SECTION I: DEMOGRAPHIC INFORMATION

1) Birth Date (MM/DD/YYYY)

2) Please identify your sex
   - Female
   - Male
   - transgender
   - I choose not to respond

3) What is your race?
   - American Indian or Alaska Native
   - Asian
   - Black or African American
   - Indian/Pakistani
   - Native Hawaiian or other Pacific Islander
   - White
   - Other race
   - I choose not to respond

4) If you selected 'other race' , please specify your race.

____________________________________________________________

5) Mark the box that best applies to your ethnicity.
   - Yes, Hispanic/Latino
   - No, not /Hispanic/Latino
   - I choose not to respond

6) Are you able to provide midwifery services to patients in a language other than English
   - No
   - Yes, Spanish
   - Yes, Mandarin Chinese
   - Yes, another language
SECTION 2: CERTIFICATION INFORMATION

7. Please provide your American College of Nurse-Midwives’ (ACNM) membership number?
   □ I am not a member of ACNM
   □ Membership number ________________________

8) Please identify the number of states in which you hold either an active license (or are otherwise authorized) to practice midwifery.
   □ None
   □ 1
   □ 2
   □ 3
   □ 4
   □ 5
   □ 6
   □ 7
   □ 8
   □ 9
   □ 10 or more

9) Please identify the name of the PRIMARY state or US territory where you are licensed to practice midwifery. If you are not licensed in the US please specify the location in the space provided.
   □ Alabama
   □ Alaska
   □ American Somoa
   □ Arizona
   □ Arkansas
   □ California
   □ Colorado
   □ Connecticut
   □ D.C.
   □ Delaware
   □ Florida
   □ Georgia
   □ Guam
   □ Hawaii
   □ Idaho
   □ Illinois
   □ Indiana
   □ Iowa
   □ Kansas
   □ Kentucky
   □ Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Northern Mariana Islands
Ohio
Oklahoma
Oregon
Pennsylvania
Puerto Rico
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
US Virgin Islands
Utah
Vermont
Virginia
Washington
West Virginia
Wisconsin
Wyoming
Other

If you selected other, please specify

10) Please provide the name of the PRIMARY state or US territory in which you work. If you do not work in the US please identify the location in the space provided.

Alabama
Alaska
American Somoa
Arizona
Arkansas
California
Colorado
Connecticut
D.C.
Delaware
Florida
SECTION 3: EDUCATION

11) Please identify all of your earned academic degree(s). Please note: this question does NOT refer to nursing diplomas or certification received such as FNP, NP, CNM or
licensure such as RN.

- Associate, Nursing
- Associate, not Nursing
- Bachelor’s, Nursing
- Bachelors, not Nursing
- Master’s, Nursing
- Master’s, Midwifery
- Master’s, Public Health
- Master’s, not Nursing, Midwifery or Public Health
- Doctorate (any type e.g. DNP, PhD etc.)

12) If you have identified that you hold a doctoral degree, please select the type(s) of doctoral degrees you currently hold from the list below. If you select “doctorate, other type” please identify the type of doctoral degree you hold and the related discipline in which you hold this degree in the blank provided.

- Doctorate of Nursing Practice (DNP) or Nursing Doctorate (ND)
- DNS or DNSc
- PhD (Nursing)
- Doctorate, Public Health (Dr.PH) or DrPH (Public Health)
- PhD, other than Nursing (please specify degree discipline in comment area)
- Doctorate, other type (not PhD), e.g., JD, MD, PharmD (please specify below)

____________________________________________________________________
- Other (please specify below)
____________________________________________________________________

13) What additional type of provider certification do you hold that enables you to provide women’s health care?

- Adult Health Nurse Practitioner (ANP)
- Family Nurse Practitioner (FNP)
- Women's Health Care Nurse Practitioner (WHCNP)
- None
- Other (please specify)
SECTION 4: EMPLOYMENT

14) Please check the statement that is most applicable to your current employment status regardless if you are self-employed, or have an employer. If your work hours vary over the course of the year or from week to week, provide the answer that you think best 'fits' your work hours.

☐ Employed full time (35 or more hours/week)
☐ Employed part time (34 hours or less/week)
☐ Employed full time and employed in a second job (either part time or full time)
☐ Not employed during the past year for reason OTHER than retirement
☐ Retired
☐ Other

If other, please specify
____________________________________________________

15) In your full time midwifery employment (35 hours or more/week) what are your primary areas of responsibility? Check all that apply.

☐ Clinical midwifery - AP
☐ Clinical midwifery - IP
☐ Clinical midwifery - PP
☐ Clinical midwifery - NB
☐ Clinical midwifery - WH reproductive care
☐ Clinical midwifery - WH primary care
☐ Midwifery education
☐ Education- other than midwifery
☐ Administration - midwifery related
☐ Administration - not midwifery related
☐ Research - midwifery related
☐ Research - not midwifery related
☐ N/A - Part time midwifery employment only
☐ N/A - Retired, unemployed
☐ Other primary responsibility (please specify)

Additional comments____________________________________________________

16) In your part time midwifery employment (34 hours or less/week), what are your primary areas of responsibility? Check all that apply.

