American Board of Emergency Medicine

LONGITUDINAL STUDY OF EMERGENCY MEDICINE RESIDENTS

2012

Research Committee
Rebecca Smith-Coggins, M.D., Chair
Michael L. Carius, M.D.
Robert E. Collier, M.D.
Francis L. Counselman, M.D.
Terry Kowalenko, M.D.
Catherine A. Marco, M.D.
Robert L. Muelleman, M.D.

Executive Committee
Richard N. Nelson, M.D. *President*
John C. Moorhead, M.D. *President-Elect*
Mark T. Steele, M.D. *Immediate-Past-President*
James H. Jones, M.D. *Secretary-Treasurer*
Francis L. Counselman, M.D. *Member-at-Large*
Jo Ellen Linder, M.D. *Senior Member-at-Large*

Directors
Kerryann B Broderick, M.D.
Michael L. Carius, M.D.
Robert E. Collier, M.D.
Barry N. Heller, M.D.
Terry Kowalenko, M.D.
David A. Kramer, M.D.
Catherine A. Marco, M.D.
J. Mark Meredith, M.D.
Robert L. Muelleman, M.D.
Rebecca Smith-Coggins, M.D.
Robert W. Strauss, M.D.

LIST OF ABBREVIATIONS

The following abbreviations are used throughout the Longitudinal Study survey.

ABEM -- American Board of Emergency Medicine

ABMS -- American Board of Medical Specialties

ED -- Emergency Department

EM -- Emergency Medicine

EMS -- Emergency Medical Services

HMO -- Health Maintenance Organization

GENERAL INSTRUCTIONS

IF YOUR RESIDENCY PROGRAM IS ASSOCIATED WITH MORE THAN ONE *ED*, PLEASE SELECT THE SETTING WHICH REPRESENTS YOUR PROGRAM'S PRIMARY *EM PRACTICE* AND USE IT AS A REFERENCE IN RELATED QUESTIONS.

SECTION A: PROFESSIONAL INTERESTS, ATTITUDES, AND GOALS

A1. Overall, how much fun is it for you to be an EM resident?

(Circle Only One)

Almost Never Fun		Sometimes Fun		Almost Always Fun
1	2	3	4	5

A5. How much of a problem is each of the following in your day-to-day experience as an EM resident?

(Circle Only One for Each Item)

		Not a Problem				Serious Problem	Not Applicable
a.	Ancillary support services	1	2	3	4	5	8
b.	Attending conferences	1	2	3	4	5	8
c.	Burnout	1	2	3	4	5	8
d.	Concern about malpractice suits	1	2	3	4	5	8
e.	Difficult ethical or moral choices	1	2	3	4	5	8
f.	EMS support	1	2	3	4	5	8
g.	Exercising medical judgment	1	2	3	4	5	8
h.	Fatigue	1	2	3	4	5	8
i.	Funding for research	1	2	3	4	5	8
j.	Gender discrimination	1	2	3	4	5	8
k.	Having enough time for family	1	2	3	4	5	8
l.	Having enough time for personal life	1	2	3	4	5	8
m.	Hospital administration	1	2	3	4	5	8
n.	Hospital politics	1	2	3	4	5	8
o.	Income	1	2	3	4	5	8
p.	Infectious disease exposure	1	2	3	4	5	8
q.	Keeping up with the medical literature	1	2	3	4	5	8
r.	Knowing enough	1	2	3	4	5	8
s.	Learning EM administration	1	2	3	4	5	8
t.	Learning new skills and procedures	1	2	3	4	5	8

A5. How much of a problem is each of the following in your day-to-day experience as an EM resident? *(continued)*

(Circle Only One for Each Item)

