

**Orthopaedic Residents Work/Life Survey**

49383

This survey is designed to provide a systematic assessment of issues relevant to well-being among orthopaedic surgery residents.

This booklet is divided into sections covering the following topics:

Section 1. Background Information

Section 2. Job Related Feelings

Section 3. General Psychological Health

Section 4. Stressful Aspects of Your Life and Work

Section 5. Responses to Stress

Section 6. Relationship Issues (if you are married or in an ongoing, committed relationship, your partner will be referred to as "mate.")

This survey is strictly confidential and no names are requested. Each respondent has been assigned a Program code number, which appears on the front of the booklet. Responsible persons who are not affiliated with any orthopaedic residency program hold the key to the code. Other investigators in this project will remain blinded to the identities of those returning the booklet.

In order to obtain an accurate picture of the residency experience and life in medicine, it is important that we obtain surveys from many residents throughout the country. We would therefore be grateful for your cooperation in completing this questionnaire. Please return your completed booklet to: \_\_\_\_\_

**Section 1: Background Information**

Program ID Number:

Your Age:

Your Gender: ☐ Male ☐ Female

Year of Your Medical Training:

**Race**

☐ Caucasian

☐ Asian/Pacific Islander

☐ Black/African American

☐ American Indian/Alaska Native

☐ Hispanic/Latino

☐ Other (specify) \_\_\_\_\_

**Marital Status**

☐ Single ☐ Married ☐ Live with significant other ☐ Divorced ☐ Separated ☐ Widowed

Years Married:   This is my: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th or more marriage

Number of Children:

Ages of Children:   <sup>child 1</sup> Age:   <sup>child 2</sup> Age:   <sup>child 3</sup> Age:   <sup>child 4</sup> Age:   <sup>child 5</sup> Age:   <sup>child 6</sup> Age:   <sup>child 7</sup> Age:   <sup>child 8</sup>

If you are not married, are you involved in a serious, committed, ongoing relationship? ☐ Yes ☐ No

**Your Mate's Education Level:**

☐ grade school ☐ high school/equivalent ☐ some college ☐ college degree ☐ graduate degree ☐ professional degree

**Your Mate's Occupation:**

Average number of hours per week your mate works outside the home for pay:

Average number of hours per week you work:



Were/are any of your parents or grandparents physicians? ☐ Yes ☐ No

If so, please specify which relatives were physicians and note their area of specialization:

- ☐ My mother was/is a physician.

**Her specialty:**

- ☐ My father was/is a physician.

His specialty:

- ☐ My grandmother was/is a physician.

[illegible]

- ☐ My grandfather was/is a physician.

**His specialty:**

If you were reared in a medical family, please check the one statement in each of the following pairs that most accurately describes your experience.

- a.
  - As a child, I grew up with a sense of pride that we were a medical family.
  - As a child, I resented how medicine interfered with our family life.
- b.
  - I was encouraged by my family to enter medicine.
  - My family discouraged me from entering medicine.

How would you characterize the relationship you had with your father when you were growing up? (Please check one):

- ☐ Loving and close    ☐ Loving but not close    ☐ Stable but distant    ☐ Conflictual    ☐ Non-existent

How would you characterize the relationship you had with your mother when you were growing up? (Please check one):

- ☐ Loving and close    ☐ Loving but not close    ☐ Stable but distant    ☐ Conflictual    ☐ Non-existent



49383

**Section 2: Job Satisfaction Survey** *If you are not currently employed, skip to Section 3*

Statements 1-22 describe job-related feelings. The purpose of these statements is to discover how you view your job and the people with whom you work closely. The term *recipients* is used to refer to the people for whom you provide your service, care, treatment, or instruction. When answering these questions please think of these people as recipients of your service, even though you may use another term in your work.

Please read each statement carefully and decide if you feel this way *about your job*. If you have *never* had this feeling, mark the "0" (zero) under the statement. If you have had this feeling, indicate *how often* you feel it by marking the number (from 1 to 6) that best describes how frequently you feel that way. Use the following scale:

HOW OFTEN:	0	1	2	3	4	5	6
	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day

**HOW OFTEN**  
0-6

**Statements:**

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 recipients feel about things.
5. ☐ I feel I treat some recipients 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 recipients.
8. ☐ I feel burned out from my work.
9. ☐ I feel I am 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 recipients.
16. ☐ Working with people directly puts too much stress on me.
17. ☐ I can easily create a relaxed atmosphere with my recipients.
18. ☐ I feel exhilarated after working closely with my recipients.
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 recipients blame me for some of their problems.



