RESIDENT HEALTH SURVEY WEBSITE VERSION

Please complete the items below. This is a modified version of the annual resident health survey and is for your personal use. After you complete this, review your answers and make +s next to items you see you are doing that support your wellbeing and mark −s for items that could be improved. Then review the RWBC website topic page on Self Care Plans for guidance on how you could make changes. In particular, look at the * items. If you scored in the concern range on any of those, please consider a consult with RWBC to help ensure those concerns don’t intensity and impact your wellbeing and your success.

Below, in Questions 2–7, is a list of common feelings and attitudes that people experience. For each, mark the box corresponding to how often you have experienced or felt them during the past week including today.

Never   Rarely   Sometimes   Often   Always

*2. Enthusiasm about career goals.

*3. Willingness to work as hard as needed to succeed


5. Feeling confident with challenging patients.

*6. Feeling satisfied with your progress so far in training

*7. Pleased with life overall.

**Health Care Services**

9. Have you thought about being seen by a physician for any concerns in the past year?   □Yes   □No

10. Have you been seen for a medical concern within the past year?   □Yes   □No

11. Did you have a general physical exam within the past year?   □Yes   □No

12. Do you have a primary care physician?   □Yes   □No

13. How would you rate your health overall?   □Excellent   □Good   □Fair   □Poor

**Lifestyle**

On an average DAY:

14. How many cigarettes do you smoke per day?   □None   □<10   □10-20   □>20

15. How many caffeinated beverages do you drink per day?   □None   □<2   □2-3   □>3

16. How many hours of sleep do you get per day?   □<5   □5-6   □>6

During an average WEEK:

17. How many alcoholic beverages do you drink per week?   □None   □<2   □2-3   □>3

*18. How many times are you involved in a social/leisure activity in a week’s time?

19. How many times are you involved in Yoga, meditation, or mindfulness activities in a week’s time?
20. How many times are you involved in physical activities (exercise, sports, etc) in a week’s time?
   □ None □ <2 □ 2-3 □ >3

*Epworth Sleepiness Scale
How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times.

Use the following scale to choose the most appropriate number for each situation:

0 = would never doze  
1 = slight chance of dozing  
2 = moderate chance of dozing  
3 = high chance of dozing

<table>
<thead>
<tr>
<th>Situation</th>
<th>Never</th>
<th>Slight</th>
<th>Moderate</th>
<th>High Chance</th>
</tr>
</thead>
<tbody>
<tr>
<td>28. Sitting and reading</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>29. Watching TV</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>30. Sitting, inactive in a public place (e.g. a theatre or a meeting)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>31. As a passenger in a car for an hour without a break</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>32. Lying down to rest in the afternoon when circumstances permit</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>33. Sitting and talking to someone</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>34. Sitting quietly after a lunch without alcohol</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>35. In a car, while stopped for a few minutes in traffic</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

*Total Score 10 or higher

Mentoring

Formal Mentors

36. Do you have a mentor? ______yes ______no

37. In the past year how many times did you talked with your mentor: (give a number):______

38. Which of the following did your program do: (check all that apply)
   _____ assign new residents to a mentor
   _____ encourage, but not assign, residents to have a mentor
   _____ confirm with you that you had your first meeting with your mentor
Informal Mentoring
A survey of residents found that they want three things in mentoring:
- *career advice* such as post residency choices, research options, exploration of ‘the big picture’
- *support* including confidential support, being open to any type of question and discussion of current stresses, listening to ideas, facilitate networking and providing a sounding board
- *role modeling* that offers encouragement and inspiration, advice on career-personal life balance, real-life perspective, demonstrating light at the end of the training tunnel, offering examples of successes and managing difficulties

Informal mentoring can occur in your interactions with attendings, faculty, chiefs, seniors, program directors and your peers and others. If it involves any of the three elements of mentoring described above, it can be considered mentoring. Please consider this as you answer the next few questions.

39. Have you received informal mentoring in residency?  ___Yes  ___No

40. Have you received informal mentoring from more than one person?  ___Yes  ___No

41. In the past year overall how often do you think you received informal mentoring (mark only one below):  
   ___several times per day  ___daily  ___several times per week  ___once a week  ___less than once a week

Feedback
42. Which of the following has occurred for you during residency: (mark only those that occurred for you)
   ___been taught how to ask for and receive feedback
   ___encouraged to ask for feedback
   ___been asked about the quality of the feedback you receive
   ___been asked about the timeliness of the feedback you receive

*PHQ-9*
Over the last 2 weeks, how often have you been bothered by any of the following problems?  
*(circle the number to indicate your answer): Not at all  Several days  More than half the days  Nearly all the days*

1. Little interest or pleasure in doing things  
   0  1  2  3

2. Feeling down, depressed, or hopeless  
   0  1  2  3

3. Trouble falling or staying asleep, or sleeping too much  
   0  1  2  3

4. Feeling tired or having little energy  
   0  1  2  3

5. Poor appetite or overeating  
   0  1  2  3

6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down  
   0  1  2  3

7. Trouble concentrating on things, such as reading the newspaper or watching television  
   0  1  2  3

8. Moving or speaking so slowly that other people could have noticed. Or the opposite- being so fidgety or restless that you have been moving around a lot more than usual  
   0  1  2  3

*9. Thoughts that you would be better off dead, or of hurting yourself in some way  
   0  1  2  3

*Total Score 10 or higher

Total: