American Board of Emergency Medicine

LONGITUDINAL STUDY OF
EMERGENCY PHYSICIANS

2017 Alternate Occupation Survey

Research Committee

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LIST OF ABBREVIATIONS

The following abbreviations are used throughout the Longitudinal Study survey.

ABEM -- American Board of Emergency Medicine
ABMS -- American Board of Medical Specialties
ED -- Emergency Department
EM -- Emergency Medicine
EMS -- Emergency Medical Services
HMO -- Health Maintenance Organization
NP/PA – Nurse Practitioner/Physician Assistant

GENERAL INSTRUCTIONS

IF YOU ARE ASSOCIATED WITH MORE THAN ONE WORK SETTING, PLEASE SELECT THE SETTING WHICH REPRESENTS YOUR PRIMARY SETTING AND USE IT AS A REFERENCE IN RELATED QUESTIONS.
SECTION A: PROFESSIONAL EXPERIENCE

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 49
   No, I still work for pay .............................................. 2  Go to Question 1b

1b. 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>-- includes EM clinical, administrative, academic, &amp; consulting</td>
<td></td>
</tr>
<tr>
<td>b. EM subspecialty ............................................................................. 1</td>
<td></td>
</tr>
<tr>
<td>-- includes Addiction Medicine, Anesthesiology Critical Care Medicine (ACCM), Brain Injury Medicine, Clinical Informatics, Emergency Medical Services (EMS), Hospice and Palliative Medicine (HPM), Internal Medicine–Critical Care Medicine (IM-CCM), Medical Toxicology (MedTox), Pain Medicine, Pediatric EM (PedEM), Sports Medicine (SPM), Surgical Critical Care (SCC), and Undersea and Hyperbaric Medicine (UHM)</td>
<td></td>
</tr>
<tr>
<td>c. Urgent care .......................................................................................... 1</td>
<td></td>
</tr>
<tr>
<td>d. Internal medicine ................................................................................ 1</td>
<td></td>
</tr>
<tr>
<td>e. Occupational medicine ...................................................................... 1</td>
<td></td>
</tr>
<tr>
<td>f. Physical &amp; rehabilitative medicine .................................................. 1</td>
<td></td>
</tr>
</tbody>
</table>
| g. Other medical (non-EM)  
  (Please specify) ______________________________________________________ 1 |
| h. Other (non-medical)  
  (Please specify) ______________________________________________________ 1 |

2. Are you a physician that works in medicine?

   (Circle Only One)
   No ................................................................. 1  Go to Question 2b
   Yes ............................................................... 2

2a. Which of the following describes your primary practice? (Circle Only One)

<table>
<thead>
<tr>
<th>Practice Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent contractor</td>
<td>1</td>
</tr>
<tr>
<td>Group practice</td>
<td>2</td>
</tr>
<tr>
<td>Multi-specialty group practice</td>
<td>3</td>
</tr>
<tr>
<td>Hospital employee</td>
<td>4</td>
</tr>
<tr>
<td>University employee</td>
<td>5</td>
</tr>
<tr>
<td>Locum Tenens</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
</tr>
</tbody>
</table>

(Please specify) ______________________________________________________
2b. Please classify your primary work category.

(Circle Only One)

- Accounting ....................................... 1
- Administrative - Clerical ................... 2
- Automotive ....................................... 3
- Banking............................................. 4
- Business .......................................... 5
- Construction ..................................... 6
- Customer Services ........................... 7
- Design ............................................. 8
- Distribution – Shipping ..................... 9
- Education......................................... 10
- Engineering...................................... 11
- Executive ......................................... 12
- Facilities........................................... 13
- Finance............................................ 14
- Food Service.................................... 15
- Grocery........................................... 16
- Health Care..................................... 17
- Human Resources ........................... 18
- Information Technology.................... 19
- Maintenance/Repair............................. 20
- Manufacturing................................. 21
- Media/Journalism............................... 22
- Pharmaceutical................................. 23
- Purchasing....................................... 24
- Quality Control ................................. 25
- Research ......................................... 26
- Retail ............................................. 27
- Sales ............................................. 28
- Skilled Labor .................................... 29
- Transportation................................. 30
- Warehouse ....................................... 31
- Other ............................................. 32

(Please specify) _____________________

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GO TO QUESTION 21 TO COMPLETE THE SURVEY
3. Please classify your primary work site. (Circle Only One)
   - Community .............................................................. 1
   - Community with academic affiliation .................... 2
   - University or academically based ......................... 3
   - Other ....................................................................... 4
   (Please specify) _________________________________________

