

Attachment A-Mental Health Survey (58 total questions)

SECTION 1: Demographics and Qualitative Data (5 questions)

Background and Demographics:

1. What stage of postgraduate education are you in (e.g., PGY1, PGY2...PGY5)?
2. What is your age? (fill in the blank)
3. What gender do you most identify with?
 - a. Male
 - b. Female
 - c. Questioning
 - d. Intersex
 - e. Transgender
 - f. I prefer not to answer
4. What statement best describes your current relationship status
 - a. I am single
 - b. I am in a relationship
 - c. I am in a civil union/marriage
 - d. I am divorced/widowed
5. Do you have any children?
 - a. Yes
 - b. No

SECTION 2: Mental Health (4 questions)

1. Please choose the statement that most correctly describes your current emotional support network?

- a. I rely on family when I am stressed
- b. I rely on friends when I am stressed
- c. I rely on myself when I am stressed
- d. I have not identified an emotional support network
- e. Other (please specify)

2. Have you ever been diagnosed with a mental illness?

- a. No
- b. Yes (please specify time of initial diagnosis)

3. Please select the statement that best describes how aware you are with the mental resources available in your area?

- a. I am not aware of any mental health resources
- b. I am aware of some, but not all of the mental health resources
- c. I am aware of most of the mental health resources
- d. I am aware of all the mental health resources

4. Please select the statement below that best describes your willingness to utilize mental health resources provided by ACH?

- a. I am unwilling to utilize any provided resources pertaining to mental health
- b. I am somewhat willing to utilize provided resources pertaining to mental health
- c. I am willing to utilize provided resources pertaining to mental health
- d. I am very willing to utilize provided resources pertaining to mental health

Section 3: Diet and Exercise (16 questions)

Modified Lifestyle modification/FLD questionnaire -modified likert scale

1. What is your height?
2. What is your weight?
3. How often do you eat meals in a day (including tea, coffee, fruits, salads, snacks)?
 - a. >6 times
 - b. 6 times
 - c. 5 times
 - d. 4 times
 - e. 3 times
4. How often do you drink sweetened beverages like soft drinks, juices, etc.?
 - a. At least once daily
 - b. 3-6 times a week
 - c. 1-2 times a week
 - d. 2-3 times a month
 - e. Once a month or less
5. How often do you eat sweets like chocolate, cake, ice cream, candy?
 - a. At least once daily
 - b. 3-6 times a week
 - c. 1-2 times a week
 - d. 2-3 times a month
 - e. Once a month or less

6. How often do you eat fried foods such as corn dogs, french fries, tater tots?
 - a. At least once daily
 - b. 3-6 times a week
 - c. 1-2 times a week
 - d. 2-3 times a month
 - e. Once a month or less
7. How often do you eat high salt snacks such as chips, pretzels?
 - a. At least once daily
 - b. 3-6 times a week
 - c. 1-2 times a week
 - d. 2-3 times a month
 - e. Once a month or less
8. How often do you consume sugar and honey in tea, coffee?
 - a. At least once daily
 - b. 3-6 times a week
 - c. 1-2 times a week
 - d. 2-3 times a month
 - e. Once a month or less
9. How often do you eat fruit and salad?
 - a. At least once daily
 - b. 3-6 times a week
 - c. 1-2 times a week
 - d. 2-3 times a month

- e. Once a month or less
10. How often do you eat sprouted pulses and green vegetables?
- a. Every time in the main diet
 - b. At least once a day
 - c. 3-4 times a week
 - d. 1 time a week
 - e. Less than once a week
11. How often do you eat saturated fat like egg yolks, etc.?
- a. At least once daily
 - b. 3-6 times a week
 - c. 1-2 times a week
 - d. 2-3 times a month
 - e. Once a month or less
12. How often do you eat refined food items like burgers, pizza, etc.?
- a. At least once daily
 - b. 3-6 times a week
 - c. 1-2 times a week
 - d. 2-3 times a month
 - e. Once a month or less
13. How often do you eat butter, cream, mayonnaise, etc.?
- a. At least once daily
 - b. 3-6 times a week
 - c. 1-2 times a week

- d. 2-3 times a month
 - e. Once a month or less
14. How often do you eat out of the house (such as wedding, party, family function etc.)?
- a. More than 3 times a week
 - b. More than once a week
 - c. 2 times in a month
 - d. Less than 1 time in a month
15. How many days do you exercise in a week?
- a. Daily
 - b. 5-6 times a week
 - c. 3-4 times a week
 - d. 1-2 times a week
 - e. Never
16. How much time do you exercise for each session?
- a. >40 minutes
 - b. 30-40 minutes
 - c. 20-30 minutes
 - d. 20-10 minutes
 - e. <10 minutes
17. Do you use a wellbeing app or smart watch to monitor diet, sleep, exercise, etc?
- a. Yes
 - b. no

SECTION 4: Depression and Anxiety (Questions Randomized together) (17 questions)

Using the likert scale indicated, over the last 2 weeks, how often have you been bothered by any of the following problems?

Likert options:

A. Not at all

B. Several Days

C. More than half the days

D. Nearly every day

1. Feeling nervous, anxious, or on edge.
2. Not being able to stop or control worrying
3. Worrying too much about different things
4. Trouble relaxing
5. Being so restless that it's hard to sit still
6. Becoming easily annoyed or irritable
7. Feeling afraid as if something awful might happen
8. Little interest or pleasure in doing things
9. Feeling down, depressed, or hopeless
10. Trouble falling or staying asleep, or sleeping too much
11. Feeling tired or having little energy
12. Poor appetite or overeating
13. Feeling bad about yourself – or that you are a failure or have let yourself or your family down

14. Trouble concentrating on things, such as reading the newspaper or watching television
15. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual
16. Thoughts that you would be better off dead, or of hurting yourself
17. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?
 - a. Not difficult at all
 - b. Somewhat difficult
 - c. Very difficult
 - d. Extremely difficult

Section 5: Resident Job Satisfaction Breehl-Allen Survey (14 questions)

In the context of being an employee at Akron Children's Hospital please indicate how much you agree or disagree with the following statements.

Likert options:

Strongly disagree, disagree, neither agree nor disagree, agree, strongly agree

1. I feel appreciated by patients
2. I feel appreciated by nursing and support staff
3. I have a good working relationship with my fellow residents
4. I have a good working relationship with nurses and support staff
5. I am satisfied with my working relationship with medical education
6. I am satisfied with my personal growth at Akron Children's

7. I am satisfied with my professional development at Akron Children's
8. I feel appreciated by fellow residents and attendings
9. I am satisfied with my control over my work schedule
10. I am satisfied with the control I have over the areas I work in (examples: choice of electives, patient population, recs clinic, etc.)
11. I am satisfied with my work-life balance
12. I am satisfied with my income
13. I complete an appropriate amount of administrative work
14. I am satisfied with my current job at Akron Children's Hospital

Adapted from: Supervisor leadership in relation to resident job satisfaction by van der Wal et al.

Section 6:

Likert options:

Strongly disagree, disagree, neither agree nor disagree, agree, strongly agree

1. How satisfied are you overall with your job at Akron Children's Hospital?