

# Baseline Characteristics Survey

Please complete the survey below.

Thank you!

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- 1) Years of experience as a Nurse \_\_\_\_\_
- 
- 2) Title  Registered Nurse  
 Enrolled Nurse  
 Nurse Unit Manager  
 Clinical Nurse Specialist  
 Clinical Nurse Consultant  
 Other
- 
- 3) If other, please specify \_\_\_\_\_
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- 4) Work setting  ICU  
 ED  
 Acute care  
 Outpatient services  
 Aged care  
 Other
- 
- 5) If other, please specify \_\_\_\_\_
- 
- 6) Qualification/s  Bachelors  
 Masters  
 Australian Qualification  
 Overseas Qualification  
 PHD  
 Graduate Certificate  
 Other
- 
- 7) If other, please specify \_\_\_\_\_
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- 8) Estimated number of patients/clients with Haemophilia that you have provided care for  0-5  
 6-10  
 11-20  
 >20