Medical Student Well-being Survey

This is a national survey aimed at addressing the lack of data regarding the current state of medical student well-being. The survey is 5 pages and takes approximately 5-7 minutes to complete. All information from survey responses is completely confidential and will be analyzed in order to develop specific system-wide interventions to improve medical student well-being.

Section 1: Medical School & Stage

1.01 What medical school are you currently attending?

_____

1.02 What stage in medical school are you currently in?

- ○ Pre-Clinical Coursework (usually 1st Year, occasionally 2nd Year or MD/PhD) (9)
- ○ Have begun participating in Core Clerkships (usually 3rd Year, occasionally 2nd Year or MD/PhD) (3)
- ○ Have completed Core Clerkships (usually 4th Year, occasionally 3rd Year or MD/PhD) (4)
- ○ Currently on a Gap Year (e.g. Research, MBA, MPH, etc.) (10)
- ○ Other: (6) _____

Section 2: Medical Student Well-Being Index

Over the last month, have you...

2.01 Felt burned out from medical school?

- ○ Yes (1)
- ○ No (2)

2.02 Worried that medical school is hardening you emotionally?

- ○ Yes (1)
- ○ No (2)

2.03 Often been bothered by feeling down, depressed, or hopeless?

- ○ Yes (1)
- ○ No (2)

2.04 Fallen asleep while sitting inactive in a public place?

- ○ Yes (1)
- ○ No (2)

2.05 Felt that all things you had to do were piling up so high that you could not overcome them?

- ○ Yes (1)
- ○ No (2)

2.06 Been bothered by emotional problems (such as feeling anxious, depressed, or irritable)?

- ○ Yes (1)
- ○ No (2)

2.07 Has your physical health interfered with your ability to do your daily work at home and/or away from home?

- ○ Yes (1)
- ○ No (2)

Section 3: Demographics

3.01 What is your current age?

- ○ Less than or equal to 21 (1)
- ○ 22 - 24 (5)
- ○ 25 - 27 (2)
- ○ 28 - 31 (3)
- ○ Greater than or equal to 32 (4)

3.02 How do you currently describe your gender identity?

- ○ Female (1)
- ○ Male (2)
- ○ Transgender (3)
- ○ Other (4)
- ○ I'd Prefer Not to Say (5)

3.03 How do you identify your race/ethnicity? (Select all that apply)

- ☐ Asian (1)
- ☐ Black/African (2)
- ☐ Caucasian (3)
- ☐ Hispanic/Latinx (4)
- ☐ Native American (5)
- ☐ Pacific Islander (6)
- ☐ Prefer Not to Answer (7)

☐ Other: (8) _____

3.04 Do you currently identify as having a disability/chronic illness?

- ○ Yes (1)
- ○ No (2)
- ○ I'd Prefer Not to Say (3)

3.05 What is your current marital status?

- ○ Never Married (1)
- ○ Separated (2)
- ○ Divorced (3)
- ○ Widowed (4)
- ○ Married (5)

3.06 How much financial debt do you currently have?

- ○ Between $20K and $100K (2)
- ○ Between $100K and $300K (3)
- ○ >$300K (4)
- ○ I'm Not Sure (5)
- ○ I'd Prefer Not to Say (6)

3.07 What is your intended specialty? (Note: If you have multiple or are unsure, please choose your current top choice)

- ○ Anesthesiology (1)
- ○ Dermatology (2)
- ○ Emergency Medicine (3)
- ○ Family Medicine (4)
- ○ Internal Medicine (5)
- ○ Internal Medicine/Pediatrics (6)
- ○ Neurosurgery (8)
- ○ Neurology (9)
- ○ Obstetrics and Gynecology (10)
- ○ Ophthalmology (27)
- ○ Orthopaedic Surgery (11)
- ○ Otolaryngology (12)
- ○ Pathology (13)
- ○ Pediatrics (14)
- ○ Pediatric Neurology (30)
- ○ Physical Medicine and Rehabilitation (15)
- ○ Plastic Surgery (16)
- ○ Psychiatry (17)
- ○ Radiation Oncology (18)
- ○ Radiology-Diagnostic (19)

- ○ Radiology-Interventional (29)
- ○ Surgery (20)
- ○ Thoracic Surgery (21)
- ○ Urology (26)
- ○ Vascular Surgery (23)
- ○ Other: (24) _____

3.08 How confident are you in your choice of intended specialty?

- ○ 100% (1)
- ○ 75% (2)
- ○ 50% (3)
- ○ 25% (4)
- ○ 0% (5)

