Not important	90	959
2	2	24	203
3	3	72	705
4	4	91	946
5	5 - Very important	388	3735
TOTAL		1002	9720

**QUESTION
NUMBER**
29

VARIABLE NAME
GREWUP_CO

DESCRIPTION
Grew up in CO

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	7	81
-8	Not applicable	1	10
0	No	553	5560
1	Yes	441	4068
TOTAL		1002	9719

QUESTION **NUMBER** 29a	**VARIABLE NAME** GREWUP_STATE	**DESCRIPTION** State, grew up		

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	68	912
-8	Not applicable	446	4101
	Non-Colorado	487	4690
Colorado	Colorado	1	17
TOTAL		1002	9720

QUESTION **NUMBER** 29a	**VARIABLE NAME** GREWUP_CTRY	**DESCRIPTION** Country, grew up		

TYPE Character	**LENGTH** 33	**FORMAT** Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	35	415
-8	Not applicable	441	4068
	Non-USA	38	529
USA	USA	488	4707
TOTAL		1002	9719

QUESTION NUMBER	**VARIABLE NAME**	**DESCRIPTION**
30	GREWUP_URBAN_RURAL	Community, grew up

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	12	135
-8	Not applicable	10	100
1	Urban	469	4822
2	Rural	511	4662
TOTAL		1002	9719

QUESTION NUMBER	**VARIABLE NAME**	**DESCRIPTION**
31	BIRTH_YR	Year of birth

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	15	217
>0	>0	987	9502
TOTAL		1002	9719

VARIABLE NAME
GENDER

DESCRIPTION
Gender

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	6	78
1	Female	884	8738
2	Male	112	903
TOTAL		1002	9719

QUESTION
NUMBER
33

VARIABLE NAME
RACE_ETHNIC

DESCRIPTION
Race/Ethnicity

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	13	107
-8	Not applicable	4	30
1	American Indian/Alaskan Native	8	124
2	Asian/Pacific Islander	11	144
3	Black, not of Hispanic origin	27	488
4	Hispanic	86	897
5	White, not of Hispanic origin	828	7709
6	Multi-racial/multi-ethnic	25	220
TOTAL		1002	9719

QUESTION NUMBER
34

VARIABLE NAME
LANG

DESCRIPTION
Fluency, other than English

TYPE
Numeric

LENGTH
8

FORMAT
Nominal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	13	126
-8	Not applicable	1	12
0	No	859	7974
1	Yes	129	1607
TOTAL		1002	9719

QUESTION NUMBER
34a

VARIABLE NAME
LANG_1

DESCRIPTION
Fluent, other than English (1)

TYPE
Character

LENGTH
24

FORMAT
Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-8	Not applicable	859	7974
-9	Missing	22	228
	Non-missing	121	1517
TOTAL		1002	9719

VARIABLE NAME

DESCRIPTION

34a
LANG_2
Fluent, other than English (2)

	TYPE	**LENGTH**	**FORMAT**
	Character	24	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-8	Not applicable	859	7974
-9	Missing	130	1549
	Non-missing	13	196
TOTAL		1002	9719

**QUESTION
NUMBER**

VARIABLE NAME

DESCRIPTION

34a
LANG_3
Fluent, other than English (3)

	TYPE	**LENGTH**	**FORMAT**
	Character	24	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-8	Not applicable	859	7974
-9	Missing	140	1706
	Non-missing	3	39
TOTAL		1002	9719

QUESTION NUMBER 34a

VARIABLE NAME LANG_4

DESCRIPTION Fluent, other than English (4)

	TYPE	LENGTH	FORMAT
	Character	24	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-8	Not applicable	859	7974
-9	Missing	141	1737
	Non-missing	2	7
TOTAL		1002	9718

QUESTION NUMBER 34a

VARIABLE NAME LANG_5

DESCRIPTION Fluent, other than English (5)

	TYPE	LENGTH	FORMAT
	Character	24	Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-8	Not applicable	859	7974
-9	Missing	142	1742
	Non-missing	1	3
TOTAL		1002	9719

QUESTION NUMBER	**VARIABLE NAME**	**DESCRIPTION**
34a	LANG_6	Fluent, other than English (6)

TYPE	**LENGTH**	**FORMAT**
Character	24	Text

VALUE	**VALUE LABEL**	**UNWEIGHTED FREQUENCY**	**WEIGHTED FREQUENCY**
-8	Not applicable	859	7974
-9	Missing	142	1742
	Non-missing	1	3
TOTAL		1002	9719

QUESTION NUMBER	**VARIABLE NAME**	**DESCRIPTION**
34b	LANG_USE	Communicate w/ patients in language other than English

