



**The Mini-Z Clinician Worklife Questionnaire**

For questions 1-10, please circle the best answer.

**1. Overall, I am satisfied with my current job:**

Strongly disagree      Disagree      Neither agree nor disagree      Agree      Agree strongly

**2. I feel a great deal of stress because of my job**

Strongly disagree      Disagree      Neither agree nor disagree      Agree      Agree strongly

**3. Using your own definition of "burnout", please circle one of the answers below:**

1. I enjoy my work. I have no symptoms of burnout.
2. I am under stress, and don't always have as much energy as I did, but I don't feel burned out.
3. I am definitely burning out and have one or more symptoms of burnout, e.g. emotional exhaustion.
4. The symptoms of burnout that I'm experiencing won't go away. I think about work frustrations a lot.
5. I feel completely burned out. I am at the point where I may need to seek help.

**4. My control over my workload is:**

1 – Poor      2 – Marginal      3 – Satisfactory      4 – Good      5 – Optimal

**5. Sufficiency of time for documentation is:**

1 – Poor      2 – Marginal      3 – Satisfactory      4 – Good      5 – Optimal

**6. Which number best describes the atmosphere in your primary work area?**

Calm      Busy, but reasonable      Hectic, chaotic  
1      2      3      4      5

**7. My professional values are well aligned with those of my department leaders:**

Strongly disagree      Disagree      Neither agree nor disagree      Agree      Agree strongly

**8. The degree to which my care team works efficiently together is:**

1 – Poor      2 – Marginal      3 – Satisfactory      4 – Good      5 – Optimal

**9. The amount of time I spend on the electronic medical record (EMR) at home is:**

1 – Excessive      2 – Moderately high      3 – Satisfactory      4 – Modest      5 – Minimal/none

**10. My proficiency with EMR use is:**

1 – Poor      2 – Marginal      3 – Satisfactory      4 – Good      5 – Optimal

**11. Tell us more about your stresses and what we can do to minimize them:**

**Please tell us about yourself:**

**Gender:** \_\_\_\_\_ Female \_\_\_\_\_ Male      **Number of years in current practice:** \_\_\_\_\_

**Are you:** \_\_\_ MD    \_\_\_ NP    \_\_\_ PA

**Practice type:** \_\_\_ Primary care    \_\_\_ Non-procedural specialist (Specify: \_\_\_\_\_)  
\_\_\_\_ Procedural specialist (Specify: \_\_\_\_\_)

**Which clinical site:** \_\_\_\_\_

**% of time you do:**

\_\_\_\_ Clinical Practice    \_\_\_\_ Research    \_\_\_\_ Teaching    \_\_\_\_ Administrative    \_\_\_\_ Office time  
\_\_\_\_ Other (please explain) \_\_\_\_\_