Section 4: Stressors & Well-Being Experience

4.01 How often do you participate in the following activities in an ideal week vs a realistic week?

	Ideally			Realistically		
	≥ 5 days (1)	2-4 days (2)	≤ 1 day (3)	≥ 5 days (1)	2-4 days (2)	≤ 1 day (3)

Eat healthy (1)	○	○	○	○	○	○
Exercise (2)	○	○	○	○	○	○
Mindfulness practice (3)	○	○	○	○	○	○
Hobby (i.e. Read a book, Create art) (4)	○	○	○	○	○	○
Connect with a friend/loved one (5)	○	○	○	○	○	○

4.02 How do the following items affect your stress level?

	Significant Decrease in Stress (1)	Mild Decrease in Stress (2)	No Change in Stress or N/A (3)	Mild Increase in Stress (4)	Significant Increase in Stress (5)
Grades/Evaluations (12)	○	○	○	○	○
National Board Exams (13)	○	○	○	○	○
Isolation from friends/family (1)	○	○	○	○	○
Gender or Gender Identity (9)	○	○	○	○	○
Ethnicity or Ethnic Identity (10)	○	○	○	○	○
Financial debt (2)	○	○	○	○	○
Lack of control over schedule (7)	○	○	○	○	○
Specialty of choice (4)	○	○	○	○	○
Concern about workload in residency (5)	○	○	○	○	○
Uncertainty about future (8)	○	○	○	○	○
Disability/Chronic illness status (6)	○	○	○	○	○
Caregiving responsibilities (3)	○	○	○	○	○

4.03 Which of the following activities do you use to cope with difficult situations (or a difficult day on clinical rotation)? (Select all that apply)

- [ ] Talk to a friend/loved one (1)
- [ ] Consume alcohol or marijuana (2)
- [ ] Consume other drugs (7)
- [ ] Exercise (3)
- [ ] Watch TV/movie (4)
- [ ] Lie down (5)
- [ ] Listen to music (6)
- [ ] Mindfulness practice (8)
- [ ] Meet with a counselor (9)
- [ ] Other: (10) _____

4.04 How do you feel your well-being has changed in the following domains since beginning medical school?

	Significant Decrease (1)	Mild Decrease (2)	No Change (3)	Mild Increase (4)	Significant Increase (5)
PHYSICAL WELL-BEING (1)	○	○	○	○	○
SOCIAL WELL-BEING (2)	○	○	○	○	○
EMOTIONAL WELL-BEING (3)	○	○	○	○	○

4.05 Please mark the statement you most identify with:

- ○ I have considered taking a Leave of Absence from school for my personal well-being (1)
- ○ I have taken a Leave of Absence from school for my personal well-being (2)
- ○ I have never considered taking a Leave of Absence from school for my personal well-being (3)

Section 5: Medical School Characteristics

5.01 What is your school's grading system during **Pre-Clinical Courses**?

- ○ Pass/Fail ONLY (1)
- ○ Pass/Fail + Recognitions for Honors/High Pass (2)
- ○ Letter Grades (A, B, C, etc.) (3)
- ○ Other: (4) _____

5.02 How supportive do you feel your school's faculty are in terms of well-being?

- ○ Not Supportive at All (1)
- ○ Somewhat Supportive (2)
- ○ Strongly Supportive (3)

5.03 At your institution, which of the following well-being resources are available? (Select all that apply)

- ☐ Mental Health & Counseling Services (1)
- ☐ Peer Mentorship (2)
- ☐ Self-Care Education (4)
- ☐ Mindfulness/Meditation Classes (5)
- ☐ Community Building Events (3)
- ☐ Other: (6) _____

Carry Forward Selected Choices - Entered Text from "At your institution, which of the following well-being resources are available? (Select all that apply)"

5.04 At your institution, which of the following well-being resources have you utilized? (Select all that apply)

- ☐ Mental Health & Counseling Services (1)
- ☐ Peer Mentorship (2)
- ☐ Self-Care Education (3)
- ☐ Mindfulness/Meditation Classes (4)
- ☐ Community Building Events (5)
- ☐ Other: (6)

5.05 What well-being resource(s), if offered at your school, do you feel would be most useful?

_____

5.06 If you have any further comments to share, please write them below:

_____

Section 6: Interview Recruitment

6.01 Are you willing to be contacted for a short interview on your experience with medical student well-being?

- ○ Yes (4)
- ○ No (5)

Display This Question:

If Are you willing to be contacted for a short interview on your experience with medical student wel... = Yes

6.02 Please enter your school email address below:

_____