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

VALUE	**VALUE LABEL**	**UNWEIGHTED FREQUENCY**	**WEIGHTED FREQUENCY**
-9	Missing	33	344
-8	Not applicable	860	7984
0	No	37	509
1	Yes	72	881
TOTAL		1002	9718

QUESTION NUMBER 35

VARIABLE NAME HOME_ZIP

DESCRIPTION ZIP Code, home address

TYPE Character

LENGTH 5

FORMAT Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	54	490
	Non-missing	948	9229
TOTAL		1002	9719

QUESTION NUMBER N/A

VARIABLE NAME COMMENT_FROM_PAPER_FORM

DESCRIPTION Comments, paper form

TYPE Character

LENGTH 3051

FORMAT Text

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	688	6650
	Non-missing	314	3069
TOTAL		1002	9719

Created variables

QUESTION NUMBER
CREATED VARIABLE

VARIABLE NAME
GRAD_AGE

DESCRIPTION
Number of years from birth to graduation

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	43	448
>0	>0	959	9271
TOTAL		1002	9719

QUESTION NUMBER
CREATED VARIABLE

VARIABLE NAME
GRAD_NUMYRS

DESCRIPTION
Number of years from graduation to survey

TYPE
Numeric

LENGTH
8

FORMAT
Ordinal

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	29	235
0	0	57	484
>0	>0	916	9000
TOTAL		1002	9719

NUMBER   **VARIABLE NAME**   **DESCRIPTION**
CREATED VARIABLE   PRIMARY_URBAN_FROM_ZIP   Urban/Not-urban: primary place of employment (derived from ZIP Code)

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	86	1103
-8	Not applicable	297	2829
0	Rural	98	1086
1	Urban	521	4701
TOTAL		1002	9719

QUESTION
NUMBER   **VARIABLE NAME**   **DESCRIPTION**
CREATED VARIABLE   PRIMARY_CITY_FROM_ZIP   City: primary place of employment (derived from ZIP Code)

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	86	1097
-8	Not applicable	297	2829
	Non-missing	619	5793
TOTAL		1002	9719

NUMBER   **VARIABLE NAME**   **DESCRIPTION**
CREATED VARIABLE   PRIMARY_COUNTY_FROM_ZIP   County: primary place of employment (derived from ZIP Code)

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	86	1097
-8	Not applicable	297	2829
	Non-missing	619	5793
TOTAL		1002	9719

QUESTION
NUMBER   **VARIABLE NAME**   **DESCRIPTION**
CREATED VARIABLE   PRIMARY_STATE_FROM_ZIP   State: primary place of employment (derived from ZIP Code)

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	86	1097
-8	Not applicable	297	2829
Colorado	Colorado	618	5790
	Non-Colorado	1	4
TOTAL		1002	9720

QUESTION
NUMBER   **VARIABLE NAME**   **DESCRIPTION**
CREATED VARIABLE   PRIMARY_RUCA2_FROM_ZIP   RUCA Code: primary place of employment (derived from ZIP Code)

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	86	1103
-8	Not applicable	297	2829
>0	>0	619	5787
TOTAL		1002	9719

QUESTION
NUMBER   **VARIABLE NAME**   **DESCRIPTION**
CREATED VARIABLE   PRIMARY_FIPS_FROM_ZIP   FIPS Code: primary place of employment (derived from ZIP Code)

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	86	1097
-8	Not applicable	297	2829
>0	>0	619	5793
TOTAL		1002	9719

QUESTION NUMBER CREATED VARIABLE

VARIABLE NAME AGE

DESCRIPTION Age (years) as of 2007

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	15	217
>0	>0	987	9502
TOTAL		1002	9719

QUESTION NUMBER CREATED VARIABLE

VARIABLE NAME HOME_URBAN_FROM_ZIP

DESCRIPTION Urban/Not-urban: home address (derived from ZIP Code)

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	61	574
0	Rural	179	2055
1	Urban	762	7090
TOTAL		1002	9719

NUMBER   **VARIABLE NAME**   **DESCRIPTION**
CREATED VARIABLE   HOME_CITY_FROM_ZIP   City: home address (derived from ZIP Code)

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	57	528
	Non-missing	945	9191
TOTAL		1002	9719

QUESTION
NUMBER   **VARIABLE NAME**   **DESCRIPTION**
CREATED VARIABLE   HOME_COUNTY_FROM_ZIP   County: home address (derived from ZIP Code)

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	57	528
	Non-missing	945	9191
TOTAL		1002	9719

**QUESTION
NUMBER** | **VARIABLE NAME** | **DESCRIPTION**
CREATED VARIABLE | HOME_STATE_FROM_ZIP | State: home address (derived from ZIP Code)

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	57	528
	Non-Colorado	15	190
Colorado	Colorado	930	9001
TOTAL		1002	9719

