1. Do you consider yourself fully retired—that is, no longer regularly working for pay, either part-time or full-time, in any medical or non-medical occupation?

(Circle Only One)

Yes ......................................... 1 Go to Question 11
No, I still work for pay ............ 5 Go to Question 2

2. In what area(s) do you currently work?

<table>
<thead>
<tr>
<th>AREA</th>
<th>(Circle All That Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Emergency Medicine (EM) ......................................................................... 1</td>
<td></td>
</tr>
<tr>
<td>b. EM subspecialty .......................................................................................... 1</td>
<td></td>
</tr>
<tr>
<td>c. Urgent care .................................................................................................. 1</td>
<td></td>
</tr>
<tr>
<td>d. Critical care EM .......................................................................................... 1</td>
<td></td>
</tr>
<tr>
<td>e. Internal medicine ......................................................................................... 1</td>
<td></td>
</tr>
<tr>
<td>f. Occupational medicine .................................................................................. 1</td>
<td></td>
</tr>
<tr>
<td>g. Physical &amp; rehabilitative medicine ............................................................. 1</td>
<td></td>
</tr>
<tr>
<td>h. Other medical (non-EM) (Please specify) ..................................................... 1</td>
<td></td>
</tr>
<tr>
<td>i. Other (non-medical) (Please specify) ............................................................. 1</td>
<td></td>
</tr>
</tbody>
</table>

Options a-d above are defined as EM work for the purposes of this survey. If you circled none of options a-d, please go to Question 11.

3. Do you have a condition of mobility or impairment (neurological or visual, for example) that requires special accommodation at work?

(Circle Only One)

Yes .................. 1 Go to Question 3a
No.................... 5 Go to Question 4

3a. Are you aware of any accommodations not currently available to you that would help or expand your ability to practice?

(Circle Only One)

Yes........... 1 Please specify________________________________________________
No ............. 5

4. Have you ever had to suspend your practice for any of the following reasons?

(Circle All That Apply)

a. Physical impairment ............... 1
b. Mental impairment ................. 1
c. Substance abuse ..................... 1 If none of these apply, leave blank and go to Question 5.

5. To what extent does the level of safety and security in the emergency department influence your job satisfaction?

<table>
<thead>
<tr>
<th>Not an Influence</th>
<th>Minor Influence</th>
<th>Moderate Influence</th>
<th>Major Influence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

6. Do you have access to 24-hour real-time diagnostic study interpretations where an attending radiologist reads studies in time for you to use the information (e.g., NightHawk radiology services)?

(Circle Only One)

Yes .................. 1
No .................... 5
Comments

Please continue on other side
7. Are you currently involved in the clinical practice of EM and/or an EM subspeciality at least part of the time?
   (Circle Only One)
   Yes ................. 1  Go to Question 8
   No .................. 5  Go to Question 7a

   7a. If not, what type of work are you doing? (Circle All That Apply)
   a. Administration ........... 1
   b. Consulting ................ 1
   c. Teaching .................. 1
   d. Research ................... 1
   Other (Please specify) ________________________________ 1

8. Have you completed fellowship training in emergency medical services (EMS)?  (Circle Only One)
   Yes ................. 1  Go to Question 8a
   No .................. 5  Go to Question 9

   8a. What was the length of your fellowship training in EMS? (Circle Only One)
   a. One year ............ 1
   b. Two years .......... 2

9. Have you completed fellowship training in critical care medicine (CCM)?  (Circle Only One)
   Yes ................. 1  Go to Questions 9a, 9b, and 9c
   No .................. 5  Go to Question 10

   9a. What was the length of your fellowship training in critical care (CCM)? (Circle Only One)
   a. One year .......... 1
   b. Two years ........ 2
   c. Three years .... 3

   9b. Was this CCM fellowship training program ACGME-accredited? (Circle Only One)
   Yes ...................... 1
   No .......................... 5

   9c. What primary specialty sponsored the CCM fellowship program you completed?
   (Circle Only One)
   Anesthesia ............ 1
   Internal medicine ... 2
   Pediatrics ............ 3
   Surgery ............... 4
   Other (Please specify) ________________________________

10. Overall, how satisfied are you with your CAREER in EM?  (Circle Only One)
    Not Satisfied  Satisfied  Very Satisfied
    1       2       3       4       5

11. PLEASE MAKE ANY NEEDED CORRECTIONS ON THIS LABEL

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

    Please return this survey to ABEM by June 11, 2007. Thank you for your generous support. If ABEM can be of assistance, please call (517) 332-4800 or email research@abem.org.

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