

5 YEAR FOLLOW-UP SURVEY OF SCHOOL OF NURSING MASTER'S GRADUATES

University of Wisconsin – Madison  
School of Nursing

**Q1.** Are you currently employed? (Please circle one number)

1 Yes

2 No

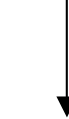


If YES:

**Q1a.** Are you employed in nursing?

1 Yes

2 No



Continue with Q2

If NO:

**Q1b.** What is the primary reason you are not currently employed in nursing?

---

---

---

↓  
Skip to Q9

**IF YOU ARE NOT CURRENTLY EMPLOYED IN NURSING, PLEASE SKIP TO QUESTION 9 on PAGE 6.**

**Q2.** Which one of the following best describes the type of setting in which you are currently employed in your nursing position? Circle the response that best describes your current position. Circle both the letter and one number within the subgroup. (If your employment is that of a private duty nurse or you work through a temporary employment service, mark the one setting in which you spend most of your working time.)

**A. Hospital** (exclude nursing home units and all off-site units of hospitals, but include all on-site clinics and other services of the hospitals.)

1. Non-Federal, short-term hospital, except psychiatric (for example, acute care hospital)
2. Non-Federal, long-term hospital, except psychiatric
3. Non-Federal psychiatric hospital
4. Federal Government hospital
5. Other type of hospital (specify): \_\_\_\_\_

**B. Nursing Home/Extended Care Facility**

1. Nursing home unit in hospital
2. Other nursing home
3. Facility for mentally retarded
4. Other type of extended care facility (specify): \_\_\_\_\_

**C. Nursing Education Program**

1. LPN/LVN program
2. Diploma program (RN)
3. Associate degree program
4. Baccalaureate and/or higher degree nursing program
5. Other program (specify): \_\_\_\_\_

**D. Public or Community Health Setting**

1. Official State Health Department
2. Official State Mental Health Agency
3. Official City or County Health Department
4. Combination (official/voluntary) nursing service
5. Visiting nurse service (VNS/NA)
6. Home health service unit (hospital-based)
7. Other home health agency (non-hospital based)
8. Community mental-health organization or facility (including freestanding psychiatric outpatient clinics)
9. Substance abuse center/clinic
10. Community/neighborhood health center
11. Planned Parenthood/family planning center
12. Day care center
13. Rural health care center
14. Retirement community center
15. Hospice
16. Other (specify): \_\_\_\_\_

**E. School Health Service**

1. Public school system
2. Private or parochial elementary or secondary school
3. College or University
4. Other (specify): \_\_\_\_\_

**F. Occupational Health (Employee Health Service)**

1. Private industry
2. Government
3. Other (specify): \_\_\_\_\_

**G. Ambulatory Care Setting**

1. Solo practice (physician)
2. Solo practice (nurse)
3. Partnerships (physician)
4. Partnerships (nurses)
5. Group practice (physicians)
6. Group practice (nurses)
7. Partnership or group practice (mixed group of professionals)
8. Freestanding clinic (physicians)
9. Freestanding clinic (nurses)
10. Ambulatory surgical center (non-hospital based)
11. Dialysis center/clinic
12. Dental practice
13. Health Maintenance Organization (HMO)
14. Other (specify): \_\_\_\_\_

**H. Insurance Claims/Benefits**

1. Government
2. State or local agencies
3. Insurance company
4. Private industry/organization

**I. Planning or Licensing Agency Setting**

1. Central or regional Federal agency
2. State Board of Nursing
3. Nursing or health professional membership association
4. Health planning agency, non-Federal
5. Other (specify): \_\_\_\_\_

**J. Other**

1. Prison or jail
2. Other (specify): \_\_\_\_\_

**Q3. Which one of the following best corresponds to the position title for your principal nursing position?**

(Circle only one)