4. What best describes your primary clinical practice?
   (Circle Only One)
   - Rural ....................................................................... 1
   - Suburban .................................................................. 2
   - Urban ...................................................................... 3
   - Other ....................................................................... 4
   (Please specify) _________________________________________

5. What is the annual volume of your primary practice?
   (Circle Only One)
   - Less than 10,000 patients per year ......................... 1
   - 10,000 – 19,999 patients per year ......................... 2
   - 20,000 – 39,999 patients per year ......................... 3
   - 40,000 – 59,999 patients per year ......................... 4
   - 60,000 – 79,999 patients per year ......................... 5
   - 80,000 – 99,999 patients per year ......................... 6
   - More than 100,000 patients per year ...................... 7

6. On a typical shift, how many patients do you see per hour?
   (Circle Only One)
   - Less than 1 patient per hour ................................. 1
   - 1 to 1.9 patients per hour ................................. 2
   - 2 to 2.49 patients per hour .............................. 3
   - 2.5 to 2.99 patients per hour ......................... 4
   - 3 to 3.49 patients per hour .............................. 5
   - 3.5 to 3.99 patients per hour ......................... 6
   - More than 4 patients per hour ....................... 7

7. What is your average one-way commute, in miles, to your primary site?
   (Circle Only One)
   - Less than 10 miles ................................................. 1
   - 10 to 30 miles ....................................................... 2
   - 31 to 60 miles ....................................................... 3
   - More than 60 miles ............................................... 4
8. What is your average one-way commute, **in minutes**, to your primary site?

(Circle Only One)

<table>
<thead>
<tr>
<th>Commute Duration</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 15 minutes</td>
<td>1</td>
</tr>
<tr>
<td>15 to 30 minutes</td>
<td>2</td>
</tr>
<tr>
<td>31 to 60 minutes</td>
<td>3</td>
</tr>
<tr>
<td>61 to 90 minutes</td>
<td>4</td>
</tr>
<tr>
<td>More than 90 minutes</td>
<td>5</td>
</tr>
</tbody>
</table>

9. Considering the **last quarter**, how many clinical hours did you work in a **typical** week?

______ hours per week

10. Considering the **last quarter**, how many overnight shifts did you work (overnight = shifts that start prior to 1:00 a.m. and end after 5 a.m.)?

______ overnight shifts per quarter

11. How many **overnight** shifts have you worked **in the last week** (overnight = shifts that start prior to 1 a.m. and end after 5 a.m.)?

______ overnight shifts in the last week

12. Considering the **last quarter**, how many **weekend** (Friday 5 p.m. to Sunday 11 p.m.) and **holiday** shifts did you work?

______ weekends/holidays per quarter

13. Considering the **last quarter**, how many hours did you devote to a non-clinical role(s) in your organization in a **typical week**?

______ hours per week

14. Do you work a “set” schedule (e.g., all nights, all weekends, templated, etc.)?

(Circle Only One)

<table>
<thead>
<tr>
<th>Schedule Type</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>Yes</td>
<td>2</td>
</tr>
</tbody>
</table>
15. How frequently do you personally follow up (in person or by phone) with a patient(s) you see in your primary practice?

(Circle Only One)

Never ...................................................................... 1
A few times a year ................................................... 2
About once a month .............................................. 3
About once a week ............................................... 4
About every shift ................................................... 5
More than once per shift ........................................ 6

16. During a clinical shift, what is the frequency with which you supervise the following:

(Circle One for Each Item)

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Some of the Time</th>
<th>Most of the Time</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Resident physicians</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. NP/PA students</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. Medical students</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. Other students</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e. NP/PAs</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

17. Do you use an electronic health record at your primary practice?

(Circle Only One)

No ...................................................... 1  Go to Question 18
Yes .......................................... 2

17a. Have you transitioned electronic health record vendors in the last 12 months?

(Circle Only One)

No ...................................................... 1
Yes ................................................. 2
18. Do you use scribes for patient care documentation?

(Circle Only One)

No ........................................ 1
Yes ....................................... 2

Go to Question 19

18a. How frequently do you use scribes for patient care documentation?

