

Mabel username id:

MABEL

Medicine in Australia: Balancing Employment and Life
2013

Doctor Enrolled in a Specialty Training Program (Specialist Registrar)

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MABEL has been endorsed by:

Royal Australian College of General Practitioners	Postgraduate Medical Institute of Tasmania
Royal Australasian College of Physicians	NSW Institute of Medical Education and Training
Royal Australasian College of Surgeons	Australian General Practice Training
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Royal Australian and New Zealand College of Ophthalmologists	General Practice Registrars Australia
Royal Australian and New Zealand College of Radiologists	Australian Society of Anaesthetists
Royal Australian and New Zealand College of Obstetricians and Gynaecologists	Australia and New Zealand Society of Palliative Medicine
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Joint Faculty of Intensive Care Medicine	Internal Medicine Society of Australia and New Zealand
Australian Medical Council	Australasian Society of Career Medical Officers
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Postgraduate Medical Council of Victoria	Australian Private Hospitals Association
Postgraduate Medical Council of South Australia	Medical Oncology Group of Australia Incorporated
Postgraduate Medical Council of Western Australia	Australian Orthopaedic Association
Postgraduate Medical Education Council of Queensland	Australian Rheumatology Association
	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 with each of 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"/>
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

C About the places where you work

8. 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"/> hrs/wk
Private hospital	<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"/> hrs/wk
Residential/aged care health facility (nursing/residential home, hospice etc.)	<input type="text"/> <input type="text"/> <input type="text"/> hrs/wk
Tertiary education institution	<input type="text"/> <input type="text"/> <input type="text"/> hrs/wk
Other	<input type="text"/> <input type="text"/> <input type="text"/> hrs/wk
TOTAL HOURS WORKED	<input type="text"/> <input type="text"/> <input type="text"/> hrs/wk

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

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

Hospital name

Postcode

11. How long have you worked at this hospital?

No. of years

No. of months

21. What is the approximate annual total value in dollars of these benefits?
(If zero, write 0)
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. 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)
24. How much personal gross income, in addition to income from your medical work, do you receive from other sources each year? (e.g. bank interest, dividend income, rental income and profit from business interests) (If none, write 0)
\$
25. Do you (or your employer) regularly contribute to a superannuation scheme?
¹ Yes
² No—Go to question 27
26. For how many years have you (and/or an employer on your behalf) contributed to a superannuation scheme?
No. of years
27. 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
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?

1 Yes—I am required to work in an Area of Need

2 Yes—I am required to work in a District of Workforce Shortage

3 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 and skip the next two questions)

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

Childcare at work (i.e. provided by an employer)

Nannies

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

1 Male

2 Female

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

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

1 A medical school in Australia

2 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 completed your medical degree in Australia, were you an international student (i.e. were you a citizen of a country outside of Australia and New Zealand)?

- Yes
 No
 Not Applicable

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

- Yes
 No
 Not Applicable

53. If you completed your medical degree outside of Australia:

What year did you first arrive in Australia?

In what year were you first registered to work as a doctor in Australia?

Not Applicable (Tick box)

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

- Yes
 No
 Unsure

55. Please indicate all medical qualifications that you have obtained in Australia.

	Number of qualifications (e.g. 1, 2 etc)	Name of degree (e.g. MBBS, FRACP)
Undergraduate degree	<input type="text"/>	<input type="text"/>
Graduate entry medical degree	<input type="text"/>	<input type="text"/>
Masters degree	<input type="text"/>	<input type="text"/>
PhD	<input type="text"/>	<input type="text"/>
Postgraduate diploma/certificate	<input type="text"/>	<input type="text"/>
Fellowship of college	<input type="text"/>	<input type="text"/>
Others	<input type="text"/>	<input type="text"/>

