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
SECTION A: PROFESSIONAL EXPERIENCE

1. You indicated on a prior survey that you are retired—that is, no longer regularly working for pay, either part-time or full-time, in any medical or non-medical occupation. Is this still true?

(Circle Only One)
Yes.................................. 1  Skip 1b and go to Question 2
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.</td>
<td>Emergency Medicine (EM) ............................................................................. 1</td>
</tr>
<tr>
<td></td>
<td>--includes EM clinical, administrative, academic, &amp; consulting</td>
</tr>
<tr>
<td>b.</td>
<td>EM subspecialty ............................................................................................. 1</td>
</tr>
<tr>
<td></td>
<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>
</tr>
<tr>
<td>c.</td>
<td>Urgent care .................................................................................................... 1</td>
</tr>
<tr>
<td>d.</td>
<td>Internal medicine ............................................................................................ 1</td>
</tr>
<tr>
<td>e.</td>
<td>Occupational medicine ................................................................................... 1</td>
</tr>
<tr>
<td>f.</td>
<td>Physical &amp; rehabilitative medicine ................................................................ 1</td>
</tr>
<tr>
<td>g.</td>
<td>Other medical (non-EM) (Please specify) ....................................................... 1</td>
</tr>
<tr>
<td>h.</td>
<td>Other (non-medical) (Please specify) ............................................................ 1</td>
</tr>
</tbody>
</table>

If you answered “No” to Question 1, after completing Question 1b, please go to Question 28.
ABEM understands that the following questions are very sensitive and we assure you that your name will not be attached to any data given to ABEM or Mayo Clinic. There are no known risks for your participation in this research study. The information collected may not benefit you directly. The information learned in this study may be helpful to others.

SECTION B: WELL-BEING AND STRESS MANAGEMENT

2. 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

3. 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

4. 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

5. 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
6. How frequently do you engage in a hobby outside of medicine?
   
   (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

7. Do you consider yourself religious?
   
   (Circle Only One)
   - No ......................................................... 1 Go to Question 8
   - Yes ......................................................... 2

    7a. 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

8. Do you pray, meditate, or perform other mindfulness exercises?
   
   (Circle Only One)
   - No ............................................................... 1 Go to Question 9
   - Yes ............................................................. 2

    8a. 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
9. Please indicate your agreement with the following statements. *(Circle Only One for Each Item)*

<table>
<thead>
<tr>
<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 felt burned out when I retired from my work</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. I have become more callous toward people since retirement</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

10. Please rate your agreement with the statement: *What 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>

11. Are you engaged in one or more mentoring relationships?

*(Circle Only One)*

- No ..................................... 1  Go to Question 12
- Yes ..................................... 2

11a. What role do you have in the relationship(s)?

*(Circle Only One)*

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

12. Did your group/practice have a program to address physician burnout?

*(Circle Only One)*

- No ........................................ 1  Go to Question 13
- Yes ....................................... 2

12a. In the last 12 months of your last job, did you participate in this program?

*(Circle Only One)*

- No ........................................ 1
- Yes ....................................... 2
13. 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

14. 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

15. 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

16. 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
17. 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, other)</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>

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

(Circle Only One)

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

19. Do you currently feel affected by an unexpected adverse patient outcome?

(Circle Only One)

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

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

(Circle Only One)

No ..................................... 1
Yes........................................ 2
SECTION D: DEMOGRAPHICS

21. How many children/dependents do you have?
   ______ children/dependents

22. What is the age of your youngest child/dependent?
   ______ years old

23. 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

24. Have you ever been divorced?
   (Circle Only One)
   No ......................................................... 1
   Yes .................................................. 2
   Go to Question 25

24a. Have you been divorced more than once?
   (Circle Only One)
   No .......................................................... 1
   Yes .................................................. 1
   Go to Question 24c

24b. How many times have you been divorced?
   ______ times

24c. 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
25. What is your annual revenue from a retirement benefits package, pension, real estate or business investments, stocks, bonds, Social Security, and a spouse’s income, pension, or other assets?

(Circle Only One)

- $0 to $25,000 ........................................................ 1
- $25,001 to $50,000 ............................................... 2
- $50,001 to $75,000 ............................................... 3
- $75,001 to $100,000.............................................. 4
- $100,001 to $200,000 ........................................... 5
- $200,001 to $400,000 ........................................... 6
- More than $400,000 ............................................ 7
- Prefer not to answer ............................................ 8

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

(Circle Only One)

- Not stressed .......................................................... 1
- Mildly stressed ....................................................... 2
- Moderately stressed .............................................. 3
- Severely stressed .................................................. 4

27. What is the primary method by which your revenue is determined?

(Circle All that Apply)

- Retirement benefits package (including 401K, 403B) or pension  .............. 1
- Real estate or business investments ......................................................... 2
- Stocks/Bonds (including self-funded IRA) .................................................. 3
- Social Security ........................................................................................... 4
- Your spouse’s income, pension, or other assets ........................................ 5
- Other ...... ................................................................................................. 6

(Please specify) ____________________________________________________________________
28. 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)