(Circle Only One)

Always .................................... 1
Most of the time ......................... 2
Some of the time ....................... 3
Rarely ..................................... 4

19. Please rate your agreement with the statement: The work I do is meaningful to me. (Circle Only One)

<table>
<thead>
<tr>
<th>Very strongly disagree</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Very strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

20. Rate your satisfaction with the following: (Circle One for Each Item)

<table>
<thead>
<tr>
<th></th>
<th>Very Dissatisfied</th>
<th>Somewhat Dissatisfied</th>
<th>Neither Satisfied nor Dissatisfied</th>
<th>Somewhat Satisfied</th>
<th>Very Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Clinical schedule</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. Control over your clinical schedule</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. Electronic medical record</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. Time spent documenting after your clinical shift</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e. Opportunity to influence change in your group or organization</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>f. Salary and benefits</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
20. Rate your satisfaction with the following (continued):

<table>
<thead>
<tr>
<th></th>
<th>Very Dissatisfied</th>
<th>Somewhat Dissatisfied</th>
<th>Neither Satisfied nor Dissatisfied</th>
<th>Somewhat Satisfied</th>
<th>Very Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>g. Effectiveness of your clinical care team</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>h. Appreciation of your work from your leadership</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>i. Appropriate resources from your leadership</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>j. Equity within your group</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>k. Maintenance of Certification requirements</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>l. Adequacy of time off</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>m. Administrative responsibilities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>n. Opportunities to teach</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>o. Professional interactions with colleagues at work</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>p. Professional interactions with colleagues outside of work</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>q. Interactions with nursing and ancillary staff</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>r. Staffing for patient acuity and volume</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>s. Alignment of your values with those of your organization</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>t. Recognition for your work</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
SECTION B: WELL-BEING AND STRESS MANAGEMENT

21. In a typical week, how many minutes do you engage in moderately intense exercise (e.g. brisk walking, riding a bike on level ground, pushing a lawn mower, water aerobics)?

(Circle Only One)

Less than 30 minutes per week ....................... 1
30 to 60 minutes per week ............................... 2
61 to 120 minutes per week ......................... 3
121 to 150 minutes per week ....................... 4
More than 150 minutes per week .................... 5

22. In a typical week, how many minutes per week do you engage in vigorous, intense exercise (e.g., jogging or running, riding a bike on hills, swimming laps, playing basketball)?

(Circle Only One)

Less than 30 minutes per week ....................... 1
31 to 45 minutes per week ............................... 2
46 to 60 minutes per week ............................... 3
61 to 75 minutes per week ............................... 4
76 to 90 minutes per week ............................... 5
More than 90 minutes per week .................... 6

23. In a typical week, how many times do you engage in muscle-strength training that works all major muscle groups (legs, hips, back, abdomen, chest, shoulders, arms)?

(Circle Only One)

None ................................................................. 1
Once a week ..................................................... 2
Twice a week .................................................... 3
Three times a week .......................................... 4
Four times or more per week ....................... 5

24. How many hours do you sleep in a typical 24-hour period?

(Circle Only One)

Less than 5 hours ........................................ 1
Between 5 and 6 hours ................................. 2
Between 6 and 7 hours ................................. 3
Between 7 and 8 hours ................................. 4
More than 8 hours ....................................... 5
25. How frequently do you engage in a hobby outside of your work?

(Circle Only One)
- Daily ................................................................. 1
- Several times per week ........................................ 2
- Several times per month ...................................... 3
- Several times per year ....................................... 4
- Yearly .................................................................. 5
- Less often than yearly ....................................... 6

26. Do you consider yourself religious?

(Circle Only One)
- No ................................................................. 1
- Yes ......................................................... 2

26a. How frequently do you attend services?

(Circle Only One)
- More than once a week .... 1
- Once a week ....................... 2
- A few times a month ........... 3
- A few times a year ............. 4
- Once a year or less .......... 5

27. Do you pray, meditate, or perform other mindfulness exercises?

(Circle Only One)
- No ................................................................. 1
- Yes ......................................................... 2

27a. How frequently?

(Circle Only One)
- Less than once a week .... 1
- Weekly ................................. 2
- Several times a week .......... 3
- Daily ................................. 4
- Several times a day .......... 5
28. Please indicate your agreement with the following statements. *(Circle Only One for Each Item)*

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I feel burnout out from my work</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. I have become more callous toward people since I took this job</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

29. Are you engaged in one or more professional mentoring relationships?

*(Circle Only One)*

- No ..................................... 1  Go to Question 30
- Yes ..................................... 2

29a. What role do you have in the relationship(s)?

