

APPENDIX 1

Current Survey questions (Webinar Survey)

Demographics

1. Age (Age 20-30 years 31-40 years 41-50 years 51-60 years 61+)
2. Please state your gender (Male/Female)
3. In which area do you primarily work? (Hospital (community) Hospital (teaching) Surgery Center Office based practice)
4. Job Title (Resident, Attending, PhD, CRNA, RN, Other)
5. Years since medical school graduation
6. Post-graduate year number
7. Total number of years in training program
8. Specialty
9. Years since medical school graduation
10. Years since completing residency/fellowship
11. Specialty
12. Years since completing PhD
13. Years since completing post-doc
14. Years since completing CRNA training
15. Years since completing RN training
16. Years since completing RN training
17. Years since completing highest level of education
18. Years of college completed

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How often do these occur: 0-Never, 1-A few times a year, 2-Once a month or less, 3-A few times a month, 4-Once a week, 5-A few times a week, 6-Every Day.

1. I feel emotionally drained from my work.
2. I feel used up at the end of the workday.
3. I feel fatigued when I get up in the morning and have to face another day on the job.
4. I can easily understand how my patients feel about things.
5. I feel I treat some patients as if they were impersonal objects.
6. Working with people all day is really a strain for me.
7. I deal very effectively with the problems of my patients.
8. I feel burned out from my work.
9. I feel I'm positively influencing other people's lives through my work.
10. I've become more callous toward people since I took this job.
11. I worry that this job is hardening me emotionally.
12. I feel very energetic.
13. I feel frustrated by my job.
14. I feel I'm working too hard on my job.
15. I don't really care what happens to some patients.
16. Working with people directly puts too much stress on me.
17. I can easily create a relaxed atmosphere with my patients.
18. I feel exhilarated after working closely with my patients.
19. I have accomplished many worthwhile things in this job.
20. I feel like I'm at the end of my rope.
21. In my work, I deal with emotional problems very calmly.
22. I feel patients blame me for some of their problems.

1. In general, would you say your health is:
 - a. Excellent/Very good/Good/Fair/Poor
2. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (Check one)
 - a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf
 - i. Limited a Lot/Limited a little/Not limited at all
 - b. Climbing several flights of stairs
 - i. Limited a Lot/Limited a little/Not limited at all
3. During the past four weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? (Check one)
 - a. Accomplished less than you would like
 - i. Yes/No
 - b. Had difficulty performing the work or other activities, for example it took extra effort.
 - i. Yes/No
4. During the past four weeks, have you had any of the following problems with your work or other regular daily activities as a result of emotional problems (such as feeling depressed or anxious)? (Check One)
 - a. Accomplished less than you would like
 - i. Yes/No
 - b. Didn't do work or other activities as carefully as usual
 - i. Yes/No
5. During the past four weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? (Check one)
 - a. Not at all/Slightly/Moderately/Quite a bit/Extremely
6. During the Past four weeks, how much did pain interfere with your normal activities (including both work outside the home, housework, and family activities)? (Check one)
 - a. Not at all/Slightly/Moderately/Quite a bit/Extremely
7. These questions are about how you feel and how things have been with you during the past four weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past four weeks:
 - a. Have you felt calm and peaceful? (Check one)
 - i. All of the time/Most of the time/A good bit of the time/Some of the time/A little of the time/None of the time
 - b. Did you have a lot of energy? (Check one)
 - i. All of the time/Most of the time/A good bit of the time/Some of the time/A little of the time/None of the time
 - c. Have you felt downhearted and blue? (Check one)
 - i. All of the time/Most of the time/A good bit of the time/Some of the time/A little of the time/None of the time

SSPC

Carefully read each statement and decide if you feel this way right now. In the space following the statement, indicate how often you felt that way by checking the appropriate box. If you never feel that way, enter, "0". If you always feel that way, enter "9".

1. My job satisfies me economically.
2. My job provides good opportunities for advancement.
3. If another job opportunity arose I would seriously consider it.
4. At my job, I give a lot but receive little in return.
5. My job keeps me away from family, friends, and outside interests.
6. During a typical day, I have control over my workload
7. During a typical day, I have control over what I do at work.
8. My supervisors provide sufficient social support for my needs.
9. My supervisors value me for my professional skills.
10. My supervisors understand my difficulties.
11. I have some colleagues upon whom I can rely.
12. I trust in my colleagues and in their humane qualities.
13. I feel at ease discussing personal problems with my colleagues.
14. My colleagues help me at work.

Other questions

To "recharge my batteries" or maintain balance in my life, I do the following activities for myself:
(Check all that apply)

1. Strenuous activity (Running, biking, going to the gym, tennis)
2. Moderate physical activity (Walking, Golf, bowling, dancing, etc)
3. Shopping
4. Reading
5. Going to the theater or movies
6. Listening to music or watching TV
7. Making music or art work
8. Traveling
9. Cooking
10. Other (Not included in activity list)
11. No activities
12. Please specify other activity (not included in activity list)

Drugs

1. In your life, which of the following substances have you ever used? Please report nonmedical use only: Do not record medications that are used as prescribed by your doctor.
 - a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)
 - b. Alcoholic beverages (beer, wine, liquor, etc.)
 - c. Cannabis (marijuana, pot, grass, hash, etc.)
 - d. None
 - e. Prefer not to answer
2. Have you used any of those substances within the last 5 years?
 - a. Yes/No
3. Have you used any of those substances within the last year?
 - a. Yes/No
4. In the past (prior to this year), how often did you use any of those substances to manage job-related stress?
 - a. Never
 - b. Occasionally
 - c. Frequently (once or twice a week)
 - d. Daily
5. In the past, did your use of substances ever lead to adverse consequences in your life/job?
 - a. Yes/No
6. Within the last year, how often did you use any of those substances to manage job-related stress?
 - a. Never
 - b. Occasionally
 - c. Frequently (once or twice a week)
 - d. Daily
7. If yes, how much control do you feel you have over your substance use?
 - a. I am completely in control
 - b. I am usually in control
 - c. My substance use frequently gets the best of me
 - d. I am worried that my substance use is beyond my control
8. In the last 12 months, have you used any of those substances to manage job-related stress?
 - a. Yes/No