		Not a Problem				Serious Problem	Not Applicable
u.	Length of shifts	1	2	3	4	5	8
v.	Level of energy needed to work	1	2	3	4	5	8
w.	Level of patient acuity	1	2	3	4	5	8
x.	Making critical decisions	1	2	3	4	5	8
y.	Managing multiple patients	1	2	3	4	5	8
z.	Minority discrimination	1	2	3	4	5	8
aa.	Number of shifts	1	2	3	4	5	8
bb.	Number of night shifts	1	2	3	4	5	8
cc.	Number of patients	1	2	3	4	5	8
dd.	Nursing staff	1	2	3	4	5	8
ee.	Other EM residents	1	2	3	4	5	8
ff.	Patients' emotional problems	1	2	3	4	5	8
gg.	Patients whose conditions will not improve	1	2	3	4	5	8
hh.	Patients whose values and beliefs about medical care differ greatly from my own	1	2	3	4	5	8
ii.	Respect from medical colleagues	1	2	3	4	5	8
jj.	Safety in the ED	1	2	3	4	5	8
kk.	Service to colleagues, program	1	2	3	4	5	8
ll.	Stress	1	2	3	4	5	8
mm.	Subspecialty support	1	2	3	4	5	8
nn.	Time for conducting research	1	2	3	4	5	8
pp.	Implementation of electronic medical records systems	1	2	3	4	5	8
qq.	Ongoing use of electronic medical records systems	1	2	3	4	5	8
rr.	Boarding in the emergency department	1	2	3	4	5	8
ss.	Crowding in the emergency department	1	2	3	4	5	8

A5. How much of a problem is each of the following in your day-to-day experience as an EM resident? *(continued)*

(Circle Only One for Each Item)

		Not a Problem				Serious Problem	Not Applicable
tt.	Time devoted to documentation and bureaucratic issues	1	2	3	4	5	8
uu.	Clinical productivity	1	2	3	4	5	8
Other		1	2	3	4	5	8

(Please specify) _____

A6. What is your current level of competence in each of the following aspects of work in EM?

(Circle Only One for Each Item)

		Weak				Strong	Not Applicable
a.	Academic writing	1	2	3	4	5	8
b.	Conference preparation	1	2	3	4	5	8
c.	Contract negotiation	1	2	3	4	5	8
d.	Disaster planning	1	2	3	4	5	8
e.	ED organizational skills	1	2	3	4	5	8
f.	Financial management	1	2	3	4	5	8
g.	Grant writing	1	2	3	4	5	8
h.	Interaction with other ED staff	1	2	3	4	5	8
i.	Interaction with hospital administrators	1	2	3	4	5	8
j.	Management skills	1	2	3	4	5	8
k.	Nurse education	1	2	3	4	5	8
l.	Paraprofessional education	1	2	3	4	5	8
m.	Presentation of papers	1	2	3	4	5	8
n.	Public relations	1	2	3	4	5	8
o.	Related medical/legal knowledge	1	2	3	4	5	8
p.	Research	1	2	3	4	5	8

A6. What is your current level of competence in each of the following aspects of work in EM? *(continued)*

(Circle Only One for Each Item)

		Weak				Strong	Not Applicable
q.	Teaching	1	2	3	4	5	8
r.	Arriving at the diagnosis	1	2	3	4	5	8
s.	Use of online information	1	2	3	4	5	8
t.	Use of new technologies	1	2	3	4	5	8
u.	Use of electronic medical records	1	2	3	4	5	8

A7. What is your current level of competence in each of the following aspects of CLINICAL EM?

(Circle Only One for Each Item)

		Weak				Strong	Not Applicable
a.	EM knowledge	1	2	3	4	5	8
b.	Cost efficiency in ordering tests	1	2	3	4	5	8
c.	Developing differential diagnoses	1	2	3	4	5	8
d.	Developing/maintaining a problem list	1	2	3	4	5	8
e.	Documenting clinical findings	1	2	3	4	5	8
f.	Interpersonal skills with patients	1	2	3	4	5	8
g.	Interpersonal skills with physicians and other health professionals	1	2	3	4	5	8
h.	Oral presentations	1	2	3	4	5	8
i.	Patient billing	1	2	3	4	5	8
j.	Patient interviewing	1	2	3	4	5	8
k.	Physical examinations	1	2	3	4	5	8
l.	Procedural skills	1	2	3	4	5	8
m.	Recording skills	1	2	3	4	5	8

A8. Knowing what you know now, if you had to decide whether to select the SPECIALTY OF EM, what would you decide?

(Circle Only One)

Definitely would not select EM 1
Probably would not select EM.....2
Probably would select EM.....3
Definitely would select EM 4

A9. In general, how well would you say that your RESIDENCY IN EM measures up to the type of program you wanted when you selected it?

