



The ACLGIM Worklife and Wellness Mini Z survey

For questions 1-10, please indicate the best answer.

1. Overall, I am satisfied with my current job:

Strongly disagree Disagree Neither agree nor disagree Agree Agree strongly

2. I feel a great deal of stress because of my job

Strongly disagree Disagree Neither agree nor disagree Agree Agree strongly

3. Using your own definition of “burnout”, please circle one of the answers below:

1. I enjoy my work. I have no symptoms of burnout.
2. I am under stress, and don't always have as much energy as I did, but I don't feel burned out.
3. I am definitely burning out and have one or more symptoms of burnout, e.g. emotional exhaustion.
4. The symptoms of burnout that I'm experiencing won't go away. I think about work frustrations a lot.
5. I feel completely burned out. I am at the point where I may need to seek help.

4. My control over my workload is:

1 – Poor 2 – Marginal 3 – Satisfactory 4 – Good 5 – Optimal

5. Sufficiency of time for documentation is:

1 – Poor 2 – Marginal 3 – Satisfactory 4 – Good 5 – Optimal

6. Which number best describes the atmosphere in your primary work area?

Calm Busy, but reasonable Hectic, chaotic
1 2 3 4 5

7. My professional values are well aligned with those of my department leaders:

Strongly disagree Disagree Neither agree nor disagree Agree Agree strongly

8. The degree to which my care team works efficiently together is:

1 – Poor 2 – Marginal 3 – Satisfactory 4 – Good 5 – Optimal

9. The amount of time I spend on the electronic medical record (EMR) at home is:

1 – Excessive 2 – Moderately high 3 – Satisfactory 4 – Modest 5 – Minimal/none

10. My proficiency with EMR use is:

1 – Poor 2 – Marginal 3 – Satisfactory 4 – Good 5 – Optimal

11. Tell us more about your stresses and what we can do to minimize them:

Please tell us about yourself:

Are you: ___ MD/DO ___ NP ___ PA ___ Other (specify): _____

Practice location: ___ VA ___ Non-VA

Where do you spend the majority of your clinical time: ___ In-patient ___ Outpatient

Please tell us the number of years in your current role: _____

(optional) **Gender:** ___ Female ___ Male

(optional) **Race:** ___ Black or African American ___ Asian ___ Native American ___ Native Hawaiian or Other Pacific Islander ___ White

(optional) **Ethnicity:** ___ Latino/Hispanic