1. Do you consider yourself retired from all regular part- and full-time work?

(Circle Only One)
Yes ................................1   Answer all but Question 5
No ....................................5

2. You indicated on a previous survey that you were no longer practicing Emergency Medicine (EM). Is this still true?

(Circle Only One)
Yes .........................................1   
No, I left but have returned ..........2   Skip Questions 5 and 8; Answer Questions 3, 4, 6, and 7
No, I never left ...........................5   Go to Question 9

3. In what year did you leave EM? ______________

4. What was your age when you left EM? ______________

5. In what field are you currently working? ________________________________________________

6. Do you hope to continue your American Board of Emergency Medicine certification?

(Circle Only One)
Yes ........................................1   Go to Question 6a
No ...........................................5   Go to Question 7

6a. If yes, why? (Please print clearly) __________________________________________________________

__________________________________________________________
__________________________________________________________

Please Continue on Other Side
7. What is the primary factor that led you to leave EM?

(Circle Only One)

- Interest in a new professional area .....................1
- Shift work ..........................................................2
- Clinical burnout ......................................................3
- Compensation ..........................................................4
- Personal health issues .............................................5
- Governmental regulations ........................................6
- Cost of malpractice insurance ..................................7
- Safety concerns .......................................................8
- Family necessity ......................................................9
- Parenting leave .......................................................10
- Financial independence ...........................................11
- Planned retirement ..................................................12
- Other (Please specify) ________________________________

______________________________

Comments ______________________________________________________________________________________

______________________________

8. Do you plan to re-enter EM practice in the future?

(Circle Only One)

- Yes .................................................................1
- No .................................................................5

9. PLEASE MAKE ANY NEEDED CORRECTIONS ON THIS LABEL

COMMENTS: Please include any comments you have about this survey or issues related to Emergency Medicine and ABEM. (Please print clearly so your comments can be noted.)

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Please return survey to ABEM by May 11, 2005. Thank you for your generous support. If ABEM can be of assistance, please call (517) 332-4800 or email us at research@abem.org.

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