1. Administrator of organization/facility/agency or assistant
2. Administrator of nursing or assistant (e.g. vice president for nursing, director or assistant director of nursing services)
3. Case manager
4. Certified nurse anesthetist (CRNA)
5. Charge nurse
6. Clinical nurse specialist
7. Consultant
8. Dean, director, or assistant/associate director of nursing education
9. Discharge planner
10. Head nurse or assistant head nurse
11. Infection control nurse
12. Informatics nurse
13. In-service education director
14. In-service instructor
15. Instructor at a school of nursing
16. Insurance reviewer
17. Nurse clinician
18. Nurse coordinator
19. Nurse manager
20. Nurse-midwife
21. Nurse practitioner
22. Outcomes manager
23. Patient care coordinator
24. Private duty nurse
25. Professor or assistant/associate professor
26. Public health nurse
27. Quality improvement nurse
28. Researcher
29. School nurse
30. Staff nurse
31. Supervisor or assistant supervisor
32. Team leader
33. No position title
34. Other (specify): \_\_\_\_\_

**Q4. In what type of community are you currently employed?** *(Please circle one number)*

1. Predominantly Urban
2. Predominantly Urban & Federally Designated Health Manpower Shortage Area (HPSA)
3. Predominantly Rural
4. Predominantly Rural & Federally Designated Health Manpower Shortage Area (HPSA)
5. Predominantly Suburban

**Q4a. Are you working with underserved populations?** 1. Yes 2. No

**Q5. In what state are you currently working?**

1. \_\_\_\_\_
2. Employed outside the United States, give Country: \_\_\_\_\_

**Q6. What is your current annual salary before taxes?** *(Please indicate your full-time equivalent annual salary. For example, if you receive \$20,000 annually for working half time, your full time equivalent salary would be \$40,000.) (Please circle one number)*

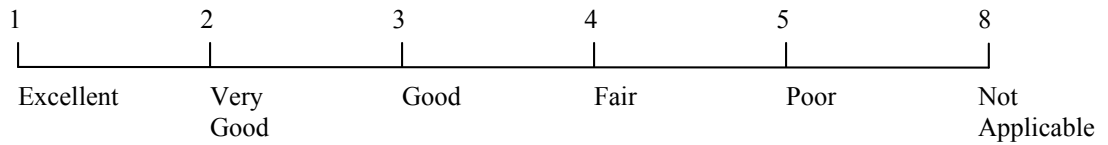
1. Less than \$30,000
2. \$30,000 - \$39,999
3. \$40,000 - \$49,999
4. \$50,000 - \$59,999
5. \$60,000 - \$69,999
6. \$70,000 - \$79,999
7. \$80,000 - \$89,999
8. \$90,000 - \$99,999
9. \$100,000 - \$124,999
10. \$125,000 or more

**Q7. What percentage of time are you employed in your current position?**  
*(Please circle one number)*

1. on call
2.  $\leq 25\%$
3. 26-49%
4. 50-74%
5. 75-99%
6. 100%

**Q8. What is your current position title?** \_\_\_\_\_

**Q9. Overall, rate how well the master's nursing program prepared you for your positions post graduation?**  
(Please circle one number)



**Q10. What was your role preparation in the master's program?**  
(Please circle one number)

1	Nurse Practitioner	→	<p><i>If NURSE PRACTITIONER:</i> <b>Q10a. Which practitioner sequence did you complete?</b> (Please circle one number)</p> <ol style="list-style-type: none"><li>1. Acute Care Nurse Practitioner</li><li>2. Adult Nurse Practitioner</li><li>3. Geriatric Nurse Practitioner</li><li>4. Pediatric Nurse Practitioner</li><li>5. Psychiatric Mental Health Nurse Practitioner</li><li>6. Women's Health Nurse Practitioner</li></ol>	↓	<i>Continue with Q11</i>
2	Clinical Nurse Specialist	→	<p><b>IF CLINICAL NURSE SPECIALIST:</b> <b>Q10b. Which CNS Track did you complete?</b> (please circle one number)</p> <ol style="list-style-type: none"><li>1. Medical/Surgical</li><li>2. Community Health</li><li>3. Psych Mental Health</li><li>4. Women's Health</li><li>5.</li></ol>	↓	<i>Continue with Q11</i>
3	Teacher				
4	Administrator				
5	Consultant				
6	Researcher				
7	Other (please specify) _____				

