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MABEL

Medicine in Australia: Balancing Employment and Life

2011

Doctor Enrolled in a Specialty Training Program (Specialist Registrar)

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MABEL has been endorsed by:

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	Rural Doctors Association of Australia
	Rural Health Workforce Australia



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Space is provided at the end of this survey to make additional written comments.
 Please write responses in boxes provided using a dark pen. Check boxes can be ticked or crossed.

A About your current situation

- Are you currently doing any clinical medical work in Australia?
 - Yes – *If yes, please go to Section B below and complete the main survey*
 - No – *Continue*
- Are you permanently retired from all types of paid work?
 - Yes – *As you are permanently retired from all types of paid work you do not need to complete the rest of the survey. Please return this survey in the reply-paid envelope provided. Thank you for your participation.*
 - No – *Continue*
- Which of the following statements describe your current situation? (Tick all that apply)
 - Doing medical work in Australia that is non-clinical (e.g. medico-legal, teaching, research, committee work)
 - Maternity leave
 - Home duties/childcare
 - Enrolled as a student
 - Extended leave (e.g. sick leave, long service leave)
 - Working outside Australia in a clinical role
 - Working outside Australia in a non-clinical, but medical role
 - Working outside Australia in a non-medical role
 - Doing non-medical work in Australia. Please state job title:
- Do you intend to return to clinical medical work in Australia?
 - Yes – *Please go to Section G and complete the final two sections of the survey*
 - Unsure – *Please go to Section G and complete the final two sections of the survey*
 - No – *As you do not intend returning to clinical work in Australia you do not need to complete the rest of the survey. Please return this survey in the reply-paid envelope provided. Thank you for your participation.*

B About your job satisfaction

- Please indicate how satisfied or dissatisfied you are in the various aspects of your work as a doctor.

	Very Dissatisfied	Moderately Dissatisfied	Not Sure	Moderately Satisfied	Very Satisfied	N/A
Freedom to choose your own method of working	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Amount of variety in your work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Physical working conditions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Opportunities to use your abilities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Your colleagues and fellow workers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Recognition you get for good work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Your hours of work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Your remuneration	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Amount of responsibility you are given	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Taking everything into consideration, how do you feel about your job?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

6. Please indicate the degree to which you agree or disagree with the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
The balance between my personal and professional commitments is about right	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
I have a poor support network of other doctors like me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
The IT systems I use are very helpful in day-to-day practice	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
It is difficult to take time off when I want to	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
My patients have unrealistic expectations about how I can help them	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
The majority of my patients have complex health and social problems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
I have good support and supervision from qualified specialists	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
There is enough time for me to do personal study	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Research publications are important to progress my training	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
The hours I work are unpredictable	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
I often undertake tasks that somebody less qualified could do	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

7. Would you like to change your hours of work?

- 1 No
- 2 Yes, I'd like to increase my hours
- 3 Yes, I'd like to decrease my hours

8. What is the likelihood that you will:

	Very Unlikely	Unlikely	Neutral	Likely	Very Likely
Leave direct patient care (primary or hospital) within FIVE YEARS?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Leave medical work entirely within FIVE YEARS?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Reduce your clinical workload in the next FIVE YEARS?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

C About the places where you work

9. Excluding on-call, for how many HOURS in your MOST RECENT USUAL WEEK at work did you undertake work in each of the following settings? (Include ALL of the work you do as a doctor) (If none, write 0)

	Actual hours per week
Public hospital (including psychiatric hospital)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> hrs/wk
Private hospital	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> hrs/wk
Private medical practitioner's rooms or surgery	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> hrs/wk
Residential/aged care health facility (nursing/residential home, hospice etc.)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> hrs/wk
Tertiary education institution	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> hrs/wk
Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> hrs/wk
TOTAL HOURS WORKED	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> hrs/wk

10. Approximately how many hours per week do you work as a hospital locum? (If zero, write 0)

11. What is the main hospital in which you work (i.e. spend most time)?

Hospital name

Postcode

12. How long have you worked at this hospital?

No. of years

No. of months

D About your workload

13. Excluding on-call, how many HOURS in your MOST RECENT USUAL WEEK at work did you spend on the following activities? (Include ALL of the work you do as a doctor in ALL jobs/workplaces) (If none, write 0)

