### Figure 1 Demographic information

1. Age ______
2. Gender __________
3. Degree: AD ________, BSN ____________, other degrees ___________
4. Date of graduation from nursing school _________________________
5. Previous experience at this hospital system and dates:
   - PCNA / CT _____________________________        __________
     Hospital date None
   - Student nurse clinicals _____________________________        __________
     Hospital date None
   - Employed as a nurse _____________________________        __________
     Hospital date None
   Other (please explain)
     ____________________________________________________
     ____________________________________________________
6. Is this your first experience with Electronic Medical Record documentation?
   Yes __________ No _______

<table>
<thead>
<tr>
<th></th>
<th>Hospital</th>
<th>date</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCNA / CT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student nurse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed as a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>explain)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>