*(Circle Only One)*

- Mentor .................................. 1
- Mentee .................................. 2
- Both ...................................... 3

30. Does your group/practice/work place have a program to address burnout?

*(Circle Only One)*

- No ........................................ 1  Go to Question 31
- Yes ....................................... 2

30a. In the last 12 months, have you participated in this program?

*(Circle Only One)*

- No ........................................ 1
- Yes ....................................... 2
31. How often did you have a drink containing alcohol in the past 12 months?

(Circle Only One)

Never ................................................................. 1
Monthly or less ..................................................... 2
2 to 4 times a month ............................................. 3
2 to 3 times a week .............................................. 4
4 or more times a week ..................................... 5

32. How many drinks did you have on a typical day when you were drinking in the past 12 months?

(Circle Only One)

None, I do not drink ........................................ 1
1 or 2 ................................................................. 2
3 or 4 ............................................................... 3
5 or 6 ............................................................... 4
7 to 9 .............................................................. 5
10 or more ...................................................... 6

33. How often did you have six or more drinks on one occasion in the past 12 months?

(Circle Only One)

Never ................................................................. 1
Less than monthly .............................................. 2
Monthly .......................................................... 3
Weekly ............................................................ 4
Daily or almost daily ....................................... 5

34. How often during the past 12 months did you find that you were not able to stop drinking once you had started?

(Circle Only One)

Never ................................................................. 1
Less than monthly .............................................. 2
Monthly .......................................................... 3
Weekly ............................................................ 4
Daily or almost daily ....................................... 5
35. Please indicate the answer that best describes your use of the following substances:

(Circle Only for Each Item)

<table>
<thead>
<tr>
<th>Substance</th>
<th>Never</th>
<th>A few times a year</th>
<th>Once a month or less</th>
<th>A few times a month</th>
<th>Once a week</th>
<th>A few times a week</th>
<th>Every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Caffeine</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>b. Tobacco (e.g., cigarettes, cigar, pipe)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>c. Marijuana</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>d. Cocaine</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>e. Stimulants (e.g., Amphetamines, Ritalin, Cocaine, Adderall, Methamphetamine)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>f. Opiates (e.g., Oxycodone, Heroin, Vicodin)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>g. Other recreational substances</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

36. Have you recently, or are you currently named in a pending lawsuit?

(Circle Only One)

No ..................................... 1  
Yes..................................... 2

37. Do you currently feel affected by an unexpected adverse patient/work outcome?

(Circle Only One)

No ..................................... 1  
Yes..................................... 2

38. During the past 12 months, have you had thoughts of taking your own life?

(Circle Only One)

No ..................................... 1  
Yes..................................... 2
SECTION C: CAREER PLANNING

39. How likely are you to leave your current practice/position in the next two years?

(Circle Only One)

Very unlikely ................................................................. 1
Somewhat unlikely ....................................................... 2
Neither likely nor unlikely .......................................... 3
Moderately likely ......................................................... 4
Very likely .................................................................... 5

Go to Question 40

39a. What are your plans after leaving your current practice/position?

(Circle Only One)

Pursue different practice opportunity ..................... 1
Administrative job in medicine ............................... 2
Pursue different career ............................................. 3
Retire ................................................................. 4
Other ................................................................. 5

(Please specify) ________________________________

40. At what age are you planning to retire?

(Circle Only One)

Less than 50 ................................................................. 1
50 to 55 ................................................................. 2
56 to 60 ................................................................. 3
61 to 65 ................................................................. 4
66 to 70 ................................................................. 5
More than 70 ........................................................... 6
41. Is this earlier or later than you would have anticipated at the start of your career?

(Circle Only One)

- Earlier ................................ 1 Go to Question 41a
- Later ................................... 2 Go to Question 41b
- Same .................................. 3 Go to Question 42

41a. What is your primary reason for considering retiring earlier than planned?

(Circle Only One)

- Personal health ................................................. 1
- Family member’s health ....................................... 2
- Helping family members with childcare ............. 3
- Medical reimbursement climate ........................ 4
- Conflicts within practice or work group .............. 5
- Complexity of providing clinical care/ job duties ...................................................... 6
- Maintenance of certification/professional requirements .................................................. 7
- Introduction of electronic medical records/ computer technology .................................... 8
- Personal financial situation supports early retirement ..................................................... 9
- Work or life reprioritization ................................. 10
- Other ............................................................... 11
(Please specify) ____________________________________

Go to Question 42

41b. What is your reason for considering retiring later than planned?

