*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:
 | 1Poor | 2Marginal | 3Satisfactory | 4Good | 5Optimal |
| 1. Sufficiency of time for documentation is:
 | 1Poor | 2Marginal | 3Satisfactory | 4Good | 5Optimal |
| 1. Which number best describes the atmosphere in your primary work area?
 | 1Calm | 2 | 3Busy, but reasonable | 4 | 5Hectic, 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:
 | 1Poor | 2Marginal | 3Satisfactory | 4Good | 5Optimal |
| 1. The amount of time I spend on the electronic health record (EHR) at home is:
 | 1Excessive | 2Moderately high | 3Satisfactory | 4Modest | 5Minimal/none6 I do not use EHR or use paper charts  |
| 1. My proficiency with EHR use is:
 | 1Poor | 2Marginal | 3Satisfactory | 4Good | 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.*