**QUESTION
NUMBER** | **VARIABLE NAME** | **DESCRIPTION**
CREATED VARIABLE | HOME_RUCA2_FROM_ZIP | RUCA Code: home address (derived from ZIP Code)

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	61	574
>0	>0	941	9145
TOTAL		1002	9719

NUMBER   **VARIABLE NAME**   **DESCRIPTION**
CREATED VARIABLE   HOME_FIPS_FROM_ZIP   FIPS Code: home address (derived from ZIP Code)

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
-9	Missing	57	528
>0	>0	945	9191
TOTAL		1002	9719

QUESTION
NUMBER   **VARIABLE NAME**   **DESCRIPTION**
CREATED VARIABLE   ID   Identification number

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

VALUE	VALUE LABEL	UNWEIGHTED FREQUENCY	WEIGHTED FREQUENCY
1001-2002	1001-2002	1002	9719
TOTAL		1002	9719

The Colorado Health Institute (CHI) used the following business rules to edit data obtained from the 2007 LPN survey. Numbers in parentheses are the question numbers as they appeared in the survey.

For more information, contact Rebecca Crepin, CHI SAS Programmer/Analayst, at 720.382.7086 or crepinr@ColoradoHealthInstitute.org.

General Rules
1. If a question should not have been answered, due to a skip pattern or instructions on the survey, but a response was given, the variable was coded as "-8" (Not applicable/skip pattern).

2. For a "Mark Only One" question that gives many possible choices, if a respondent marked more than one choice, the variable was coded as "-8" (Not applicable/skip pattern).

3. For questions that should have been answered, but a response was not given, the variable was coded as "-9" (missing).

4. For any type of violation to a survey instruction or skip pattern, or for out-of-range values, the corresponding variable was coded as "-8" (Not applicable/skip pattern).

Question-specific rules
1. If a valid U.S. state was entered for the state where training program was located (1a), the corresponding variable was coded with the standard two-character postal abbreviation for that state. However, if more than one state was entered, only the state first mentioned was coded. If a response could not be reasonably mapped to a state, the variable was coded as "-8" (Not applicable/skip pattern).

2. If the year of completion for LPN training (1c) is after the year of first Colorado licensure as an LPN (1d), both variables were coded as "-8" (Not applicable/skip pattern) because there was no way of knowing which response was valid.

3. If "Other" was not the sole selection for location of classroom training (1e) but a descriptive text was entered on the "Please specify" line:
   3.a. If no selection was made for location, then the "Other" box was re-coded as having been selected.
   3.b. Otherwise, the descriptive text was replaced with "-8" (Not applicable/skip pattern).

4. If "Other" was not the sole selection for location of clinical training (3) but a descriptive text was entered on the "Please specify" line:
   4.a. If no selection was made for location, then the "Other" box was re-coded as having been selected.
   4.b. Otherwise, the descriptive text was replaced with "-8" (Not applicable/skip pattern).

5. If a response of "No" was given for "any prior experience" (4), then all variables regarding type of prior positions (4a) were coded as "-8" (Not applicable/skip pattern). If the variable was missing and

had been coded as "-9", it was left as is.

6. If "Other" was not selected as type of prior experience (4a), but text was entered on the "Please specify" line, then the "Other" box was re-coded as having been selected.

7. If "Other" was not the sole selection for the facility where the respondent was first employed (7), but a descriptive text was entered on the "Please specify" line:
   7.a. If no selection was made for facility, then the "Other" box was re-coded as having been selected.
   7.b. Otherwise, the descriptive text was replaced with "-8" (Not applicable/skip pattern).

8. If text was entered on the "Please specify" line for additional on-the-job training (9g) but the "Yes" box was not checked:
   8.a. If no selection was made for "Yes/No," then (9a) was re-coded as if the "Yes" box had been checked.
   8.b. If "No" was selected for (9a), then (9a) was re-coded to "-8" (Not applicable/skip pattern).

9. If "No" was selected for whether currently enrolled in an RN program (10), subsequent responses to questions 11, 12 and 13 were coded as "-8" (Not applicable/skip pattern).

10. If "Yes" was NOT chosen for whether currently enrolled in educational or certification program (12) but text was entered on the "Please specify" line, the text was replaced with code value of "-8" (Not applicable/skip pattern).

11. If "No" was selected for currently enrolled in educational or certification program (12), a subsequent response to question 13 was coded as "-8" (Not applicable/skip pattern).

12. If "Yes" was chosen for being currently employed as an LPN in a clinical position in Colorado (14), subsequent responses to 15 and 16 were coded as "-8" (Not applicable/skip pattern).

13. If "Other" was not the sole selection for reason not currently employed as an LPN in a clinical position in Colorado (15), but text was entered on the "Please specify" line:
   13.a. If no selection was made for location, then the "Other" box was re-coded as having been selected.
   13.b. Otherwise, the descriptive text was replaced with "-8" (Not applicable/skip pattern).