56. Which specialty training program are you enrolled in?

- | | |
|---|--|
| <input type="checkbox"/> 1 Addiction medicine | <input type="checkbox"/> 2 Anaesthesia |
| <input type="checkbox"/> 3 Dermatology | <input type="checkbox"/> 4 Emergency medicine |
| <input type="checkbox"/> 5 Intensive care medicine | <input type="checkbox"/> 6 Medical administration |
| <input type="checkbox"/> 7 Obstetrics and gynaecology | <input type="checkbox"/> 8 Occupational and environmental medicine |
| <input type="checkbox"/> 9 Ophthalmology | <input type="checkbox"/> 10 Paediatrics and child health |
| <input type="checkbox"/> 11 Pain medicine | <input type="checkbox"/> 12 Palliative medicine |
| <input type="checkbox"/> 13 Pathology | <input type="checkbox"/> 14 Physician |
| <input type="checkbox"/> 15 Psychiatry | <input type="checkbox"/> 16 Public health medicine |
| <input type="checkbox"/> 17 Radiation oncology | <input type="checkbox"/> 18 Radiology |
| <input type="checkbox"/> 19 Rehabilitation medicine | <input type="checkbox"/> 20 Sexual health medicine |
| <input type="checkbox"/> 21 Sport and exercise medicine | <input type="checkbox"/> 22 Surgery |

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

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

59. Which specialist training courses have you applied for in the past? (Please tick all that apply)

- | | |
|--|---|
| <input type="checkbox"/> 1 None, not applicable | <input type="checkbox"/> 2 Addiction medicine |
| <input type="checkbox"/> 3 Anaesthesia | <input type="checkbox"/> 4 Dermatology |
| <input type="checkbox"/> 5 Emergency medicine | <input type="checkbox"/> 6 Intensive care medicine |
| <input type="checkbox"/> 7 Medical administration | <input type="checkbox"/> 8 Obstetrics and gynaecology |
| <input type="checkbox"/> 9 Occupational and environmental medicine | <input type="checkbox"/> 10 Ophthalmology |
| <input type="checkbox"/> 11 Paediatrics and child health | <input type="checkbox"/> 12 Pain medicine |
| <input type="checkbox"/> 13 Palliative medicine | <input type="checkbox"/> 14 Pathology |
| <input type="checkbox"/> 15 Physician | <input type="checkbox"/> 16 Psychiatry |
| <input type="checkbox"/> 17 Public health medicine | <input type="checkbox"/> 18 Radiation oncology |
| <input type="checkbox"/> 19 Radiology | <input type="checkbox"/> 20 Rehabilitation medicine |
| <input type="checkbox"/> 21 Sexual health medicine | <input type="checkbox"/> 22 Sport and exercise medicine |
| <input type="checkbox"/> 23 Surgery | |

60. 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

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

- 1 Australian citizen
- 2 Permanent resident
- 3 Temporary resident

62. What type of medical registration do you have? (Please tick all that apply)

- General registration
- Specialist registration
- Provisional registration
- Limited registration
- Non-practising registration

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

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

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

Completely Dissatisfied												Completely Satisfied
1	2	3	4	5	6	7	8	9	10			
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"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>			

65. 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								Applies to me perfectly
I see myself as someone who:	1	2	3	4	5	6	7		
Does a thorough 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"/>	7 <input type="checkbox"/>		
Is communicative, talkative	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"/>		
Is sometimes somewhat rude to others	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"/>		
Is original, comes up with new ideas	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"/>		
Worries a lot	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"/>		
Has a forgiving nature	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"/>		
Tends to be lazy	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"/>		
Is outgoing, sociable	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"/>		
Values artistic experiences	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"/>		
Gets nervous easily	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"/>		
Does things effectively and efficiently	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"/>		
Is reserved	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"/>		
Is considerate and kind to others	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"/>		
Has an active imagination	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"/>		
Is relaxed, handles stress well	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"/>		

66. 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
I have little control over the things that happen to me	1	2	3	4	5	6	7		
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"/>		

67. This question asks about everyday risk-taking in relation to different types of activities.

How likely are you to engage in each of the following activities (with a score of 1 being 'very unlikely' and 5 being 'very likely')?

	Very unlikely					Very likely
Financial risks (e.g. investments with an uncertain outcome)	1	2	3	4	5	
Career and professional risks (e.g. publicly challenging your professional colleagues)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	
Clinical risks (e.g. recommending a treatment which is new to your usual practice or is controversial)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	