**Q10c. In which area did you specialize?**

1. Community Health
2. Geriatrics
3. Maternal-Newborn
4. Medical-Surgical
5. Pediatrics
6. Psychiatric-Mental Health
7. Women's Health
8. Other \_\_\_\_\_ (Cross populations)

**Q11. When did you receive your master's degree in Nursing?** \_\_\_\_\_  
(Month/Year)

**Q12. If you had to do it all over again, would you have earned a master's degree in Nursing?**

1. Yes

2. No



*If NO:*  
**Q12b. Why not?**

---

---

---

*If YES:*

**Q12a. If you could decide where to pursue your master's degree in Nursing all over again, would you have done it at the UW-Madison? (Please circle one number)**

1. Definitely Would

2. Probably Would

3. Not Sure

4. Probably Would Not

5. Definitely Would Not

→ Skip to Q13

*If Probably or Definitely Would Not:*  
**Q12c. Why not?**

---

---

---

→ Go to Q13





**Q18. Have you been an officer or had any other leadership role in a professional nursing/health-related organization at the:**

*(Please circle one number for each item)*

1 (Yes)            2 (No)

- a. state or regional level?.....1.....2
- b. national level?.....1.....2
- c. international level?.....1.....2

**Q19. Since you completed your master's degree, have you:**            *(Please circle one number for each item)*

1 (Yes)            2 (No)

- a. published an article in a professional journal ?.....1.....2
- b. published a book?.....1.....2
- c. written health materials for distribution to patients or the public?.....1.....2
- d. presented at professional meetings?.....1.....2
- e. participated on a research team?.....1.....2
- f. sought grant funding for research project?.....1.....2
- If YES:*
- g. received grant funding for research project?.....1.....2
- h. sought grant funding for service project?.....1.....2
- If YES:*
- i. received grant funding for service project?.....1.....2
- j. been politically active, lobbied for health related causes?.....1.....2
- k. served as a reviewer for journals?.....1.....2
- l. served as reviewers for grant committees?.....1.....2
- m. chaired a major committee in your work setting? .....1.....2
- n. led a quality assurance or improvement project in your work setting? .....1.....2
- o. received any professional awards?.....1.....2

*If YES:*

**p. What professional awards have you received?**

---

---

**Q20. Indicate whether you are currently enrolled in or have completed another advanced degree since graduating from UW-Madison School of Nursing.**

- |   | 1 (In progress) | 2 (completed) |
|---|-----------------|---------------|
| a. Yes, master's degree in another field..... | 1.....          | 2.....        |
| b. Yes, doctoral degree in nursing.....       | 1.....          | 2.....        |
| c. Yes, doctoral degree in another field..... | 1.....          | 2.....        |
| d. Yes, JD .....                              | 1.....          | 2.....        |
| e. Yes, M.D. ....                             | 1.....          | 2.....        |
| f. Yes, Other, please specify _____ .....     | 1.....          | 2.....        |
| g. No   |                 |               |

**Q21. Are you male or female? (Please circle one number)**

1. Male
2. Female

**Q22. What is your age? \_\_\_\_\_**

**Q23. Are you a U.S. citizen or permanent resident? (Please circle one number)**

1. Yes
2. No

**Q24. Racial/Ethnic Heritage:**

(Please circle one number)

1. African/American/Black
2. American Indian or Alaska Native
3. Cambodian, Hmong, Laotian, Vietnamese admitted to U.S. after 12/31/75
4. Other Asian/Pacific Islander
5. Hispanic/Latino
6. White/Non-Hispanic
7. Biracial-Multiracial
8. Other (please specify) \_\_\_\_\_

**Thank you for your cooperation and assistance with this study. Please return this questionnaire by September 8, 2006 in the self addressed stamped envelope provided.**

**K:/pcuser/acdaff/new file structure/assessment/grad 5year followup survey 2006**