WESTERN CAROLINA WCMS MEDICAL SOCIETY | Healthy Healer

Western Carolina Medical Society
Healthy Healer Program Participant Demographics

The information collected on this form is important for WCMS in knowing how to best provide services to our members and to evaluate the usefulness of the Healthy Healer program. This form should be filled out only once at the beginning of each service (coaching and/or therapy) you seek through the Healthy Healer program, and your coach/therapist will send it to WCMS. **This form is completely anonymous.** Aggregated demographics data will be used for evaluation purposes. Thank you for your help.

Burnout Inventory

I am utilizing the following service(s):

❒ Therapy ❒ Coaching

Reasons you are seeking therapy/coaching (please check all items that apply for you)

❒ Addiction	❒ Anger	❒ Anxiety
❒ Apathy	❒ Chronic Fatigue	❒ Depression
❒ Forgetfulness/ Difficulty with Concentration	❒ Increased Irritability	❒ Insomnia
❒ Lacking Personal Goals	❒ Lacking Professional Goals	❒ Loss of Appetite
❒ Loss of Enjoyment at Work	❒ Litigation	❒ Parenting Stress
❒ Pessimism	❒ Spouse/Partner Conflict	❒ Stress
❒ Substance Abuse	❒ Unfulfilling Personal Life	❒ Unfulfilling Work
❒ Workplace Conflict	❒ Work-Life Balance	
❒ Other *(Please specify)*		

Burnout Causes (please check all items that apply for you)
(Items that have most factored into feelings of Burnout)

❒ Compassion Fatigue (e.g., overexposure to death)	❒ Difficult colleagues or staff	❒ Difficult employer
❒ Difficult patients	❒ Feeling like a cog in the wheel	❒ Impact of healthcare reform
❒ Inability to keep up with current research	❒ Inability to provide patients the quality I want	❒ Increasing computerization of practice
❒ Insufficient income	❒ Too many bureaucratic tasks	❒ Too many patient appointments in a day
❒ Working too many hours	❒ Unexpected medical outcome in patient(s)	
❒ Other *(Please specify)*		

Burnout Level (choose one)

❒ I have no symptoms of burnout.

❒ Occasionally, I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out.

❒ I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.

❒ The symptoms of burnout that I'm experiencing won't go away. I feel frustrated a lot.

❒ I feel completely burned out and often wonder if I can go on.

Demographics

❒ Age < 25 ❒ Age 25-43 ❒ Age 44-57 ❒ Age 58-70 ❒ Age 71+

❒ Male ❒ Female

Employment Status

❒ Independent Small Group (≤8 providers) ❒ Independent Large Group (>8 providers)
❒ Employed (Hospital-Based) ❒ Employed (Practice-Based) ❒ Retired ❒ Unemployed
❒Residency Program ❒ Medical Student ❒ Other _____________________ *(Please specify)*

Primary Medical Specialty (choose one only)

❒ Addiction Medicine	❒ Critical Care Pediatric	❒ General Practice
❒ Administrative Medicine	❒ Critical Care Surgery	❒ General Surgery
❒ Adolescent & Young Adult Medicine	❒ Dermatology	❒ Geriatrics
❒ Allergy/Asthma	❒ Developmental-Behavioral Pediatrics	❒ Hospice & Palliative Care
❒ Anesthesiology	❒ Diabetes	❒ Infectious Disease
❒ Bariatrics	❒ Diagnostic Radiology	❒ Internal Medicine
❒ Cardiology	❒ Emergency Medicine	❒ Neurology
❒ Cardiovascular Surgery	❒ Endocrinology	❒ Obstetrics Gynecology
❒ Child Psychiatry	❒ Family Medicine	❒ Ophthalmology
❒ Critical Care Medicine	❒ Gastroenterology	❒ Orthopaedic Surgery
❒ Otolaryngology	❒ Plastic Surgery	❒ Radiation Oncology
❒ Pain Medicine	❒ Psychiatry	❒ Rheumatology
❒ Pediatrics	❒ Public Health	❒ Urgent Care Medicine
❒ Physical Medicine and Rehabilitation	❒ Pulmonary Diseases	❒ Urology
❒ Other (Please specify)	❒ Retired	

To be completed by Therapist/Coach:

_____ *(initial)* The Member has completed an Informed Consent form and I have sent it directly to 3rd party Law Firm for safe keeping.