(Circle Only One)

- Enjoy work too much to retire ......................... 1
- Unanticipated need for income due to:
  - Under performance of financial portfolio ................................................................. 2
  - Need to provide financial support for children .......................................................... 3
  - Need to provide financial support for parents or other family members ...... 4
  - Lifestyle maintenance ......................... 5
  - Other debt .................................................. 6
- Other ............................................................ 7
(Please specify) ____________________________________
SECTION D: DEMOGRAPHICS

42. How many children/dependents do you have?

   ______ children/dependents

43. What is the age of your youngest child/dependent?

   ______ years old

44. What is your present marital status?

   (Circle Only One)
   
   Divorced ...................................................................... 1
   Married ........................................................................ 2
   Separated ................................................................... 3
   Single, living as single ................................................. 4
   Single, cohabitating ..................................................... 5
   Widowed ..................................................................... 6

45. Have you ever been divorced?

   (Circle Only One)
   
   No ................................................................. 1 Go to Question 46
   Yes ............................................................. 2

45a. Have you been divorced more than once?

   (Circle Only One)
   
   No................................................................. 1 Go to Question 45c
   Yes ............................................................. 1 Go to Question 45b

45b. How many times have you been divorced?

   ______ times

45c. How recently have you been divorced? If you have been divorced more than once, how recent was your last divorce?

   (Circle Only One)
   
   Less than 1 year................................................................. 1
   Greater than 1 year but less than 3 years....................... 2
   Greater than 3 years but less than 5 years ..................... 3
   Greater than 5 years but less than 10 years ................. 4
   Greater than 10 years.................................................... 5
46. What is your annual income?

(Circle Only One)

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Circle</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 to $25,000</td>
<td>1</td>
</tr>
<tr>
<td>$25,001 to $50,000</td>
<td>2</td>
</tr>
<tr>
<td>$50,001 to $75,000</td>
<td>3</td>
</tr>
<tr>
<td>$75,001 to $100,000</td>
<td>4</td>
</tr>
<tr>
<td>$100,001 to $200,000</td>
<td>5</td>
</tr>
<tr>
<td>$200,001 to $400,000</td>
<td>5</td>
</tr>
<tr>
<td>More than $400,000</td>
<td>6</td>
</tr>
<tr>
<td>Prefer not to answer</td>
<td>7</td>
</tr>
</tbody>
</table>

47. How stressed are you by debt or financial concerns?

(Circle Only One)

<table>
<thead>
<tr>
<th>Stress Level</th>
<th>Circle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not stressed</td>
<td>1</td>
</tr>
<tr>
<td>Mildly stressed</td>
<td>2</td>
</tr>
<tr>
<td>Moderately stressed</td>
<td>3</td>
</tr>
<tr>
<td>Severely stressed</td>
<td>4</td>
</tr>
</tbody>
</table>

48. What is the primary method by which your compensation is determined?

(Circle Only One)

<table>
<thead>
<tr>
<th>Compensation Method</th>
<th>Circle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaried position; no incentive pay</td>
<td>1</td>
</tr>
<tr>
<td>Salaried position with bonus based on billing, receipts, productivity, or quality</td>
<td>2</td>
</tr>
<tr>
<td>Incentive pay (i.e., income 100% based on billings and receipts)</td>
<td>3</td>
</tr>
<tr>
<td>Hourly pay</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
</tr>
</tbody>
</table>

(Please specify) _________________________________
49. PLEASE MAKE ANY
   NEEDED CORRECTIONS
   TO THIS INFORMATION

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.

Please return this survey to MSU at your earliest convenience. Thank you for your generous
support. If MSU can be of assistance, please call Debra Rusz at (517)353-1766 or email
ruszdebr@msu.edu. If ABEM can be of assistance, please call (517) 332-4800 or email us at
research@abem.org.

Thank you for completing the survey!

If you are depressed, are concerned about substance abuse, or have had thoughts about
harming yourself, please consider the following 24 hour resources:

SAMSHA: Substance Abuse and Mental Health Services Administration
   http://www.samhsa.gov/find-help/national-helpline  1-800-662-HELP (4357)

National Suicide Prevention Lifeline
   http://www.suicidepreventionlifeline.org/
   1-800-273-TALK (8255)