| **2017 NCSBN Workforce Survey Data File Layout** |
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| **Field Name** | **Q#** | **Question Label**Question label will be prefixed with Question Number | **Response Value** |
| Tieback |  | Tieback | Scantron assigned tieback code |
| Response\_Type |  | Response Type | W = Web, E = Email, P = Paper |
| License\_Type |  | License Type | RN or PN/VN from the initial contact file |
|  |  | **Demographics** |  |
| Q1\_Gender | 1 | What is your gender? | 1=Male2=Female |
| Q2\_Latino | 2 | Are you of Hispanic or Latino origin? | 1=Yes2=No |
|  | 3 | What is your race? | (Select all that apply) |
| Q3\_Native | American Indian or Alaska Native | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q3\_Asian | Asian | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q3\_Black | Black/African American | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q3\_PacificIslander | Native Hawaiian or Other Pacific Islander | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q3\_White | White/Caucasian | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q3\_Other | Other | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q4\_YearBorn | 4 | In what year were you born? | Year (####) |
| Q5\_FirstDegree | 5 | What type of nursing degree/credential qualified you for your first US nursing license? | 1=Vocational/practical certificate-nursing2=Diploma-nursing3=Associate degree-nursing4=Baccalaureate degree-nursing5=Master’s degree-nursing6=Doctoral degree-nursing (PhD)7=Doctoral degree-nursing (DNP) |
| Q6\_HighestNursingEducation | 6 | What is your highest level of nursing education? | 1=Vocational/practical certificate-nursing2=Diploma-nursing3=Associate degree-nursing4=Baccalaureate degree-nursing5=Master’s degree-nursing6=Doctoral degree-nursing (PhD)7=Doctoral degree-nursing practice (DNP)8=Doctoral degree-nursing other |
| Q7\_HighestNonNursingEducation | 7 | What is your highest level of non-nursing education? | 1=Associate degree-non-nursing2=Baccalaureate degree-non-nursing3=Master’s degree-non-nursing4=Doctoral degree-non-nursing5=Not applicable |
|  |  | **License/Certification Information** |  |
|  | 8 | What type of license do you currently hold? | (Select all that apply) |
| Q8\_RN | RN | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q8\_LPN | LPN | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q8\_APRN | APRN | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q9\_Year\_Initial\_USLic | 9 | Year of Initial U.S. Licensure: | 0 = Did not respondYear (####) |
| Q10\_FirstLicInUS | 10 | Were you initially licensed as an RN or LPN in the United States? | 1=Yes2=No |
| Q11\_CountryOfFirstLic | 11 | If no, in what country were you initially licensed/registered as an RN or LPN? | Written text |
| Q12\_CurrentLicStatus | 12 | What is the status of the license currently held? | 1=Active2=Inactive |
|  | 13 | Indicate whether you are credentialed in your state to practice as any of the following: | (Select all that apply) |
| Q13\_CNP | Certified Nurse Practitioner | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q13\_CNS | Clinical Nurse Specialist | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q13\_CRNA | Certified Registered Nurse Anesthetist | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q13\_CNM | Certified Nurse Midwife | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q13\_None | Not credentialed as any of the above | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
|  |  | **Employment Information** |  |
|  | 14 | What is your employment status? | (Select all that apply) |
| Q14\_Nursing\_FullTime | Actively employed in nursing or in a position that requires a nurse license full-time | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q14\_Nursing\_PartTime | Actively employed in nursing or in a position that requires a nurse license part-time | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered  |
| Q14\_Nursing\_PerDiem | Actively employed in nursing or in a position that requires a nurse license on a per diem basis | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q14\_Other\_FullTime | Actively employed in a field other than nursing full-time | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q14\_Other\_PartTime | Actively employed in a field other than nursing part-time | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q14\_Other\_PerDiem | Actively employed in a field other than nursing on a per diem basis | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q14\_Nursing\_Volunteer | Working in nursing only as a volunteer | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q14\_Unemployed\_Seeking | Unemployed, seeking work as a nurse | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q14\_Unemployed\_Not\_Seeking | Unemployed, not seeking work as a nurse | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q14\_Retired | Retired | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
|  | 15 | If unemployed, please indicate the reasons: | (Select all that apply) |
| Q15\_Family | Taking care of home and family | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q15\_Disabled | Disabled | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q15\_Salary | Inadequate Salary | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q15\_School | School | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q15\_Difficult\_Finding | Difficulty in finding a nursing position | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q15\_Other | Other | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q16\_Num\_Positions | 16 | In how many positions are you currently employed as a nurse? | 1 = 12 = 23 = 3 or more |
| Q17\_Hours | 17 | How many hours do you work during a typical week in all your nursing positions? | Hours (###) |
| Q18\_Primary\_Zip | 18 | Please indicate the zip code of your primary employer: | (#####) |
| Q18\_Primary\_State | State (Coded from zip code by Scantron) | AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY, AS, GU, MP, VI |
| Q19\_Primary\_Salary | 19 | Please estimate your 2016 pre-tax annual earnings from your primary nursing position. Include overtime and bonuses, but exclude sign-on bonuses. (In Dollars) | (#######) |
| Q20\_Primary\_Setting | 20 | Please identify the type of setting that most closely corresponds to your primary nursing practice position: | 1=Hospital2=Nursing Home/Extended Care3=Assisted Living Facility4=Home Health5=Hospice6=Correctional Facility7=School of Nursing8=Public Health9=Dialysis Center10=Community Health11=School Health Service12=Occupational Health13=Ambulatory Care Setting14=Insurance Claims/Benefits15=Policy/Planning/Regulatory/Licensing Agency16=Other |
| Q20\_Specify |  | Please identify the type of setting that most closely corresponds to your primary nursing practice position: Other (Please Specify): | Written text |