(Circle Only One)

Not at all like what I wanted 1
Not very much like what I wanted 2
Somewhat like what I wanted.....3
Very much like what I wanted 4

A10. Considering the reasons you became an EM resident, has EM met your expectations?

(Circle Only One)

Has not met my expectations.....1
Has met some of my expectations.....2
Has met most of my expectations.....3
Has exceeded my expectations 4

A11. Overall, how satisfied are you with your RESIDENCY in EM?

(Circle Only One)

Not Satisfied		Satisfied		Very Satisfied
1	2	3	4	5

A12. How much does each of the following aspects of EM appeal to you at this time?

(Circle Only One for Each Item)

		Not At All				Very Much	Not Applicable
a.	Attaining a position of leadership and authority	1	2	3	4	5	8
b.	Being relatively independent	1	2	3	4	5	8
c.	Being respected for my clinical expertise	1	2	3	4	5	8
d.	Doing work involving science and research	1	2	3	4	5	8
e.	Earning a comfortable living and lifestyle	1	2	3	4	5	8
f.	Entering a highly respected profession	1	2	3	4	5	8
g.	Having control over professional and personal time	1	2	3	4	5	8
h.	Having exciting and challenging work	1	2	3	4	5	8
i.	Having interesting and intelligent colleagues	1	2	3	4	5	8

PROFESSIONAL GOALS

A13. Have you ever seriously considered transferring to another EM residency program?

(Circle Only One)

Yes 1
No ..... 5 *Go below to A15.*

A13a. What are your reasons for thinking of leaving your EM residency?

(Circle All That Apply)

a. Change of medical specialty 1
b. Conflict with residency program personnel/director 1
c. Income 1
d. Opportunity for preferred geographic location 1
e. Personal/family 1
f. Stress 1
Other *(Please specify)* _____ 1

A13b. Did you transfer to another EM residency program?

(Circle Only One)

Yes 1
No 5

A14. Are you seriously thinking of transferring to another EM residency program within the next year?

(Circle Only One)

Yes 1
No 5

A15. Have you ever seriously considered leaving the SPECIALTY of EM?

(Circle Only One)

Yes 1
No ..... 5 *Go below to A17.*

A16. Are you seriously thinking of leaving the SPECIALTY of EM within the next year?

(Circle Only One)

Yes 1
No 5

A17. How many years do you anticipate practicing CLINICAL EM after completing your residency?

(Circle Only One)

0-1	1	15-19	6
2-3	2	20-24	7
4-6	3	25-29	8
7-10	4	≥30	9
11-14	5		

A18. **Five years** after completing your residency, how involved do you expect to be in each of the following aspects of EM?

(Circle Only One for Each Item)

		Not Involved At All		Somewhat Involved		Very Involved
a.	Academic writing	1	2	3	4	5
b.	Administration	1	2	3	4	5
c.	Clinical practice	1	2	3	4	5
d.	Clinical teaching	1	2	3	4	5
e.	Consulting	1	2	3	4	5
f.	Didactic teaching	1	2	3	4	5
g.	Political activities	1	2	3	4	5
h.	Research	1	2	3	4	5

A19. **Five years** after completing your residency, what do you hope to be doing?

(Circle All That Apply)

a. Academic department chair of EM 1
b. Academic department chair of ABMS specialty other than EM 1
c. Academic division or section head of EM 1
d. Academic division or section head of ABMS specialty other than EM 1
e. Academic faculty in EM 1
f. Academic faculty in ABMS specialty other than EM 1
g. Academic faculty in EMS, Hospice & Palliative Medicine, Medical Toxicology, Pediatric EM, Sports Medicine or Undersea & Hyperbaric Medicine 1
h. Academic faculty in ABMS subspecialty other than EM subspecialties 1
i. Clinical physician in EM 1
j. Clinical physician in ABMS specialty other than EM 1
k. Clinical physician in EMS, Hospice & Palliative Medicine, Medical Toxicology, Pediatric EM, Sports Medicine or Undersea & Hyperbaric Medicine 1
l. Clinical physician in ABMS subspecialty other than EM subspecialties 1
m. Clinical teacher in EM 1
n. Clinical teacher in ABMS specialty other than EM 1
o. Clinical teacher in EMS, Hospice & Palliative Medicine, Medical Toxicology, Pediatric EM, Sports Medicine or Undersea & Hyperbaric Medicine 1
p. Clinical teacher in ABMS subspecialty other than EM subspecialties 1

