

Physician Wellness Survey

What is your medical specialty?

The purpose of this survey is to identify the types of stressors and concerns that are affecting CAP members' lives and/or practices. **All responses are anonymous and data will be produced in aggregate form only.** 

Please tell us your age:		
Under 30		
30-40		
<b>41-50</b>		
51-60		
<b>61-70</b>		
71 and over		
_		
2. Please tell us your gender	:	
Male		
Female		
3. How many years have you	u been in practice?	
0-5 years		
6-10 years		
11-20 years		
21-30 years		
31-40 years		
More than 40 years		

	Anesthesia	
	Cardiology	
	Family Medicine/General Practice	
	<ul><li>General Surgery</li></ul>	
	Internal Medicine	
	Obstetrics/Gynecology	
	Orthopedic Surgery	
	Pediatrics	
	Psychiatry	
	Other Surgical Specialty	
	Other Medical Specialty	
	Other	
5.	Miles Lieuwen konse of annotine O	
	What is your type of practice?	
	Solo	
	Group	
	Multi-specialty	
	■ Academic	
6.	<b>Professional Issues:</b> Please rank the following stressors by the magnitude of their impact on you.	
	Professional issues. Flease fank the following stressors by the magnitude of their impact on you.	
	(1 = Highest Stressor)	
	Decreasing reimbursements	
	Demands of call	
	Patient demands/attitudes	
	Paperwork	
	Loss of autonomy	
	Time demands/long hours	
	Electronic Medical Records	
	Litigation, malpractice concerns	
	Defensive medicine	
	<del></del>	

7.

/4	L. High act Changes
(1	I = Highest Stressor)
	Business or administrative issues
	Bureaucratic control/Regulation: Medicare, CMS, OSHA, HIPPAA
	Dealing with third party payers
8. <b>P</b>	ersonal Issues: Please rank the following stressors by the magnitude of their impact on you.
(1	= Highest Stressor)
	Personal life issues (spouse, parents, children)
	Lack of personal time
	Adverse events (e.g. divorce, death of loved one)
	Breakdown in collegiality; isolation
	Global economic downturn
9. P	lease estimate the average number of hours worked per week.
(	Under 20 hours
(	20-30 hours
(	31-40 hours
(	11-50 hours
(	51-60 hours
(	● 61-70 hours
(	Over 71 hours
10.	
	Have you experienced burnout?
	Burnout has been defined as a syndrome of emotional exhaustion, depersonalization, and a sense of low personal accomplishment that leads to decreased effectiveness at work. It differs from the global impairment of depression as it primarily affects an individual's relationship to his work.
;	Source: The Well-Being of Physicians, Association of Professors of Medicine
	Yes
	⊚ No

Administrative Issues: Please rank the following stressors by the magnitude of their impact on you.

11.	Have the demands of practice caused you to consider a drastic change such as leaving your practice or moving to a different location?
	<ul><li>○ Yes</li><li>○ No</li></ul>
12.	How many hours each week do you spend on any of the following: hobbies, church/religious, social community, exercise?
	0-5 hours 6-10 hours 11-15 hours
	<ul><li>16-20 hours</li><li>21-25 hours</li><li>26 hours or more</li></ul>
13.	What actions do you take to relieve stress?
	350 characters left.
14.	What changes have you made, or are thinking of making, in your practice to relieve stress?
	350 characters left.

15.

If CAP could provide articles, resources or a special program, where would your interests lie? Please rank by the level of your interest with 1 being the most interesting to you.

## (1 = Highest Interest)

- -- Physical Health: fitness, exercise, nutrition, diet
  -- Psychological/Mental Health: relaxation; stress management techniques; therapy; support group; meditation instruction
  -- Work/Life Balance Issues: mentoring; recreation; nature; social events; time management
  -- Financial Health: financial assessment; financial planning; economic class
  -- Risk Management: risk reduction strategies for office practice
- · Comment:

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	500 characters left.	

Finish