



# UNIVERSITY OF LEEDS

## ***Permission to Use The Leeds Nurse Work Instability Scale***

Thank you for enquiring about the Nurse-WIS

The University of Leeds will grant you permission to use the Leeds Nurse Work Instability Scale (Nurse-WIS) for clinical and/or non-commercial purposes. In this instance, non-commercial purposes means that you agree not to use the Nurse-WIS in research or other work performed for a third party, funded by a commercial third party (e.g. clinical trial) or provide the questionnaire to a third party.

When reproducing the Nurse-WIS, please include an identifier as follows:

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For purposes of standardization of content, scoring and labelling, we wish to assure users of the questionnaire and interpreters of its results that the designation "Nurse-WIS" refers to the identical instrument and scoring in all cases. This allows comparison of scores across projects and applications.

Therefore, if you add questions to or delete questions from the Nurse-WIS; or embed it into a larger questionnaire; or modify its layout or order of questions, please give the modified questionnaire its own name and indicate the following on the questionnaire form, including at its end:

**Questionnaire includes portions of the Leeds Nurse Work Instability Scale (items number--), © 2004, The University of Leeds;  
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It is not permitted to create a non-English language version or culturally-modified version of the RA-WIS without explicit prior permission, which will also require following an agreed adaptation protocol. For existing language versions see the web site at:

<http://www.leeds.ac.uk/medicine/rehabmed/psychometric/Scales1.htm>

In return for royalty free permission to use the Nurse-WIS, we request that:


- a. you complete and **return The University of Leeds User's Profile** form describing the way in which you plan to use the Nurse-WIS; and

**In addition if you intend to use the Nurse-WIS in a research study we request that**

- b. you make available to The University of Leeds non-identifiable data from your study which may allow it's research group to refine the applicability, precision and standardization of scoring of the Nurse-WIS; and
- c. the study data not be used to develop another questionnaire with the same purpose as the Nurse-WIS.

If you agree to the terms of **this letter of permission to use the NURSE-WIS, please return a signed copy for my attention** along with the completed User's Profile Form and I will email you a copy of the NURSE-WIS.

(Scale scoring guidance notes will also be included).

For technical advice and consultation regarding the use of the Nurse-WIS, please contact Alan Tennant, at The University of Leeds,  [a.tennant@leeds.ac.uk](mailto:a.tennant@leeds.ac.uk)

Respectfully,  
Nurse-WIS Administrative Manager

Agreed to by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title/organisation

**Please complete and return this form to NURSE-WIS Administrative Manager, The University of Leeds, Academic Department of Rehabilitation Medicine, D Floor, Martin Wing, Leeds General Infirmary, Leeds, England, LS1 3EX. Fax: 0113 3922559. Email: [V.E.Lane@leeds.ac.uk](mailto:V.E.Lane@leeds.ac.uk)**

# NURSE-WIS

## User Profile (Please type or print clearly)

Please complete and return this form to NURSE-WIS Administrative Manager, The University of Leeds, Academic Department of Rehabilitation Medicine, D Floor, Martin Wing, Leeds General Infirmary, Leeds, England, LS1 3EX. Fax: 0113 3922559. Email: [V.E.Lane@leeds.ac.uk](mailto:V.E.Lane@leeds.ac.uk)

<b>Principal Investigators/Project Directors Name:</b>		
<b>Organisation/Department:</b>		
<b>Street Address:</b>		
<b>City:</b>	<b>County/State:</b>	<b>Postcode/Zip:</b>
<b>Country:</b>	<b>E-mail:</b>	
<b>Telephone:</b>	<b>Fax:</b>	

<b><u>Organisation Type</u></b>					
Indicate by placing a 'X' in the box next to the category that best describes the type or primary purpose of your organisation					
<input type="checkbox"/>	<b>Primary Care Group</b>	<input type="checkbox"/>	<b>NHS Hospital Trust</b>	<input type="checkbox"/>	<b>Insurance Company/Health Plan</b>
<input type="checkbox"/>	<b>University/College</b>	<input type="checkbox"/>	<b>Charity</b>	<input type="checkbox"/>	<b>Pharmaceutical Company</b>
<input type="checkbox"/>	<b>Government Agency</b>	<input type="checkbox"/>	<b>Other NHS</b>	<input type="checkbox"/>	<b>Other: _____</b>

<b>If you propose to use the NURSE-WIS as a Clinical Screening Tool Only (IE. Not for research purposes) please tick this box and ignore the remaining questions</b>	<input type="checkbox"/>
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<b>Briefly describe the project(s) for which you plan to use the NURSE-WIS (indicate aims, design and key sample characteristics):</b>
<b>Project sample size:</b>
<b>Projects duration:</b>
<b>Methods of measurement (e.g. Mail survey):</b>
<b>Other measurement tools included (e.g. SF-36):</b>