| Q21\_Primary\_Title | 21 | Please identify the position title that most closely corresponds to your primary nursing practice position: | 1=Consultant2=Nurse Researcher3=Nurse Executive4=Nurse Manager5=Nurse Faculty/Educator6=Advanced Practice Nurse7=Staff Nurse8=Case Manager9=Other-Health Related10=Other-Not Health Related |
| Q21\_Specify\_Health |  | Please identify the position title that most closely corresponds to your primary nursing practice position:Other-Health Related (Please Specify): | Written text |
| Q21\_Specify\_Not\_Health |  | Please identify the position title that most closely corresponds to your primary nursing practice position:: Other-Not Health (Please Specify): | Written text |
| Q22\_Primary\_Specialty | 22 | Please identify the employment specialty that most closely corresponds to your primary nursing practice position: | 1=Acute Care/Critical Care2=Adult Health3=Family Health4=Anesthesia5=Cardiology6=Community7=Geriatric/Gerontology8=Home Health9=Maternal-Child Health/Obstetrics10=Medical Surgical11=Nephrology12=Occupational Health13=Oncology14=Palliative Care/Hospice15=Pediatrics16=Neonatal17=Perioperative18=Public Health19=Psychiatric/Mental Health/Substance Abuse20=Rehabilitation21=School Health22=Emergency/Trauma23=Women’s Health24=Other-Clinical specialties25=Other-Non-clinical specialties |
| Q22\_Specify\_Clinical |  | Please identify the employment specialty that most closely corresponds to your primary nursing practice position: (Other-Clinical specialties) | Written text |
| Q22\_Specify\_Non-Clinical |  | Please identify the employment specialty that most closely corresponds to your primary nursing practice position: (Other-Non-clinical specialties) | Written text |
| Q23\_Secondary\_Setting | 23 | Please identify the type of setting that most closely corresponds to your secondary nursing practice position: | 0=No Secondary Practice Position1=Hospital2=Nursing Home/Extended Care3=Assisted Living Facility4=Home Health5=Hospice6=Correctional Facility7=School of Nursing8=Public Health9=Dialysis Center10=Community Health11=School Health Service12=Occupational Health13=Ambulatory Care Setting14=Insurance Claims/Benefits15=Policy/Planning/Regulatory/Licensing Agency16=Other |
| Q23\_Specify |  | Please identify the type of setting that most closely corresponds to your secondary nursing practice position: Other (Please Specify): | Written text |
| Q24\_Secondary\_Title | 24 | Please identify the position title that most closely corresponds to your secondary nursing practice position: | 0=No Secondary Practice Position1=Consultant2=Nurse Researcher3=Nurse Executive4=Nurse Manager5=Nurse Faculty/Educator6=Advanced Practice Nurse7=Staff Nurse8=Case Manager9=Other-Health Related10=Other-Not Health Related |
| Q24\_Specify\_Health |  | Please identify the position title that most closely corresponds to your secondary nursing practice position:Other-Health Related (Please Specify): | Written text |
| Q24\_Specify\_Not\_Health |  | Please identify the position title that most closely corresponds to your secondary nursing practice position:: Other-Not Health (Please Specify): | Written text |
| Q25\_Secondary\_Specialty | 25 | Please identify the employment specialty that most closely corresponds to your secondary nursing practice position: | 0=No Secondary Practice Position1=Acute Care/Critical Care2=Adult Health3=Family Health4=Anesthesia5=Cardiology6=Community7=Geriatric/Gerontology8=Home Health9=Maternal-Child Health/Obstetrics10=Medical Surgical11=Nephrology12=Occupational Health13=Oncology14=Palliative Care/Hospice15=Pediatrics16=Neonatal17=Perioperative18=Public Health19=Psychiatric/Mental Health/Substance Abuse20=Rehabilitation21=School Health22=Emergency/Trauma23=Women’s Health24=Other-Clinical specialties25=Other-Non-clinical specialties |
| Q25\_Specify\_Clinical |  | Please identify the employment specialty that most closely corresponds to your secondary nursing practice position: (Other-Clinical specialties) | Written text |
| Q25\_Specify\_Non-Clinical |  | Please identify the employment specialty that most closely corresponds to your secondary nursing practice position: (Other-Non-clinical specialties) | Written text |
|  |  | **Telehealth** |  |
| Q26\_Telehealth | 26 | What percentage of your work time do you estimate you provide nursing services or communicate with a patient or client located somewhere different from where you are located, via phone or electronically? | 1=Never2=1-25%3=26-50%4=51-75%5=76-100% |
| Q27\_Telehealth\_State\_Boarder | 27 | When providing nursing services or communicating with a remote patient or client via phone or electronically, what percentage of the time is it across a state border? | 0=Not applicable; I do not provide nursing services or communicate with remote patients or clients1=Never2=1-25%3=26-50%4=51-75%5=76-100% |
| Q28\_Telehealth\_National\_Boarder | 28 | When providing nursing services or communicating with a remote patient or client via phone or electronically, what percentage of the time is it across a national border? | 0=Not applicable; I do not provide nursing services or communicate with remote patients or clients1=Never2=1-25%3=26-50%4=51-75%5=76-100% |
|  | 29 | Please select the mode(s) of communication you use to provide nursing services, or communicate with, a remote patient or client. | (Select all that apply) |
| Q29\_NA | Not applicable, I do not provide nursing services or communicate with remote patients or clients | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q29\_Electronic\_Messaging | Electronic Messaging (ex: text messaging, instant message) | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q29\_VOIP | Voice over internet protocol (VoIP) (Skype, FaceTime) | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q29\_Virtual\_ICU | Virtual ICU (also known as: tele-ICU, remote ICU, eICU) | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q29\_Telephone | Telephone | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q29\_Email | Email | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q29\_Video call | Video call | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q29\_Other | Other | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q29\_Specify |  | Please describe the mode(s) of communication you use to provide nursing services or communicate with a remote patient or client: Other (Please Specify): | Written Text |
|  | 30 | Please indicate the states in which you hold an active license to practice as an RN or LPN: | (Select all that apply) |
