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 12
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></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Emergency Medicine (EM)……………….1 (includes EM clinical, administrative, academic, &amp; consulting)</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)…………………..1 (Please specify)</td>
<td></td>
</tr>
<tr>
<td>i. Other (non-medical)…………………..1 (Please specify)</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 12.

3. Overall, how satisfied are you with your CAREER in EM? (Circle Only One)

<table>
<thead>
<tr>
<th>Not Satisfied</th>
<th>Satisfied</th>
<th>Very Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

4. To what extent does night shift work negatively influence your job satisfaction? (Circle Only One)

Not a negative influence………..1
Minor influence………………….2
Moderate influence………………3
Major negative influence……….4

5. If your hospital or work setting has no night shifts, please check here □ and go to Question 8.

In your hospital or work setting, what is the length of the night shift (in hours)? If necessary, round up to the nearest integer. For example, if a shift is 6-1/2 hours, select 7-8 hours. (Circle All That Apply)

| a. 4 hours or less…………………1 |  |
| b. 5-6 hours ……………………..1 |  |
| c. 7-8 hours ……………………..1 |  |
| d. 9-10 hours …………………….1 |  |
| e. 11-12 hours …………………….1 |  |
| f. More than 12 hours…………..1 |  |

6. In your hospital or work setting, how is an emergency physician “night shift” defined? That is, at what time does a night shift begin and end? Please provide start and end times for each shift that is considered a night shift.

<table>
<thead>
<tr>
<th>Start time</th>
<th>End time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Please continue on other side</td>
<td></td>
</tr>
</tbody>
</table>
7. On average, how many night shifts do you typically work in a month? ____________

8. Compared with five years ago, how many night shifts do you work now?  
(Circle Only One)  
I work fewer night shifts now than I did five years ago ........... 1  
I work about the same number of night shifts now............... 2  
I work more night shifts now..................................... 3

9. Compared with ten years ago, how many night shifts do you work now?  
(Circle Only One)  
I work fewer night shifts now than I did ten years ago......... 1  
I work about the same number of night shifts now............... 2  
I work more night shifts now..................................... 3

10. Has night shift work ever caused you to think about leaving EM?  
(Circle Only One)  
Yes........................... 1 Go to Question 10a  
No ....................... 5 Go to Question 11

10a. To what extent are night shifts a factor in your decision to stay or leave EM?  
(Circle Only One)  
Not a factor ...............1  
Minor factor ...............2  
Moderate factor............3  
Major factor ...............4

11. Has working night shifts had any negative effects on your health?  
(Circle Only One)  
No..............................................1 Go to Question 12  
Yes, mild negative effects ..........2 Go to Question 11a  
Yes, major negative effects...........3 Go to Question 11a

11a. Please describe how working night shifts has affected your health.  
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________  

12. PLEASE MAKE ANY  
NEEDED CORRECTIONS  
TO THIS INFORMATION

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 May 30, 2008. 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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