

Florida Association of Public Health Nurses
Public Health Nursing Legacy Project

Name of PHN: _____

Address: _____

Phone: _____ Email: _____

Years as PHN: from _____ to _____ Location(s): _____

Position(s) held- each with years identified: _____

Suggested Interview Questions

1. How did you decide to become a nurse? Was there a defining experience, person or event?
2. Where and when were you educated? Academic record, additional degrees etc.
3. Tell me about your nursing career, what did you do after nursing school?
4. How and when did you decide to become a PHN?
5. When you reminisce about your days as a PHN, can you describe a special memory? (the people, places, circumstances)
6. Is there one special time that PHN made a difference?
7. What did it feel like to be a PHN?
8. What were some of the major challenges to PH during the time you were employed as a PHN in FL?
9. What advice do you have for new nurses in PHN?
10. Do you keep in touch with your PHN colleagues? Please share the names-
11. What did I not ask about your career that you would like to share with me?
12. Do you have any memorabilia that you would like to donate to the FL PHN Legacy Project collection?

Please type the responses, add your name, title, place of employment, address, phone and email. Let me know if you would like to have someone critique/edit the information. You will approve final copy before it is share publicly. Once you approve, it will be posted on the FAPHN web site and may be published in other formats.

Please send a copy to Katherine Mason by email attachment or mail to:

Email: kmason@nursing.fsu.edu or

Mail address: 6124 Pimlico Ct., Tallahassee, FL 32309.

The info will be shared with FAPHN members, with credit and **Thanks to You!**