A19. **Five years** after completing your residency, what do you hope to be doing? *(continued)*

(Circle All That Apply)

q. Fellow in EMS, Hospice & Palliative Medicine, Medical Toxicology, Pediatric EM, Sports Medicine or Undersea & Hyperbaric Medicine 1
r. EMS medical director 1
s. Medical director of ED 1
t. Hospital administrator/manager 1
u. Head of EM group 1
v. Manager in EM group 1
w. Owner, partner or shareholder in EM group 1
x. Residency director of EM 1
y. Residency director of ABMS specialty other than EM 1
z. Leave medical profession for another career 1
bb. Disaster management 1
cc. Director of poison control center 1
Other 1

(Please specify) _____

A20. **Five years** after completing your residency, in what type of setting do you hope your PRIMARY work will be located? *Please select only <u>one</u>.*

(Circle Only One)

a.	HMO	1
b.	Urgent care setting	2
c.	Military hospital	3
d.	Other government hospital	4
e.	University hospital	5
f.	Urban hospital	6
g.	Urban teaching hospital	7
h.	Suburban community hospital	8
i.	Suburban community teaching hospital	9
j.	Rural community hospital	10
k.	Rural community teaching hospital	11
l.	Non-clinical medical management	12
m.	Outside of medicine	13
n.	Private/office practice	15
o.	Other	97

*(Please specify)*_____

CURRENT STATE OF EMERGENCY MEDICINE

A21. How much does each of the following currently describe the state of EM?

(Circle Only One for Each Item)

		Does Not Describe		Somewhat Describes		Very Strongly Describes
a.	Caretaker of society	1	2	3	4	5
b.	Challenging	1	2	3	4	5
c.	Conflicts within the profession	1	2	3	4	5
d.	Exciting	1	2	3	4	5
e.	In time of transition	1	2	3	4	5
f.	Leading edge of medicine	1	2	3	4	5
g.	Misunderstood	1	2	3	4	5
h.	Safety net	1	2	3	4	5
i.	Second class specialty	1	2	3	4	5
j.	Threatened by outside forces	1	2	3	4	5
k.	Truly unique body of knowledge	1	2	3	4	5
l.	Under-reimbursed	1	2	3	4	5
Other		1	2	3	4	5

(Please specify) _____

A22. How much of a problem is each of the following in EM at this time?

(Circle Only One for Each Item)

		Not a Problem		Somewhat a Problem		Serious Problem
a.	Contract groups	1	2	3	4	5
b.	Closing of ABEM nonresidency application track	1	2	3	4	5
c	Establishing a solid base of EM research	1	2	3	4	5
d.	Funding new subspecialties	1	2	3	4	5
e.	Funding under the new health care reimbursement model	1	2	3	4	5
f.	Meeting expectations of patients	1	2	3	4	5
g.	Poorly funded patients	1	2	3	4	5
h.	Restrictive covenants (noncompetitive clause in contracts)	1	2	3	4	5
i.	Shortage of certified emergency physicians	1	2	3	4	5
j.	Shortage of emergency physicians	1	2	3	4	5
k.	Shortage of EM residency programs	1	2	3	4	5
m.	Increased pressure for testing in the ED	1	2	3	4	5
n.	Increasing mandates for maintaining certification	1	2	3	4	5
o.	Closure of emergency departments	1	2	3	4	5
p.	Lack of availability of consultants	1	2	3	4	5
q.	ED boarding of admitted patients	1	2	3	4	5
r.	ED crowding	1	2	3	4	5
s.	Quality measure reporting	1	2	3	4	5
Other		1	2	3	4	5

(Please specify) _____

SECTION B: TRAINING, CERTIFICATION, AND LICENSING

SPECIALTY CERTIFICATION

B3. Have you acquired any ABMS-APPROVED SPECIALTY CERTIFICATES in the past year?

