SURVEY PROCESS QUESTIONNAIRE

The following questions pertain to your experience completing the 2023-2024 Consolidated Registered Nursing Education Survey. In order for us to best serve your program and the entire California nursing community, please take a moment to rate your level of agreement with each of the following statements as well as to offer suggestions for survey improvement. Thank you.

DIRECTIONS

Please indicate your level of agreement or disagreement with the survey items.

Question number	QUESTION	Strongly Agree	Agree	Disagree	Strongly Disagree
1.	This survey's questions and instructions were clear and straightforward.	0	0	0	ο
2.	This survey's multiple-choice answers sufficiently reflected the answers I wanted to provide.	0	0	0	ο
3.	I experienced few technical difficulties responding to this survey.	0	0	0	0
4.	The information requested by this survey was available.	0	0	0	ο
5.	The information requested by this survey was easily obtainable.	0	0	0	ο
6.	The information requested by the survey will be valuable to program administrators like myself and other nursing education stakeholders.	0	0	0	ο

Question number	QUESTION	Much better than before	Better than before	Same as before	Worse than before	Much worse than before	Not Applicable
7.	If you have participated in the school survey before, how would you characterize your experience with the survey this year in comparison to previous years?	ο	0	0	0	ο	0

8.	How could the consolidated survey be changed or improved upon?	
9.	What information did you find most difficult to obtain?	
10.	How could obtaining the information requested by the survey be made easier for your program?	
11.	Please provide any additional feedback about the survey here.	