TOTAL HOURS WORKED PER WEEK (Should equal the TOTAL in question 9)	<input type="text"/>	hrs/wk
Direct patient care (face-to-face, phone consultations, home visits)	<input type="text"/>	hrs/wk
Indirect patient care (medical notes, reports, phone calls, meeting patients' families).	<input type="text"/>	hrs/wk
Education activities (academic research, continuing medical education)	<input type="text"/>	hrs/wk
Management and administration	<input type="text"/>	hrs/wk
Other	<input type="text"/>	hrs/wk

14. In your most recent USUAL week at work, for around HOW MANY patients did you provide care? (Include face-to-face, out-of-hours and telephone consultations in ALL SETTINGS)

15. Do you do any on-call yourself? (Including public holidays, weekends and weekdays outside of 8am to 6pm)

- Yes
- No—Go to question 18

16. In your last usual week at work: (If none, write 0)

How many HOURS were you rostered or listed for on-call?	<input type="text"/>	hrs/wk
How many HOURS were actually spent in direct patient care?	<input type="text"/>	hrs/wk
How many TIMES were you actually called out?	<input type="text"/>	times/wk

17. In your most recent usual month, what was your on-call ratio? (For example, if it is 1 in 8, write 8 in the box provided.)

1 in	<input type="text"/>
Not Applicable (Tick one box)	<input type="checkbox"/>

18. Turning to time spent away from work: (If none, write 0)

How many WEEKS holiday did you take in the past year?	<input type="text"/>	weeks
How many WEEKS of parental or maternity leave did you take in the past year?	<input type="text"/>	weeks
Approximately how many DAYS off work due to illness did you have in the past year?	<input type="text"/>	days
Approximately how many DAYS off work did you have for other reasons in the past year?	<input type="text"/>	days

E About your finances

The following information will be used to examine the effect of financial issues on your work–life balance and will remain strictly confidential.

19. What are your (approximate) TOTAL personal earnings from ALL of the work you do as a doctor? (If possible, base this on your last personal income tax return or payslip) Please write in ONE COLUMN where you have the most accurate information and can best remember.

	Annual	OR	Fortnightly
Before tax (gross earnings) \$	<input type="text"/>		<input type="text"/>
After tax (net earnings) \$	<input type="text"/>		<input type="text"/>

20. In addition to this, did you receive any ongoing 'in kind' benefits or subsidies as part of your current job/s (e.g. car, house, school fees, salary packaging)?

- Yes
- No

21. What is the approximate annual total value in dollars of these benefits? (If zero, write 0)

DOCTOR ENROLLED IN A SPECIALTY TRAINING PROGRAM (SPECIALIST REGISTRAR)

22. What is the total level of financial debt that you currently have as a result of your medical education and training? (Give dollar amount; include HECS debt, other debt associated with training and living expenses) (If zero, write 0)

\$

Don't Know (Tick box)

23. Do you (or your employer) regularly contribute to a superannuation scheme?

¹ Yes

² No—Go to question 25

24. For how many years have you (and/or an employer on your behalf) contributed to a superannuation scheme?

No. of years

25. Please indicate the degree to which you agree with the following statement: "Given my current financial situation and prospects, I believe I will have enough to live on when I retire". (Tick one box)

¹ Strongly Disagree

² Disagree

³ Neutral

⁴ Agree

⁵ Strongly Agree

26. How much (in dollars) did you pay for professional medical liability, or malpractice, insurance premiums in the last year? (If this was provided by someone else on your behalf, write 0)

27. Do you have other sources of personal income apart from your medical work? (Profit from other business interests, dividend income, bank interest, rental income etc.)

¹ Yes

² No

28. What is your total gross and net HOUSEHOLD income? (Include your and your partner's earnings, income from other business interests, dividends, interest etc.) The figures below should be equal to or greater than your personal earnings provided in question 19. Please write in ONE COLUMN ONLY, where you have the most accurate information or can best remember.

