*For questions 1-10, please choose the answer that best describes your experience with burnout.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Overall, I am satisfied with my current job: | 1 Strongly disagree | 2 Disagree | 3 Neutral | 4 Agree | 5 Strongly Agree |
| 1. I feel a great deal of stress because of my job: | 1 Strongly disagree | 2 Disagree | 3 Neutral | 4 Agree | 5 Strongly Agree |
| 1. Using your own definition of “burnout, please circle **one** of the answers: | A - I enjoy my work. I have no symptoms of burnout.  B - I am under stress, and don’t always have as much energy as I did, but I don’t feel burned out.  C - I am definitely burning out and have one or more symptoms of burnout, e.g., emotional exhaustion.  D - The symptoms of burnout that I am experiencing won’t go away. I think about work frustrations a lot.  E - I feel completely burned out. I am at the point where I may need to seek help. | | | | |
| 1. My control over my workload is: | 1  Poor | 2  Marginal | 3  Satisfactory | 4  Good | 5  Optimal |
| 1. Sufficiency of time for documentation is: | 1  Poor | 2  Marginal | 3  Satisfactory | 4  Good | 5  Optimal |
| 1. Which number best describes the atmosphere in your primary work area? | 1  Calm | 2 | 3  Busy, but reasonable | 4 | 5  Hectic, chaotic |
| 1. My professional values are well aligned with those of my department leaders: | 1 Strongly disagree | 2  Disagree | 3  Neither agree nor disagree | 4  Agree | 5  Strongly Agree |
| 1. The degree to which my care team works efficiently together is: | 1  Poor | 2  Marginal | 3  Satisfactory | 4  Good | 5  Optimal |
| 1. The amount of time I spend on the electronic health record (EHR) at home is: | 1  Excessive | 2  Moderately high | 3  Satisfactory | 4  Modest | 5  Minimal/none  6  I do not use EHR or use paper charts |
| 1. My proficiency with EHR use is: | 1  Poor | 2  Marginal | 3  Satisfactory | 4  Good | 5  Optimal |

**Your clinical practice**

*Answer the following questions as truthfully as possible. All information will be kept private.*

|  |  |
| --- | --- |
| Training (select all that apply)  \_\_ Vitreo-retina \_\_ Cataracts \_\_ Glaucoma \_\_ Pediatric Ophthalmology  \_\_ Neuroophthalmology \_\_ Uveitis \_\_ Oculoplastics \_\_ General Ophthalmology | |
| Position Title: | Practice Name: |
| State of Practice: | EHR Vendor: |
| Estimate population size of the **city** you practice in:  \_\_ <50k \_\_ 50k to 200k \_\_ 200k to 800k \_\_ >800k | |
| Practice type: \_\_ Academic \_\_ Hospital based/Integrated Care Delivery System (i.e. Kaiser Permanente)  \_\_ Solo Practice \_\_ Small private group (<5 MDs) \_\_ Large private group (>5 MDs) | |
| Are you: \_\_ Employed \_\_ Owner | |
| Do you use a medical scribe during clinic: \_\_ Yes \_\_ No | |
| Number of years in your current role: \_\_\_\_\_\_\_\_\_\_\_\_ | |
| On average, how many days do you spend in clinic each week: \_\_\_\_\_\_\_\_\_\_\_\_  (Note: include half days i.e. 2.5 days total/per week) | |
| On average, how many surgeries do you perform in the OR each week:  \_\_ None \_\_ 0 to 5 \_\_ 5 to 10 \_\_ 10 to 15 \_\_ 15 to 20 \_\_ 20+ | |
| *Listed are activities you may participate in. Select all that apply.*  \_\_ Education of students/residents/fellows \_\_ Clinical Research \_\_ Basic Science Research  \_\_ Mission/Volunteer work \_\_ Mentorship Program \_\_ Academic Admissions \_\_ Other | |
| Marital status: \_\_ Single \_\_ Married \_\_ Divorced \_\_ Widowed \_\_ Civil Union | |
| Does your spouse or partner also work in the healthcare profession: \_\_ Yes \_\_ No  Please specify position, if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Number of Children: \_\_\_\_\_\_\_\_\_\_\_\_ | |
| Gender: \_\_ Female \_\_ Male | |
| Race: \_\_ White \_\_ Black or African American \_\_ Asian \_\_ Native American  \_\_ Native Hawaiian or Other Pacific Islander | |
| Ethnicity: \_\_ Latino/Hispanic \_\_ Not Latino/Hispanic | |
| Average Annual Salary:  \_\_ 50k to 100k \_\_ 100k to 200k \_\_ 200k to 300k \_\_ 300k to 400k \_\_ 400k to 500k \_\_ +500k | |

*The Mini Z was developed by Dr. Mark Linzer and team at Hennepin County Medical Center, Minneapolis. This is a modified version of the original survey. Thank you for your time.*