Yes 1
No.....5 *Go to p.14, B4.*

B3a. Which ABMS-APPROVED SPECIALTY CERTIFICATES did you acquire in the past year? (*Please write the appropriate dates in the boxes below.)*

Specialty Certification	Year of Certification	Participating in Maintenance of Certification?	
		Yes	No
a. Allergy and Immunology		1	5
b. Anesthesiology		1	5
c. Colon/Rectal Surgery		1	5
d. Dermatology		1	5
e. Family Medicine		1	5
f. Internal Medicine		1	5
g. Medical Genetics		1	5
h. Neurological Surgery		1	5
i. Nuclear Medicine		1	5
j. Obstetrics/Gynecology		1	5
k. Ophthalmology		1	5
l. Orthopedic Surgery		1	5
m. Otolaryngology		1	5
n. Pathology		1	5
o. Pediatrics		1	5
p. Physical Medicine and Rehabilitation		1	5
q. Plastic Surgery		1	5
r. Preventive Medicine		1	5
s. Psychiatry/Neurology		1	5
t. Radiology		1	5
u. Surgery		1	5
v. Thoracic Surgery		1	5
w. Urology		1	5

B4. Did you acquire any SPECIALTY CERTIFICATES NOT ISSUED BY AN ABMS BOARD in the past year?

(Circle Only One)

Yes 1
No.....5 *Go below to B7.*

B4a. What is (are) the specialty(s) and which organization(s) issued the certificate(s)?
(Please print clearly so your response can be noted.)

Specialty(s) _____ _____

Organization(s) _____ _____

LICENSING

B7. Do you hold a valid, unrestricted, unqualified license to practice medicine in the United States? (Do not count training licenses here.)

(Circle Only One)

Yes 1
No.....5

B8. Do you hold a license to practice medicine in another country (other than a training license)?

(Circle Only One)

Yes 1
No.....5 *Go to p.15, C1.*

B8a. In which country(s) do you have a license (other than a training license) to practice medicine?
(Please print clearly so your answer can be noted.)

_____

_____

SECTION C: PROFESSIONAL EXPERIENCE

WORK IN EMERGENCY MEDICINE

C1. Do you provide academic, health care, medical-legal, or research and development consulting services to individuals or groups?

(Circle Only One)

Yes 1
No.....5 *Go below to C2.*

C1a. In which areas do you provide consultation?

(*Circle All That Apply)*

a. Academic 1
b. Health Care 1
c. Medical-Legal 1
d. Research and Development 1
Other *(Please specify)* 1

_____

C2. How many hours per week are you currently working in each of the following aspects of EM?

(Circle Only One for Each Item)

	0	1-4	5-9	10-24	25-39	40-54	55-70	>70
a. Academic writing	1	2	3	4	5	6	7	8
b. Administration.....	1	2	3	4	5	6	7	8
c. Clinical practice/training.....	1	2	3	4	5	6	7	8
d. Clinical teaching	1	2	3	4	5	6	7	8
e. Consulting	1	2	3	4	5	6	7	8
f. Course work	1	2	3	4	5	6	7	8
g. Didactic teaching	1	2	3	4	5	6	7	8
h. Moonlighting in EM	1	2	3	4	5	6	7	8
i. Moonlighting outside of EM.....	1	2	3	4	5	6	7	8
j. Reading medical literature	1	2	3	4	5	6	7	8
k. Research	1	2	3	4	5	6	7	8
l. Studying	1	2	3	4	5	6	7	8

C3. Considering your TOTAL TIME SPENT IN ALL ASPECTS OF MEDICINE, how is it divided among the following? Estimate your percent of time in these areas as accurately as you can. The total time should equal 100%

a. % Academic writing ..... _____
b. % Administration..... _____
c. % Clinical practice/training..... _____
d. % Clinical teaching ..... _____
e. % Consulting ..... _____
f. % Course work ..... _____
g. % Didactic teaching ..... _____
h. % Moonlighting ..... _____
i. % Reading medical literature..... _____
j. % Research..... _____
k. % Studying ..... _____

TOTAL 100%

INCOME

C4. What is your annual income from each of the categories of work listed below?