	Annual	OR	Fortnightly
Before tax (gross household income) \$	<input type="text"/>		<input type="text"/>
After tax (net household income) \$	<input type="text"/>		<input type="text"/>

F About your geographic location

29. Where is your main place of work?

Town/Suburb

Postcode

30. How long have you been working in or close to this geographic location?

No. of years

No. of months

31. Where do you live?

Town/Suburb

Postcode

32. Please indicate the degree to which you agree or disagree with the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
I don't have many friends or family members in my current work location	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
It is easy to pursue my hobbies and leisure interests in my current work location	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
My partner does not have many friends or family members in this work location	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
There are good employment opportunities for my partner in this work location	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
The choice of schools for our children is adequate in this work location	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

33. For how many years did you live in a rural area up until the age you left secondary school? (If none, write 0)

34. Please indicate the main rural area where you lived up until school leaving age.

Town

State

Not Applicable (Tick box)

35. Are you subject to restrictions on where you practise?

- Yes—I am required to work in an Area of Need
- Yes—I am required to work in a District of Workforce Shortage
- No—Go to question 37

36. Please indicate the reason/s for these restrictions.

- I hold a Permanent Resident Visa
- I hold a Temporary Resident Visa
- I am undertaking a return of service period for a Medical Rural Bonded Scholarship or Bonded Medical Place
- I am undertaking a compulsory rural placement as part of my training
- Other

G About your family circumstances

37. Are you currently living with a partner or spouse?

- ¹ Yes ² No

38. What is the employment status of your partner/spouse?

- ¹ Not in the labour force (e.g. caring for dependents, studying) ² Currently seeking work
³ Full-time employment ⁴ Part-time employment
⁵ Not Applicable

39. Is your partner/spouse also a medical doctor?

- ¹ Yes
² No
³ Not Applicable

40. For how many years did your partner/spouse live in a rural area up until the age he/she left secondary school? (If none, write 0)

Don't know (Tick box)

Not Applicable (Tick box)

41. Please indicate the main rural area where your partner/spouse lived up until school leaving age.

Town

State

Don't know (Tick box)

Not Applicable (Tick box)

42. How many dependent children do you have? (If none, write 0)

43. What is the age in years of each dependent child?

Not Applicable (Tick box)

Child 1.....

Child 2.....

Child 3.....

Child 4.....

Child 5.....

Child 6.....

44. Which of the following forms of childcare are you using for your children of pre-school age? (Please tick all that apply)

- Relatives or friends Nannies
 Childcare at work (i.e. provided by an employer) Other day care (childcare centre, family day care, kindergarten etc.)
 Not Applicable

45. Please indicate the degree to which you agree or disagree with the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
I am restricted in my employment and/or the time and hours I work due to a lack of available childcare	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
My partner is restricted in his/her employment and/or the time and hours worked due to a lack of available childcare	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
My partner is overqualified for his/her current job due to the limited availability of suitable jobs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

H About you

46. Year of birth

47. Gender

- Male
- Female

48. In what year did you complete your basic medical degree?

49. In which country did you complete your basic medical degree?

- A medical school in Australia
- A medical school in the country specified:

50. In which medical school in Australia did you complete your basic medical degree?

- | | |
|--|---|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> University of Newcastle |
| <input type="checkbox"/> University of Adelaide | <input type="checkbox"/> University of Notre Dame WA |
| <input type="checkbox"/> Australian National University | <input type="checkbox"/> University of Notre Dame Sydney |
| <input type="checkbox"/> Bond University | <input type="checkbox"/> University of NSW |
| <input type="checkbox"/> Deakin University | <input type="checkbox"/> University of Queensland |
| <input type="checkbox"/> Flinders University | <input type="checkbox"/> University of Sydney |
| <input type="checkbox"/> Griffith University | <input type="checkbox"/> University of Tasmania |
| <input type="checkbox"/> James Cook University | <input type="checkbox"/> University of WA (undergraduate) |
| <input type="checkbox"/> University of Melbourne (undergraduate) | <input type="checkbox"/> University of WA (postgraduate) |
| <input type="checkbox"/> University of Melbourne (postgraduate) | <input type="checkbox"/> University of Western Sydney |
| <input type="checkbox"/> Monash University (undergraduate) | <input type="checkbox"/> University of Wollongong |
| <input type="checkbox"/> Monash University (postgraduate) | |
| <input type="checkbox"/> University of New England & University of Newcastle Joint Medical Program | |

