PART 1

Human services survey

The information you record in this questionnaire will be treated with extreme confidentiality. Your identity will be unknown to us. Please answer *all* questions as truthfully as you can. Please only complete this questionnaire if you are a *full-time general practitioner or family doctor*, working either in state employment (including academic or educational work) or private practice, or both. Please *do not* return this questionnaire if you work *50%* or *more* of your time in *another specialty* besides general practice or family medicine, or if you are presently *retired*.

presently retired.
Thank you for your time.
Age:
Sex:
Marital status: (married, single, divorced/separated, widowed)
Number of children: (number under 5 years of age:)
Years since qualification as M.D.: Years in current position / workplace:
Further qualifications:
Type of work: (please tick all that apply)
State-employed private practice education/academic
currently in training
other (e.g. occupational health physician) – please specify
Do you work solo or in a group setting? (solo/group)
Is your practice mainly rural or urban? rural urbanmixed
How much do you earn a month from all your GP/FM work, approximately?
Euro
How many patients do you see in one week on average?

How many hours do you work in one week, on average?
How many hours a day do you sleep, on average?
(> or = 8) $(> 4 but < 8)$ $(< or = 4)$
Do you do night visits, or work night shifts (after 8 pm, before 6 am)?(Y/N)
If you do work at night, how many nights a month you do work on average?
Do you work on the weekend, or work weekend shifts? (Y/N)
If you do work on the weekend, how many weekends a year are you off?
How many days were you off work on sick leave last year?
Have you seriously considered changing your job at least once over the past months?
yesnoundecided
How satisfied are you with your current job? (0 = very little, to 6 = very much)
Do you smoke tobacco regularly? (Y/N)
Has your consumption of tobacco increased during the last year? (Y/N)
Do you drink alcohol regularly? (Y/N)
Has your consumption of alcohol increased during the last year? (Y/N)
Have you taken psychoactive medication in the last year? (Y/N)

PART 2

Please reply to each question below with a score from 0 to 6 (one choice only per question).

The meaning of the scores are explained below:

0 = never,

1 = a few times a year or less frequently,

2 =once a month or less frequently,

3 = a few times a month,

4 =once a week.

5 = a few times a week,

6 = every day

1. I feel emotionally drained from work

Score =

2. I feel used up at the end of the workday

Score =

- 3. I feel fatigued when I get up in the morning and have to face another day on the job Score =
- 4. I can easily understand how my patients feel about things Score =
- 5. I feel I treat some patients as if they were impersonal objects Score =
- 6. Working with people all day is really a strain for me Score =
- 7. I deal very effectively with the problems of my patients

Score =

8. I feel burned out from my work

Score =

9. I feel I am positively influencing other people's lives through my work

Score =

10. I have become more callous towards people since I took this job

Score =

11. I worry that this job is hardening me emotionally

Score =

12. I feel very energic

Score =
13. I feel frustrated by my job Score =
14. I feel that I am working too hard on my job Score =
15. I do not really care what happens to some patients Score =
16. Working with people directly puts too much stress on me Score =
17. I can easily create a relaxed atmosphere with my patients Score =
18. I feel exhilarated after working closely with my patients Score =
19. I have accomplished many worthwhile things in this job Score =
20. I feel like I am at the end of my rope Score =
21. In my work I deal with emotional problems very calmly Score =
22. I feel patients blame me for some of their problems

Thank you for your time.

Score =