(Circle Only One for Each Item)

	<$5,000	$5,000-$9,999	$10,000-$14,999	$15,000-$19,999	$20,000-$24,999	$25,000-$29,999	$30,000-$34,999	$35,000-$39,999	$40,000-$59,999	≥$60,000	N/A
a. EM Residency Program	2	3	4	5	6	7	8	9	10	20	11
b. Moonlighting in EM	2	3	4	5	6	7	8	9	10	20	11
c. Moonlighting outside of EM	2	3	4	5	6	7	8	9	10	20	11
d. Other work in medicine	2	3	4	5	6	7	8	9	10	20	11
e. Work outside medicine	2	3	4	5	6	7	8	9	10	20	11
Other	2	3	4	5	6	7	8	9	10	20	11

(Please specify) _____

PUBLICATIONS

C12. In the **past year**, have you authored or co-authored any papers that have been published in refereed medical or scientific journals?

(Circle Only One)

Yes 1
No.....5 *Go below to C13.*

C12a. In the **past year**, how many papers have you authored or co-authored that have been published in refereed medical or scientific journals?

(Circle Only One)

1-2 1
3-4 2
5-6 3
7-8 4
9 or more.....5

C13. In the **past year**, have you written any chapters that have been published in medical or scientific textbooks?

(Circle Only One)

Yes 1
No.....5 *Go to p.18, C14*

C13a. In the **past year,** how many chapters have you written that have been published in medical or scientific textbooks?

(Circle Only One)

1-2 1
3-4 2
5-6 3
7-8 4
9 or more.....5

C14. In the **past year**, have you edited or written any medical or scientific books that have been published?

(Circle Only One)

Yes 1
No.....5 *Go to p. 19, C15.*

C14a. In the **past year**, how many medical or scientific books have you edited or written that have been published?

(Circle Only One)

1-2..... 1
3-4..... 2
5-6..... 3
7-8..... 4
9 or more..... 5

RESEARCH

C15. Are you currently participating in one or more research projects?

(Circle Only One)

Yes 1
No.....5 *Go to p.22, C16.*

C15a. What is (are) your role(s) in the research project(s)?

(Circle All That Apply)

a. Principal or co-principal investigator..... 1
b. Co-investigator..... 1
c. Participant..... 1

C15b. Is any of this research funded by a grant or contract?

(Circle Only One)

Yes..... 1
No..... 5

C15c. What is (are) the primary area(s) of this research?

(Circle All That Apply)

a. Basic science (bench)..... 1
b. Clinical science 1
c. Faculty development 1
d. Health care delivery/operations..... 1
e. Health policy 1
f. Medical education or evaluation 1
g. Health services research..... 1
h. EMS 1
i. Disaster medicine..... 1
j. Epidemiology 1
Other..... 1

(Please specify) _____

C16. Have you ever been funded as a principal investigator or co-principal investigator?

(Circle Only One)

Yes 1
No.....5 *Go below to C17.*

C16a. What was the source of this funding?

(Circle All That Apply)

a. Foundation..... 1
b. Government agency 1
c. Industry..... 1
d. University..... 1
Other
(Please specify) _____ 1

C17.-C18. MEDICAL ORGANIZATIONS

The next question concerns the NATIONAL medical organizations to which you may belong. For **C17** below, circle the number to indicate whether or not you are a member of the organization listed on the left. For **C18a**, indicate whether or not you have held a leadership position in the organization in the past year.

National Medical Organization	**C17.** Are you a member?		**C18a.** Have you held a leadership position (officer) in the past year?	
	YES	NO	YES	NO
a. AAEM	1	5	1	5
b. ACEP	1	5	1	5
c. EMRA	1	5	1	5
d. AMA	1	5	1	5
e. SAEM	1	5	1	5
Other	1	5	1	5
Other	1	5	1	5

SECTION D: WELL-BEING and LEISURE ACTIVITIES

D1. How would you describe your current state of health?

(Circle Only One)

Some serious health concerns 1
Some minor health concerns 2
No health concerns 3
Exceptionally healthy for my age .. 4

D2. Do you exercise?

(Circle Only One)

Yes 1
No.....5 *Go to p.22, D3.*

D2a. How often do you exercise?