☐ Clinical midwifery - AP
☐ Clinical midwifery - IP
☐ Clinical midwifery - PP
☐ Clinical midwifery - NB
☐ Clinical midwifery - WH reproductive care
☐ Clinical midwifery - WH primary care
☐ Midwifery education
☐ Education other than midwifery
☐ Administration - midwifery related
☐ Administration - not midwifery related
☐ Research - midwifery related
☐ Research - not midwifery related
N/A – Part time midwifery employment only
Retired, unemployed
Other primary responsibility (please specify)

Additional comments

17. For each primary area of responsibility that you selected for your full-time midwifery employment, please indicate the average/typical number of hours spent on that responsibility in a typical 35 - 40-hour work week (Insert 0 if you do not have responsibility for that area of work or do not work full time. If you work for more than one employer, provide the total number of hours, per area of responsibility, that you provide across all employers. For example, if you provide clinical midwifery services – IP for 8 hours for one employer, and 8 hours in the same area of work for a second employer, the sum of hours = 16 for that area of work. The sum of hours should not exceed 40, although it is recognized that many midwives work in excess of a 40 hour week.)

N of Hours

[Blank]

18. For each primary area of responsibility that you selected for your part-time midwifery employment, please indicate the average/typical number of hours spent on that responsibility in a typical, maximum, 34 hour work week (Insert 0 if you do not have responsibility for that area of work or do not work part-time. If you work for more than one employer, provide the total number of hours, per area of responsibility, that you provide across all employers. For example, if you provide clinical midwifery services – IP for 5 hours for one employer, and 5 hours in the same area of work for a second employer, the sum of hours = 10 for that area of work. The sum of hours should not exceed 34.)

N of Hours

[Blank]
19. What are your plans for the next 12 months regarding direct patient care?
- Increase hours
- Decrease hours
- Seek non-clinical job
- Retire
- Continue as I am presently doing
- Unknown/undecided

20) Primary Employment - Whether you work full or part time please select the ONE answer that best describes your primary employer.
- Educational Institution
- Federal Government (e.g., USAID or HRSA)
- Private physician-involved Group Practice (including at least one physician and at least one NP/PA/CNM/CM)
- Private non-physician or midwifery owned Group Practice (including no physicians but two or more NPs/PAs/CNMs/CMs)
- Private solo CNM or CM practice
- Midwife-managed Clinic (not fitting any of the above)
- HMO (Health Maintenance Organization, e.g. Kaiser)
- Federally-funded FQHC (Community and/or Migrant and/or Homeless and/or Public Housing Health Center funded by HRSA under PHS Section 330)
- FQHC Look-Alike (meets CHC/MHC/HHC/PHHC criteria but not federally-funded)
- Other FQHC (such as Indian Tribal Health Centers recognized by CMS as FQHCs)
- Rural Health Clinic (RHC)
- Other Community Clinic (including Free Clinics)
- Retail-based Convenient Care Clinic (e.g. Target, CVS Minute Clinics)
- Other Urgent Care Clinics (e.g. Patient First)
- Hospital Inpatient Care (non-federal)
- Hospital Outpatient Care (non-federal)
- Hospital Emergency Room (non-federal)
- Ambulatory Care Surgical Center
- NHSC (National Health Service Corps) site
- IHS (Indian Health Service) site
- Other PHS (Public Health Service) site
- Military (Army, Air Force, Navy, Marine, Coast Guard) hospitals or sites
- Veteran’s Administration (VA) site
- Long-term/extended care facility, e.g. nursing homes, rehabilitation hospitals
- Hospice
- Home Health Care
21. Please provide the 9-digit zip code of your primary practice location. If you are uncertain of the last four digits; please provide at least the 5-digit code.

□□□□□□□□□□
  □ I choose not to respond.□

22. Please write in- the number of full-time equivalents midwives at your primary practice location

[Definition of FTE: One FTE is equal to one full time position (35 or more hours/week) regardless if one person is in the position or if it is split amongst two or more midwives e.g. each works 17 ½ hours/weekly)]

______________________________________________

23. Do you provide services in your full-time employment at a single location (one or more clinical units at a single geographic site), or in multiple locations (different geographic sites)? Please answer this question ONLY if you work 35 or more hours per week.

☑ Single location
☑ Multiple locations
☑ Not applicable (do not work full-time)

24. Do you provide services in your part-time employment at a single location (one or more clinical units at a single geographic site), or in multiple locations (different geographic sites)? Please answer this question ONLY if you work 34 or less hours per week OR if you work full time and also have another full- or part-time position).

☑ Single location
☑ Multiple locations
☑ Not applicable (do not work in another full- or part-time position)

25) Do you attend births?

☑ No
☑ Yes

26) Where do you attend births? Please check all responses that apply.

☑ Hospital
☑ Hospital birthing center
27. Please indicate the approximate number of live births for which you were the primary and/or responsible attendant in each of these birth settings in the past year. Insert 0 if you did not attend births in any specific type of facility.

<table>
<thead>
<tr>
<th>Birth Setting</th>
<th>N of births</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td></td>
</tr>
<tr>
<td>Hospital birthing center</td>
<td></td>
</tr>
<tr>
<td>Free standing birthing center</td>
<td></td>
</tr>
<tr>
<td>Home</td>
<td></td>
</tr>
<tr>
<td>N/A (do not attend births)</td>
<td></td>
</tr>
</tbody>
</table>

28) Please select the range that includes your annual salary for all midwifery related work.

- Less than $30,000
- $30,000 - $39,999
- $40,000 - $49,999
- $50,000 - $59,999
- $60,000 - $74,999
- $75,000 - $99,999
- $100,000 - $149,999
- $150,000 - $249,999
- $250,000 - $499,999
- $500,000 - $999,999
- $1,000,000 or more
- N/A (no midwifery related income)

29) Please provide your annual salary (to the closest whole number) for ALL midwifery related income (clinical practice, educator, researcher, consultant, etc.). Do not use the dollar sign ($), commas (,), hyphens (-) or periods (.) in your answer.

____________________________________________________________dollars