| Q30\_AK | AK | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_AL | AL | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_AR | AR | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_AZ | AZ | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_CA | CA | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_CO | CO | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_CT | CT | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_DC | DC | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_DE | DE | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_FL | FL | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_GA | GA | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_HI | HI | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_IA | IA | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_ID | ID | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_IL | IL | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_IN | IN | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_KS | KS | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_KY | KY | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_LA | LA | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_MA | MA | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_MD | MD | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_ME | ME | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_MI | MI | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_MN | MN | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_MO | MO | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_MS | MS | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_MT | MT | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_NC | NC | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_ND | ND | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_NE | NE | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_NH | NH | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_NJ | NJ | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_NM | NM | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_NV | NV | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_NY | NY | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_OH | OH | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_OK | OK | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_OR | OR | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_PA | PA | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_RI | RI | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_SC | SC | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_SD | SD | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_TN | TN | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_TX | TX | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_UT | UT | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_VA | VA | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_VT | VT | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_WA | WA | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_WI | WI | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_WV | WV | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_WY | WY | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_AS | AS | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_GU | GU | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_MP | MP | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q30\_VI | VI | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
|  | 31 | Please indicate the states in which you are currently practicing as an RN or LPN: | (Mark all that apply) |
| Q31\_AK | AK | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_AL | AL | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_AR | AR | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_AZ | AZ | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_CA | CA | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_CO | CO | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_CT | CT | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_DC | DC | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_DE | DE | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_FL | FL | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_GA | GA | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_HI | HI | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_IA | IA | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_ID | ID | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_IL | IL | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_IN | IN | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_KS | KS | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_KY | KY | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_LA | LA | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_MA | MA | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_MD | MD | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_ME | ME | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_MI | MI | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_MN | MN | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_MO | MO | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_MS | MS | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_MT | MT | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_NC | NC | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_ND | ND | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_NE | NE | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_NH | NH | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_NJ | NJ | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_NM | NM | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_NV | NV | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_NY | NY | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_OH | OH | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_OK | OK | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_OR | OR | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_PA | PA | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_RI | RI | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_SC | SC | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_SD | SD | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_TN | TN | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_TX | TX | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_UT | UT | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_VA | VA | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_VT | VT | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_WA | WA | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_WI | WI | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_WV | WV | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_WY | WY | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_AS | AS | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_GU | GU | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_MP | MP | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| Q31\_VI | VI | 1 if checked, 0 if not checked, Blank/Null if the whole question was not answered |
| pct\_WgtC |  | pct\_WgtC | nonresponse adjustment weight |
| Number\_of\_Years\_Licensed |  | Number\_of\_Years\_Licensed | number of years licensed (calculated from question 9) |
| Age |  | Age | age in years (calculated from question 4) |