(Circle Only One)

Less than once a month 1
1 to 3 times/month 2
1 to 2 times/week 3
3 to 4 times/week 4
More than 4 times/week 5

D3. How would you describe yourself at this time?

(Circle Only One for Each Item)

a.	Active	1	2	3	4	5	6	Inactive
b.	Cold	1	2	3	4	5	6	Warm
c.	Conventional	1	2	3	4	5	6	Unconventional
d.	Dreamer	1	2	3	4	5	6	Practical
e.	Impulsive	1	2	3	4	5	6	Deliberate
f.	Incompetent	1	2	3	4	5	6	Competent
g.	Interested in self	1	2	3	4	5	6	Interested in others
h.	Open	1	2	3	4	5	6	Closed
i.	Relaxed	1	2	3	4	5	6	Tense
j.	Solitary	1	2	3	4	5	6	Social
k.	Strong	1	2	3	4	5	6	Weak
l.	Successful	1	2	3	4	5	6	Unsuccessful
m.	Unhappy	1	2	3	4	5	6	Happy

D4$_{09}$. In which leisure activities do you routinely participate?

(Circle Only One for Each Item)

	Participate	Do Not Routinely Participate
a. Bicycling	1	8
b. Collecting	1	8
c. Community activities	1	8
d. Competitive sports	1	8
e. Cooking	1	8
f. Cultural arts	1	8
g. Fishing	1	8
h. Fitness training	1	8
i. Gardening	1	8
j. Golf	1	8
k. Horseback riding	1	8
l. Hunting	1	8
m. Movies	1	8
n. Music	1	8
o. Nature, e.g., birdwatching, camping, hiking	1	8
p. Painting, pottery, or other arts	1	8
q. Reading	1	8
r. Religious activities	1	8
s. Running	1	8
t. Sailing	1	8
u. Spending time with family	1	8
v. Spending time with friends	1	8
w. Skiing/snowboarding	1	8
x. Travel	1	8
y. Tennis	1	8
z. Walking	1	8
aa. Water sports	1	8
bb. Writing	1	8
dd. Video games	1	8
Other *(Please specify)*_____	1	8

SECTION E: DEMOGRAPHIC INFORMATION

Some demographic questions are asked every year even though these characteristics do not change from year to year. This allows us to collect data for residents who missed the first-year survey. All data are kept confidential. Demographic information is used only for group research and to describe the representativeness of the sample.

E1. What is your date of birth? ___/___/___
(mo/day/yr)

E5. What is your gender?

(Circle Only One)

Female 1
Male 5

E6. With which racial or ethnic group do you most identify?

(Circle Only One)

White (not of Hispanic origin) 1
Black (not of Hispanic origin) 2
Mexican American 3
Puerto Rican 4
Other Hispanics
(Cuban, Central and South American, etc.) 5
American Indian 6
Alaskan Native 7
Native Hawaiian 8
Asian/Pacific Islander 9
Other 97

(Please specify) _____

E1$_{97}$. Has your marital status changed in the past year?

(Circle Only One)

Yes 1
No ..... 5 *Go to p.27, E2$_{97}$.*

E1$_{97}$a. How has your marital status changed in the past year?
(Circle Only One)

Divorced 1
Married 2
Separated 3
Widowed 5

E2$_{97}$. Have you had any living children born in the past year?

(Circle Only One)

Yes.....1
No.....5 *Go below to E9.*

E2$_{97}$a. How many living children have you had born in the past year?
_____ *(Please enter an integer.)*

PLEASE ENSURE THAT OUR CONTACT INFORMATION FOR YOU IS UP TO DATE.
ABEM uses your name and ID only to link survey data across the years. Your contact information will be used only to communicate with you and will not be shared with other organizations.

E9. In the space below, please enter your current email address.

Email address _____

PLEASE MAKE ANY NEEDED CORRECTIONS TO YOUR NAME AND ADDRESS ON THE LABEL BELOW.

COMMENTS

Please include any comments you have about the Longitudinal Study or the issues that were raised in the survey. *(Please print clearly so your comments can be noted.)*

_____

_____

_____

_____

Thank you for your generous support of this project. If ABEM can be of assistance, please call (517) 332-4800 or email research@abem.org.

© 2012 American Board of Emergency Medicine. All rights reserved.