49383

### **Section 3: General Psychological Health**

We would like to know if you have had any medical complaints, and how your health has been in general, *over the past few weeks*. Please answer ALL of the questions in this section (questions 23-34) simply by marking the answer which you think most nearly applies to you. Remember that we want to know about present and recent complaints, not those that you had in the past.

It is important that you try to answer ALL the questions.

#### **Have you recently:**

- |  |  |
|--|--|
| <b>23.</b> been able to concentrate on whatever you're doing?    | <input type="radio"/> Better than usual <input type="radio"/> Same as usual <input type="radio"/> Less than usual <input type="radio"/> Much less than usual           |
| <b>24.</b> lost much sleep over worry?                           | <input type="radio"/> Not at all <input type="radio"/> No more than usual <input type="radio"/> Rather more than usual <input type="radio"/> Much more than usual      |
| <b>25.</b> felt that you are playing a useful part in things?    | <input type="radio"/> More so than usual <input type="radio"/> Same as usual <input type="radio"/> Less useful than usual <input type="radio"/> Much less useful       |
| <b>26.</b> felt capable of making decisions about things?        | <input type="radio"/> More so than usual <input type="radio"/> Same as usual <input type="radio"/> Less so than usual <input type="radio"/> Much less capable          |
| <b>27.</b> felt constantly under strain?                         | <input type="radio"/> Not at all <input type="radio"/> No more than usual <input type="radio"/> Rather more than usual <input type="radio"/> Much more than usual      |
| <b>28.</b> felt you couldn't overcome your difficulties?         | <input type="radio"/> Not at all <input type="radio"/> No more than usual <input type="radio"/> Rather more than usual <input type="radio"/> Much more than usual      |
| <b>29.</b> been able to enjoy your normal day-to-day activities? | <input type="radio"/> More so than usual <input type="radio"/> Same as usual <input type="radio"/> Less so than usual <input type="radio"/> Much less than usual       |
| <b>30.</b> been able to face up to your problems?                | <input type="radio"/> More so than usual <input type="radio"/> Same as usual <input type="radio"/> Less able than usual <input type="radio"/> Much less than usual     |
| <b>31.</b> been feeling unhappy and depressed?                   | <input type="radio"/> Not at all <input type="radio"/> No more than usual <input type="radio"/> Rather more than usual <input type="radio"/> Much more than usual      |
| <b>32.</b> been losing confidence in yourself?                   | <input type="radio"/> Not at all <input type="radio"/> No more than usual <input type="radio"/> Rather more than usual <input type="radio"/> Much more than usual      |
| <b>33.</b> been thinking of yourself as a worthless person?      | <input type="radio"/> Not at all <input type="radio"/> No more than usual <input type="radio"/> Rather more than usual <input type="radio"/> Much more than usual      |
| <b>34.</b> been feeling reasonably happy, all things considered? | <input type="radio"/> More so than usual <input type="radio"/> About same as usual <input type="radio"/> Less so than usual <input type="radio"/> Much less than usual |



49383

**Section 4: Life/Work Stress**

Questions in this section address those aspects of your life that may cause you stress.

	<u>Not at all</u>	<u>A Little</u>	<u>Quite a bit</u>	<u>A lot</u>
35. I feel sleep deprived.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
36. I feel conflict between my work and non-work lives.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
37. I am able to leave my personal concerns behind when I am at work.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
38. I have to interrupt work to take care of personal concerns.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
39. I am anxious about my level of work competence.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
40. I experience work/life conflict.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
41. I worry about how my career will be affected in the future by the growing supply of orthopaedic surgeons.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
42. I am stressed by my relationships with other residents.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
43. I am stressed by my relationships with faculty physicians.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
44. I am stressed by my relationships with nursing staff.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
45. I am stressed by my relationships with ancillary hospital or department personnel.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
46. I perceive fellow residents and their mates to be supportive.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
47. I feel that generational differences create problems between resident and faculty physicians.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