14. If "No" was selected for currently employed as an LPN by more than one employer in Colorado (17), any subsequent responses to 17a through 17d were coded as "-8" (Not applicable/skip pattern).

15. If "Other" was not the sole selection for type of facility for current primary employer (18) but a descriptive text was entered on the "Please specify" line:
   15.a. If no selection was made for location, then the "Other" box was re-coded as having been selected.
   15.b. Otherwise, the descriptive text was replaced with "-8" (Not applicable/skip pattern).

16. If a number was entered for ZIP Code of primary place of employment (19), but it did not map to a valid code in the CENTRUS database, all variables derived from that ZIP Code were coded as "-8" (Not applicable/skip pattern).

17. If "Yes" was selected for health insurance obtained from primary place of employment (22), any subsequent responses to questions 23 and 24 were coded as "-8" (Not applicable/skip pattern).

18. If "No" was selected for health insurance offered through current employer (23), any subsequent response to question 24 was coded as "-8" (Not applicable/skip pattern).

19. If "Yes" was selected for growing up in Colorado (29), any subsequent response to question 29a was coded as "-8" (Not applicable/skip pattern).

20. If a valid U.S. state was entered for the state or foreign country in which the respondent grew up (29a), the variable for state was coded with the standard two-character postal abbreviation for that state. However, if more than one state was entered, only the state first mentioned was coded. If a response could not be reasonably mapped to a state, the variable was coded as "-8" (Not applicable/skip pattern).

21. If a valid U.S. state was entered for (29a), the variable for country was coded as "USA."

22. If "No" was selected for being fluent in a language other than English (34), any subsequent responses to questions 34a and 34b were coded as "-8" (Not applicable/skip pattern).

23. If a number was entered for ZIP Code of home address (35), but it did not map to a valid code in the CENTRUS database, all variables derived from that ZIP Code were coded as "-8" (Not applicable/skip pattern).

APPENDIX B:
SAMPLING AND RESPONSE SUMMARY

STRATA	NUMBER RESPONDING	ELIGIBLE	POPULATION	RESPONSE RATE
Rural Males	67	177	182	37.9%
Rural Females	106	238	1838	44.5%
Urban Males	69	236	862	29.2%
Larimer Females	116	245	545	47.3%
Weld Females	122	240	440	50.8%
Denver Metro Females	117	299	3649	39.1%
Boulder Females	109	241	378	45.2%
El Paso, Teller Females	97	242	971	40.1%
Pueblo Females	89	239	592	37.2%
Mesa Females	110	236	262	46.6%
TOTAL	1002	2393	9719	41.9%

APPENDIX C
COVER LETTER AND POSTCARD

November 26, 2007

Xxxx
Xxxx
Xxxx
Xxxx

Dear Mr./Ms. xxxx:

Colorado policymakers are very interested in understanding the training and practice issues related to licensed practical nurses (LPNs). We need your help by asking that you complete the enclosed LPN Workforce Survey. **Your responses** are extremely important to ensuring an accurate picture and understanding of the education, work experience and opinions of Colorado's LPN workforce. Your name was randomly selected from current licensees to represent the entire LPN workforce in the state. The responses you provide are confidential and your name will be removed from our database once the administration of the survey has been completed.

The Colorado Health Institute is conducting the survey. We have worked closely with other workforce and professional organizations 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 to accurately portray the workforce issues faced by LPNs in Colorado. Please assist us in better informing Colorado policymakers by completing the survey.

If you have any questions about this survey or the Colorado Health Workforce database, please contact Michael Boyson at 303.831.4200, extension 207.

Warm regards,

Pamela Hanes, PhD
President and CEO

You can also complete the survey form on line at: http://www.ColoradoHealthInstitute.org/LPN2007.html. Type the number shown at the top of your survey form **(xxxx)** → Complete the questionnaire and click the "submit" button when you finish.

Colorado Health Institute
1576 Sherman Street, Ste. 300
Denver, CO 80203-1728

November 16, 2007

Last week you received a letter inviting you to participate in an LPN Workforce Survey. Your name was drawn randomly from a list of currently licensed LPNs in Colorado.

If you have already completed the survey online or returned the form to us, please accept our sincere thanks. If not, we ask that you please do so today. We are especially grateful for your participation because it is only through nurses like you completing the questionnaire that the policymakers will fully understand the workforce issues faced by LPNs in Colorado.

If you did not receive a questionnaire, or if it was misplaced, please call Rose Rahman at 303.831.4200, extension 216 and we will get another one in the mail to you today.

Warm regards,

Pamela Hanes, PhD
President and CEO
Colorado Health Institute