



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.

**Your Well-being and Career Satisfaction**

1. In your opinion, should the AAN attempt to reduce burnout among neurologists?

- Yes
- No
- Unsure

2. How do you think your well-being compares to that of other physicians?

- Poor (bottom 30% of physicians)
- Below average (31<sup>st</sup> - 40<sup>th</sup> percentile)
- 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 physicians)

3. During the **past week, including today**, how would you describe your:

	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 Burnout Inventory Human Services Survey was included as question 4a through 4v, and we are unable to show these questions as part of our agreement for use with the copyright holder (Mind Garden).

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
- Probably not
- Not sure, neutral
- Probably
- Definitely yes

7. If you could revisit your specialty choice, would you choose to become a neurologist again?

- Definitely not
- Probably not
- Not sure, neutral
- 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
- Mostly
- Somewhat
- Not so much
- Not at all
- Not applicable

9. Please rate your level of agreement or disagreement with the following statements:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. I have significant autonomy in determining how I do my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The work I do is meaningful to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Overall, I am satisfied with my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Please rate your level of agreement or disagreement with the following statements about time spent on clerical tasks:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know / Not applicable
a. The amount of time I spend on clerical tasks <u>directly</u> related to patient care is <u>reasonable</u> . (e.g. order entry, dictation, lab results review, communicating with patients via a patient portal, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The amount of time I spend on clerical tasks <u>indirectly</u> related to patient care is <u>reasonable</u> . (e.g. correspondence, completion of forms, answering phone calls, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. How much effective support staff do you have to assist you in your work?

- Far too much
- Too much
- About right
- Too little
- Far too little

### **Your Workload**

12. In a typical week, how many hours do you work? \_\_\_\_\_ hours per week

13. What percent of your professional time is spent in:

- \_\_\_\_\_ % Clinical practice
- \_\_\_\_\_ % Research
- \_\_\_\_\_ % Teaching
- \_\_\_\_\_ % Administration
- \_\_\_\_\_ % Other
- 100% Total

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

0	1	2	3	4	5	6	7
<input type="checkbox"/>							

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



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

- Autonomic Disorders
- Behavioral Neurology and Neuropsychiatry
- Child Neurology
- Clinical Neurophysiology
- Endovascular and Interventional Neurology
- Epilepsy
- General Neurology
- Geriatric Neurology
- Headache Medicine
- Infectious Diseases and Neurovirology
- Movement Disorders
- Neural Repair and Rehabilitation
- Neurocritical Care
- Neuroepidemiology
- Neurogenetics
- Neurohospitalist
- Neuroimaging
- Neuroimmunology and Multiple Sclerosis
- Neuromuscular Medicine
- Neuromuscular Pathology
- Neuro-oncology
- Neuro-ophthalmology
- Neuro-otology
- Pain Medicine
- Palliative Neurology
- Sleep Medicine
- Sports Neurology
- Traumatic Brain Injury
- Vascular Neurology and Stroke
- Other

25. What is your employment status at your primary work setting?

- Employed at a Hospital
- Employed at a Practice
- Owner/Partner
- Other

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?

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***Thank you for your participation!***

Please return the survey in the enclosed envelope to:

Anderson, Niebuhr & Associates  
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Minneapolis, MN 55421