**Please answer True or False to the following:**

- ☐ True ☐ False A. I feel negatively judged or stereotyped by the other generation.
- ☐ True ☐ False B. I believe that older physicians try to implement a power hierarchy that is unacceptable to younger physicians.
- ☐ True ☐ False C. I believe that younger orthopaedic surgeons expect to be privy to information about the financial aspects of departmental or practice business matters sooner than they earn the right to have such information.
- ☐ True ☐ False D. I believe that older physicians and their families made mistakes in acclimating to work/life *imbalance*.
- ☐ True ☐ False E. I believe that younger physicians and their families are attempting or demanding a level of work/life balance that is unrealistic, given the demands of a career in orthopaedic surgery.
- ☐ True ☐ False F. I believe that, in general, younger physicians today do not express adequate appreciation for the contributions made by older physicians.
- ☐ True ☐ False G. I believe that a lack of clear policies, procedures, and precedents makes it difficult to age gracefully into the later stages of a career in orthopaedic surgery.

	<u>Not at all</u>	<u>A Little</u>	<u>Quite a bit</u>	<u>A lot</u>
48. I worry about whether I will make enough money to achieve or maintain my lifestyle goals.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
49. At this stage in my life, financial concerns stress me.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3



50. By the time my medical education is completed, I anticipate the following degree of financial indebtedness:

- ☐ No debt  
☐ Less than \$25,000  
☐ \$26,000 - \$50,000  
☐ \$51,000 - \$75,000  
☐ \$76,000 - \$100,000  
☐ \$101,000 - \$125,000  
☐ \$126,000 - \$150,000  
☐ Over \$150,000

51. Do you feel that the personal sacrifices you are making during medical training are worthwhile?

- ☐ Yes ☐ No

52. Knowing what you know now, would medicine again be your career choice?

- ☐ Yes ☐ No

53. Knowing what you know now, would you again choose orthopaedic surgery as a specialty?

- ☐ Yes ☐ No

54. Check any of the following that apply to you:

- ☐ I feel that I have been subjected to sexual harassment in the course of this residency  
☐ I feel that I have been subjected to sexual discrimination in the course of this residency  
☐ In this residency, I feel that I have been ignored or received less encouragement than have my colleagues of the opposite sex

55. Check any of the following that apply to you:

- ☐ In this residency, I feel that I have been subjected to harassment due to race or ethnicity  
☐ In this residency, I feel that I have been subjected to discrimination due to race or ethnicity

56. I rate my degree of satisfaction with life as a resident in orthopaedic surgery as follows:

- |                            |                         |                           |                              |                            |                               |
|----------------------------|-------------------------|---------------------------|------------------------------|----------------------------|-------------------------------|
| <u>Extremely Satisfied</u> | <u>Fairly Satisfied</u> | <u>Somewhat Satisfied</u> | <u>Somewhat Dissatisfied</u> | <u>Fairly Dissatisfied</u> | <u>Extremely Dissatisfied</u> |
| <input type="radio"/> 6    | <input type="radio"/> 5 | <input type="radio"/> 4   | <input type="radio"/> 3      | <input type="radio"/> 2    | <input type="radio"/> 1       |

57. Overall, how satisfied are you with your work/life balance?

- |                            |                         |                           |                              |                            |                               |
|----------------------------|-------------------------|---------------------------|------------------------------|----------------------------|-------------------------------|
| <u>Extremely Satisfied</u> | <u>Fairly Satisfied</u> | <u>Somewhat Satisfied</u> | <u>Somewhat Dissatisfied</u> | <u>Fairly Dissatisfied</u> | <u>Extremely Dissatisfied</u> |
| <input type="radio"/> 6    | <input type="radio"/> 5 | <input type="radio"/> 4   | <input type="radio"/> 3      | <input type="radio"/> 2    | <input type="radio"/> 1       |



49383

### **Section 5: Responses to Stress**

Questions in this section address how you respond to stress.

58. Do you have a professional mentor? ☐ Yes ☐ No

My mentor(s) include (check all that apply):

- ☐ A classmate
- ☐ A senior resident
- ☐ A fellow
- ☐ A faculty member
- ☐ A physician other than a faculty member

59. How often do you talk with your mentor about your concerns?

- ☐ I never have
- ☐ Several times a year
- ☐ 1-to-2 times each month
- ☐ Weekly or more often

	<u>Not at all</u>	<u>A Little</u>	<u>Quite a bit</u>	<u>A lot</u>
60. Talking with my mentor about my concerns helps	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
61. I talk with colleagues informally about my concerns	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
62. I talk to my partner/family/friends about my concerns	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
63. I use relaxation techniques (e.g., meditation, physical relaxation)	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
64. I draw on my religion or faith in God as a source of strength	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

