

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.	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
*3. Willingness to work as hard as needed to succeed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4. Feeling calm, poised, and stress-free.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5. Feeling confident with challenging patients.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
*6. Feeling satisfied with your progress so far in training.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
*7. Pleased with life overall.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Health Care Services

9. Have you thought about being seen by a physician for any concerns in the past year? ¹Yes ²No
10. Have you been seen for a medical concern within the past year? ¹Yes ²No
11. Did you have a general physical exam within the past year? ¹Yes ²No
12. Do you have a primary care physician? ¹Yes ²No
13. How would you rate your health overall? ¹Excellent ²Good ³Fair ⁴Poor

Lifestyle

On an average **DAY**:

14. How many cigarettes do you smoke per day? ¹ None ² <10 ³ 10-20 ⁴ >20
15. How many caffeinated beverages do you drink per day? ¹ None ² <2 ³ 2-3 ⁴ >3
16. How many hours of sleep do you get per day? ¹ <5 ² 5-6 ³ >6

During an average **WEEK**:

17. How many alcoholic beverages do you drink per week? ¹ None ² <2 ³ 2-3 ⁴ >3
- *18. How many times are you involved in a social/leisure activity in a week's time?
¹ None ² <2 ³ 2-3 ⁴ >3
19. How many times are you involved in Yoga, meditation, or mindfulness activities in a week's time?

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 wk

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?

<i>(circle the number to indicate your answer):</i>	<i>Not at all</i>	<i>Several days</i>	<i>More than half the days</i>	<i>Nearly all the days</i>
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: