

Ohio University
SCHOOL OF NURSING
Annual Survey of Information

Please complete and return before leaving today.

TODAY'S DATE _____ **Last 4 digits of your Social Security #:** _____

1. **Gender** _____ **Male** _____ **Female**
2. **Your age:** _____ 25 years or younger _____ 26 – 30 years _____ 31 – 40 years
_____ 41 – 50 years _____ 51 – 60 years _____ 61 years or older

3. **Basic Nursing Preparation**

3.1 _____ **AD** _____ **Diploma**

3.2 **In what year did you graduate from your basic RN program?** _____

3.3 **Identify the nursing program and its location**

Name _____

Location _____

3.4 **Think about your RN program. Where would you place yourself in terms of academic (not clinical) performance in that program? Check one of the following.**

_____ **Top 10% of the graduating class**

_____ **Top 25% of the graduating class**

_____ **Top 50% of the graduating class**

3.5 **Continue thinking about your RN program. Where would you place yourself in terms of clinical performance in the RN program? Check one of the following.**

_____ **Top 10% of the graduating class**

_____ **Top 25% of the graduating class**

_____ **Top 50% of the graduating class**

4. **Do you hold (or have you ever held) a license to practice as a LPN?**

_____ **Yes** _____ **No**

5. **What is your reason for completing the BSN now?** _____

6. **Do you hold one or more degrees in a field other than nursing? If “yes” indicate the type of degree. Check all that apply. If “no” go to the next question.**

_____ **Associate degree (not in nursing)** _____ **Baccalaureate degree**

_____ **Master's degree** _____ **Doctoral degree**

What was the discipline of each of your non-nursing degrees? _____

TURN OVER AND COMPLETE

7. Do you plan to attend school _____ full time? _____ part time (less than 12 hrs/quarter)?
8. Your age today is: _____
9. Your marital status is: _____ Single, never been married
 _____ Single, previously married and now divorced
 _____ Married, but separated
 _____ Married and living with spouse
 _____ Widow/widower
 _____ Other
10. Do you have children? _____ Yes _____ No
11. If you have children, are any living at home? _____ Yes _____ No
12. What is your ethnic/racial background? _____ American Indian/Alaskan Native
 _____ Asian or Pacific Islander
 _____ Black, non-hispanic
 _____ Hispanic
 _____ White, non-hispanic
 _____ Other
13. Will you be working while attending the BSN program? _____ Yes _____ No
14. Will you be working as a RN while attending the BSN program? _____ Yes _____ No
15. What is the title of the RN position you hold? _____
16. If you are NOT working as a RN, in what area are working? _____
17. Regardless of where you work, approximately how many hours per week do you work?
 _____ 1 to 10 hours per week
 _____ 11 to 20 hours per week
 _____ 21 to 30 hours per week
 _____ 31 to 40 hours per week
 _____ more than 40 hours per week
18. Do you plan to attend some sort of graduate school after completing the BSN?
 _____ Yes What do you plan to study? _____
 _____ No

THANK YOU

All of your responses will be held in the strictest confidence.

No individual information will be shared with anyone.

Please return completed survey before leaving orientation today.