51. If you did your degree at a medical school outside Australia, have you completed the AMC Certificate examination?

- Yes
- No
- Not Applicable

52. Do you have medical qualifications from overseas which are NOT recognised in Australia?

- Yes
- No
- Unsure

53. Which specialty training program are you enrolled in?

- | | |
|---|--|
| <input type="checkbox"/> Paediatrics and Child Health | <input type="checkbox"/> Palliative Medicine |
| <input type="checkbox"/> Rehabilitation Medicine | <input type="checkbox"/> Dermatology |
| <input type="checkbox"/> Medical Administration | <input type="checkbox"/> Ophthalmology |
| <input type="checkbox"/> Psychiatry | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Internal medicine (adult medicine) | <input type="checkbox"/> Occupational Medicine |
| <input type="checkbox"/> Public Health Medicine | <input type="checkbox"/> Anaesthesia |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Intensive Care Medicine |
| <input type="checkbox"/> Obstetrics and Gynaecology | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Radiology | |

54. In what year did you start this training program?

55. In what year do you expect to complete the program and become a qualified specialist?

56. Since you graduated, how many years and/or months have you spent NOT practising as a doctor? (Include time to bring up a family, time in non-medical jobs or study; exclude holidays and medically-related study leave) (If none, write 0)

No. of years

No. of months

57. What is your residency status? (Tick one box)

- Australian citizen
- Permanent resident
- Temporary resident

58. What type of medical registration do you have?

- Full (unconditional) medical registration
- Conditional medical registration
- Other (please specify)

59. In general, would you say your health is: (Tick one box)

- Excellent
- Very good
- Good
- Fair
- Poor

60. All things considered, how satisfied are you with your life in general? (Tick one box)

Completely Dissatisfied	1	2	3	4	5	6	7	8	9	Completely Satisfied
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

61. The statements below refer to the type of person you are. There is growing evidence that these characteristics are related to doctors' job satisfaction and decisions about work. The information you provide will remain strictly confidential and you will not be identifiable.

Please answer each of the following questions using a 1 to 7 point scale, where 1 means 'Does not apply to me at all' and 7 means 'Applies to me perfectly'.

	Does not apply to me at all	1	2	3	4	5	6	7	Applies to me perfectly
I see myself as someone who:									
Does a thorough job		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is communicative, talkative		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is sometimes somewhat rude to others		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is original, comes up with new ideas		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Worries a lot		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has a forgiving nature		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tends to be lazy		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is outgoing, sociable		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Values artistic experiences		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gets nervous easily		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does things effectively and efficiently		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is reserved		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is considerate and kind to others		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has an active imagination		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is relaxed, handles stress well		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

62. Please answer each of the following questions using a 1 to 7 point scale, where 1 means 'Strongly disagree' and 7 means 'Strongly agree'.

	Strongly disagree						Strongly agree
	1	2	3	4	5	6	7
I have little control over the things that happen to me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
There is really no way I can solve some of the problems I have	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
There is little I can do to change many of the important things in my life	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
I often feel helpless in dealing with the problems of life	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Sometimes I feel that I'm being pushed around in life	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
What happens to me in the future mostly depends on me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
I can do just about anything I really set my mind on doing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

63. The personal life events listed below can have an important influence on a person's work-life balance.

For each statement below, please indicate 'YES' or 'NO' as to whether you experienced the event during the past 12 months. For each statement you answer 'YES', please indicate how long ago the event occurred or commenced.

	Yes	No	If 'YES', please indicate how long ago it happened.			
			0 to 3 months ago	4 to 6 months ago	7 to 9 months ago	10 to 12 months ago
Serious personal injury or illness to self	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Serious personal injury or illness to a close relative or family member	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Death of spouse or child	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Death of other close relative or family member (e.g. parent or sibling)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Death of a close friend	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Victim of physical violence (e.g. assault)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Victim of a property crime (e.g. theft, housebreaking)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Named as defendant in a medical negligence claim	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

64. Thank you for completing the survey. Please provide any further comments below.

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