65. I attend worship services

- ☐ I never have
- ☐ Several times a year
- ☐ 1-to-2 times each month
- ☐ Weekly or more often

66. I participate in formal psychological support of counseling (Please check all that apply)

- ☐ I did in the past, but not now
- ☐ I never have
- ☐ Yes, several times a year
- ☐ Yes, 1-2 times each month
- ☐ Yes, weekly or more often

If so, what type of care did/do you seek? (Check all that apply)

- ☐ Individual counseling or therapy
- ☐ Marital/family counseling
- ☐ Psychiatric care
- ☐ Pastoral counseling
- ☐ Support group
- ☐ Marriage enrichment
- ☐ Stress management
- ☐ Anger management
- ☐ Other (specify) \_\_\_\_\_

	<u>Not at all</u>	<u>A Little</u>	<u>Quite a bit</u>	<u>A lot</u>
67. I have difficulty relaxing and "unplugging" at the end of the day	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
68. Over the past few months, I have smoked cigarettes	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
69. Over the past few months, I have drunk alcohol	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
70. Over the past few months, I have used non-prescription drugs to alter my mood	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
71. Over the past few months, I have used prescription drugs to alter my mood	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
72. I worry about my alcohol or drug use	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

73. I make time to engage in physical exercise (i.e., a "workout") (Mark one answer)

☐ Daily   ☐ 3-5 times per week   ☐ weekly   ☐ 2-3 times per month   ☐ monthly   ☐ seldom   ☐ never

74. I make time to engage in enjoyable hobbies or interests outside of medicine (Mark one answer)

☐ Daily   ☐ 3-5 times per week   ☐ weekly   ☐ 2-3 times per month   ☐ monthly   ☐ seldom   ☐ never

75. How many weeks of non-working vacation do you take each year? (Mark one answer)

☐ 1 week or less   ☐ 2 weeks   ☐ 3 weeks   ☐ 4 weeks   ☐ 5 weeks   ☐ 6 weeks   ☐ 7 weeks   ☐ 8 weeks   ☐ More than 8 weeks

76. I struggle with the following emotions (Mark any that apply, and rate frequency. You may mark more than one)

	<u>A Little</u>	<u>Quite a bit</u>	<u>A lot</u>
<input type="checkbox"/> Loneliness	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
<input type="checkbox"/> Anxiety	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
<input type="checkbox"/> Anger	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
<input type="checkbox"/> Depression	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
<input type="checkbox"/> Stress	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
<input type="checkbox"/> Sadness	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
<input type="checkbox"/> None of the above			

	<u>Not at all</u>	<u>A Little</u>	<u>Quite a bit</u>	<u>A lot</u>
77. Overall how stressful do you find your life to be?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
78. To what extent has your residency facilitated adjustment to the stress of residency?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

79. Do you believe that more effort on the part of your residency program would have been helpful to you in managing the stresses of residency?

☐ Yes   ☐ No



49383

**Section 6: Relationship Issues**

PLEASE NOTE: RESPOND TO THE QUESTIONS IN THIS SECTION ONLY IF YOU ARE EITHER MARRIED OR INVOLVED IN A SERIOUS, ONGOING, COMMITTED RELATIONSHIP WITH A SIGNIFICANT OTHER.

Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your mate for each item on the following list.

	<u>Always Agree</u>	<u>Almost Always Agree</u>	<u>Occasionally Agree</u>	<u>Frequently Disagree</u>	<u>Almost Always Disagree</u>	<u>Always Disagree</u>
80. Religious matters	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
81. Demonstration of affection	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
82. Making major decisions	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
83. Sex relations	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
84. Conventionality (correct or proper behavior)	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
85. Career decisions	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
	<u>All the time</u>	<u>Most of the time</u>	<u>More often than not</u>	<u>Occasionally</u>	<u>Rarely</u>	<u>Never</u>
86. How often do you or have you considered divorce, separation, or terminating your relationship?	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
87. How often do you and your mate quarrel?	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
88. Do you ever regret that you married (or lived together)?	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
89. How often do you and your mate "get on each other's nerves?"	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
		<u>Every day</u>	<u>Almost Every day</u>	<u>Occasionally</u>	<u>Rarely</u>	<u>Never</u>
90. Do you and your mate engage in outside interests together?		<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0

49383

How often would you say the following events occur between you and your mate?

