## Supplement e-1: Survey Instrument with MBI redacted



Thank you for taking time to help us understand the career satisfaction of neurologists. This survey should take you about 10 minutes to complete. When you have completed the survey, please return it to our research partner, Anderson, Niebuhr & Associates, in the enclosed envelope. Your answers will be kept confidential.

Please read each question carefully and select the option that most clearly reflects your experience. We greatly appreciate your help.

oui	r Well-being and Career Sat	isiaciio	)II									
1.	In your opinion, should the	AAN at	temp	t to re	duce I	ournou	ut amo	ng ne	urolog	gists?		
	☐ Yes											
	□ No											
	☐ Unsure											
) 	How do you think your well-	-being (	comp	ares to	that	of oth	er phy	sician	s?			
	☐ Poor (bottom 30% o	f physic	cians)	)								
	☐ Below average (31st	- 40 <sup>th</sup>	perce	ntile)								
	☐ Average (41 <sup>st</sup> - 60 <sup>th</sup> percentile)											
	☐ Above average (61 <sup>st</sup> - 70 <sup>th</sup> percentile)											
	☐ Excellent (top 30% of	of physi	cians	)								
<b>3</b> .	During the <b>past week, incl</b>	udina 1	odav	. how	would	d vou (	descri	be voi	ır:			
•	,			,	TT Gair	. ,		, , ,				
		As bad as it can be										As good as it can be
		0	1	2	3	4	5	6	7	8	9	10
a.	Overall quality of life?											
b.	Level of fatigue on average?											
4.	NOTE: The Maslach Burno through 4v, and we are una		-					•			•	

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## Your Career

5.	Rate your level of agreement or disagreement with the following statement:  My work schedule leaves me enough time for my personal/family life.
	□ Strongly agree □ Agree □ Neutral □ Disagree □ Strongly disagree
6.	If you could revisit your career choice, would you choose to become a physician again?  □ Definitely not
	<ul><li>□ Probably not</li><li>□ Not sure, neutral</li></ul>
	□ Probably
	□ Definitely yes
7.	If you could revisit your specialty choice, would you choose to become a neurologist again?
	☐ Definitely not
	<ul><li>□ Probably not</li><li>□ Not sure, neutral</li></ul>
	□ Probably
	□ Definitely yes
8.	You may have specific reasons why you chose neurology. Do you get to spend sufficient time doing those activities that motivated you to choose neurology?
	☐ Very much so
	<ul><li>☐ Mostly</li><li>☐ Somewhat</li></ul>
	□ Not so much
	<ul><li>□ Not at all</li><li>□ Not applicable</li></ul>

9. Please rate your level of agree	ernent or	uisagreem	ent with th		statemen	IS:
		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. I have significant autonomy in						
determining how I do my job.						
b. The work I do is meaningful to me.						
c. Overall, I am satisfied with my job.						
Please rate your level of agree spent on clerical tasks:	ement or	disagreem	ent with th	e following	ı statemen	ts about tir
	Strongly agree	/ Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know / Not applicable
<ul> <li>a. The amount of time I spend on clerical tasks <u>directly</u> related to patient care is <u>reasonable</u>.</li> <li>(e.g. order entry, dictation, lab results review, communicating with patients via a patient portal, etc.)</li> </ul>					٥	
b. The amount of time I spend on clerical tasks indirectly related to patient care is reasonable.  (e.g. correspondence, completion of forms, answering phone calls, etc.)						
11. How much effective support state  Far too much  Too much  About right  Too little  Far too little	aff do yo	ou have to a	assist you	in your wo	rk?	
Your Workload						
12. In a typical week, how many he	ours do	you work?		_ hours pe	r week	
13. What percent of your profession  % Clinical practice  % Research  % Teaching  % Administration	onal time	e is spent in	:			
% Other 100% Total						

14. In a typical week, how many nights are you on call?

0	1	2	3	4	5	6	7

15.	How many outpatients do you see in clinic per week? (Write "0" if you do not see outpatients.)  outpatients per week
16.	How many hospital inpatients do you round on in an average day you round in the hospital?  (Write "0" if you do not see hospital inpatients.)  inpatients per day
17.	How many weekends out of the year do you have hospital rounding responsibilities? weekends per year
18.	In a typical month, how many hours do you spend volunteering your time (e.g., charitable, professional, religious, or sporting organizations)?
	hours per month

19.	In what year were you born?
20.	Please select your gender:  Male Female
21.	In which state do you practice?
22.	Which of the following best describes your profession? (Please select one, then answer the follow-up question.)
	Neurologist —— a. How many years have you been in this profession after residency and fellowship? years
	□ In training — b. Which of the following best describes the year of training you are in, currently? □ Resident: PGY1 □ Resident: PGY4 □ Resident: PGY2 □ Fellowship □ Resident: PGY3
	□ Other. Please specify:
	c. How many years have you been in this profession? years
23.	What is your primary work setting?
	<ul> <li>□ Solo Practice</li> <li>□ Neurology Group</li> <li>□ Multispecialty Group</li> <li>□ Academic-Based</li> <li>□ Hospital-Based</li> <li>□ Government-Based</li> <li>□ Other</li> </ul>

About You

Behallich Child Clinich Clinic Clinich Clinich Clinich Clinich Clinich Clinich Clinich Clinich	eral Neurology atric Neurology dache Medicine ctious Diseases and Neurovirology ement Disorders ral Repair and Rehabilitation rocritical Care roepidemiology rogenetics rohospitalist roimaging roimmunology and Multiple Sclerosis romuscular Medicine romuscular Pathology ro-oncology ro-ophthalmology ro-otology Medicine atrive Neurology pm Medicine rts Neurology umatic Brain Injury cular Neurology and Stroke
25. Wha	Employed at a Practice Owner/Partner

What is your primary focus in terms of types of patients seen, area of research, or teaching?

24.

26.	what is the compensation method for you at your primary work setting?
	□ Straight salary
	☐ Salary plus production bonus
	☐ Salary plus performance or quality bonus
	□ Production-based income
27.	Thank you for your time and responses. Is there anything else you would like to share with AAN regarding burnout and well-being?

## Thank you for your participation!

Please return the survey in the enclosed envelope to:

Anderson, Niebuhr & Associates 5155 E. River Road, Suite 409 Minneapolis, MN 55421