	<u>Never</u>	<u>Less than once a month</u>	<u>Once or twice a month</u>	<u>Once or twice a week</u>	<u>Once a day</u>	<u>More often</u>
91. Have a stimulating exchange of ideas	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
92. Work together on a project	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
93. Calmly discuss something	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5



49383

How often would you say the following events occur between you and your mate?

☐ Never
☐ Less than once a month
☐ Once or twice a month
☐ Once or twice a week
☐ Once a day
☐ More often

94. How often do you and your mate have sex? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

95. On an average work day, how much time do you spend alone (and awake) with your mate? (Check one)

- ☐ Fewer than 20 minutes  
☐ 21-45 minutes  
☐ 45-90 minutes  
☐ 90-120 minutes  
☐ More than 120 minutes

	<u>Every day</u>	<u>Almost Every day</u>	<u>Occasionally</u>	<u>Rarely</u>	<u>Never</u>
96. My work schedule conflicts with our family life	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
97. My mate's work schedule conflicts with our family life	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0

98. How much work/family conflict do you feel? ☐ Not at all ☐ A little ☐ A fair amount ☐ Very much

	<u>Every day</u>	<u>Almost Every day</u>	<u>Occasionally</u>	<u>Rarely</u>	<u>Never</u>
99. After work, I come home too tired to do some of the things I would like to do	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
100. Because my work is demanding, I am irritable at home	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0

101. When I come home, I worry a lot about work ☐ Always ☐ Frequently ☐ Sometimes ☐ Occasionally ☐ Rarely ☐ Never

102. I feel torn between demands of work and our personal life ☐ Always ☐ Frequently ☐ Sometimes ☐ Occasionally ☐ Rarely ☐ Never

Not at all    A Little    Quite a bit    A lot

103. To what degree have you made sacrifices in the number of hours you work for the sake of your marriage/partnership/children?    ☐ 0    ☐ 1    ☐ 2    ☐ 3

104. To what degree has your mate made sacrifices in the number of hours he/she works for the sake of your marriage/partnership/children?    ☐ 0    ☐ 1    ☐ 2    ☐ 3

105. To what degree have you made sacrifices in your career for the sake of advancing your mate's career?    ☐ 0    ☐ 1    ☐ 2    ☐ 3

106. To what degree has your mate made sacrifices in his/her career for the sake of advancing your career?    ☐ 0    ☐ 1    ☐ 2    ☐ 3

107. To what extent do your family members pay attention to your feelings and problems?    ☐ 0    ☐ 1    ☐ 2    ☐ 3

108. To what extent do your family members show that they appreciate the way you handle your work?    ☐ 0    ☐ 1    ☐ 2    ☐ 3

109. To what extent do you perceive other residents and their families in your community to be supportive?    ☐ 0    ☐ 1    ☐ 2    ☐ 3

110. My mate and I argue over how much time I have to spend in work-related activities.    ☐ 0    ☐ 1    ☐ 2    ☐ 3

111. To what extent has your residency facilitated your mate's adjustment to this stage of your life together?    ☐ 0    ☐ 1    ☐ 2    ☐ 3

112. Do you believe that more effort on the part of your residency program would be helpful to your mate in managing the stresses of residency?    ☐ Yes    ☐ No

113. What are the major child-rearing issues that face you as a medical family? (Please check any that apply):

- ☐ I am concerned that my child(ren) will not or do not understand the unique stresses that come with a medical career.
- ☐ I am concerned that, once grown, my child(ren) will not be able to afford as affluent a lifestyle as we are able to provide.
- ☐ I worry that a medical malpractice suit will affect my child(ren) negatively.
- ☐ I worry that my co-parent does not spend adequate time with our child(ren).
- ☐ I worry that I do not spend adequate time with our child(ren).
- ☐ As a parent, my spouse tries to wield authority but does not take adequate responsibility for participating in the in-the-trenches aspects of parenting.

Overall, how would you rate the following?

	<u>Extremely Satisfied</u>	<u>Fairly Satisfied</u>	<u>Somewhat Satisfied</u>	<u>Somewhat Dissatisfied</u>	<u>Fairly Dissatisfied</u>	<u>Extremely Dissatisfied</u>
114. Quality of our relationship	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
115. Quality of our sex life	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
116. My parenting skills	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
117. How involved I am in our family life	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
118. Our overall work/family balance	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
119. My satisfaction with a life in medicine	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

Thank You.