

Questionnaire

To help us to build more information about the stress prevalence and its determinants among residents enrolled in China Standardized Training Program for Resident Doctor (C-STRD) program, we would ask you to take a few minutes of your time to answer the following questions. Please return your completed questionnaire to any member of the survey group. Your answers will be treated with complete confidentiality and will be entirely anonymous.

Section A: Please introduce yourself to us

Age _____ Gender _____

Marriage status :

Single _____ Married _____ Divorced _____

If married, are you currently living with your partner?

Yes _____ No _____

Do you have kid(s) to support?

Yes _____ If yes, how many _____ No _____

What is your current housing situation?

Shared apartment _____ Living with parents _____ By self or with wife _____
other _____

Section B: The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate by circling *how often* you felt or thought a certain way.

0 = Never 1 = Almost Never 2 = Sometimes 3 = Fairly Often 4 = Very Often

Question	0	1	2	3	4
1. In the last month, how often have you been upset because of something that happened unexpectedly?					
2. In the last month, how often have you felt that you were unable to control the important things in your life?					
3. In the last month, how often have you felt nervous and “stressed”?					
4. In the last month, how often have you felt confident about your ability to handle your personal problems?					
5. In the last month, how often have you felt that things were going your way?					
6. In the last month, how often have you found that you could not cope with all the things that you had to do?					
7. In the last month, how often have you been able to control irritations in your life?					
8. In the last month, how often have you felt that you were on top of things?					
9. In the last month, how often have you been angered because of things that were outside of your control?					
10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?					

Section C: The questions in this scale ask you about your major stressor since you were enrolled in the C-STRD. In each case, you will be asked to indicate the following stressors in a 0 (poor/none) to 10 (excellent/tremendous amount) range? You could also list any external stressor(s) that trigger your stress.

Financial income _____	Workload _____
Unclear long-term career future _____	Supporting family _____
Job environment (dealing with patients) _____	Relationships with trainers _____
Relationships with colleagues _____	Other stressor(s) _____

How do you deal with your stressors?

Mesmerized in front of TV or computer _____	Overeating _____	Drinking & smoking _____
Talk to colleagues _____	Talk to family _____	Self-mutilation _____
Talk to trainers _____	Stress management _____	Other method _____

Section D: The following questions ask you about your overall financial status since you were enrolled in the C-STRD. You will be asked to indicate your income situation and living cost.

How much is your monthly income? _____

Do you have any benefit package other than the monthly income? _____

Do you have any allowance other than the monthly income (including the allowance for overtime work)?

Do you have any comments about your income? _____

List your monthly top five living cost here:

1. _____

2. _____

3. _____

4. _____

5. _____

Section F: The following questions ask you about your working fact since you were enrolled in the C-STRD. You will be asked to indicate the details about your working period, intensity and rest period.

Can you provide the following factors during (9 hrs) normal working?

1. Please indicate your working intensity index in a 0 (none) to 10 (tremendous amount) scale _____
2. How long is your on-call cycle (days) _ How long is your _
3. During your on-call shift, do you need to manage life-threatening situation (Yes/No) _____
4. How long is your duration of break time per day (hours) _____
5. Please indicate the number of inpatients you need to see in wards per month _____
6. Please indicate your number of surgeries per week (for residents of surgery department) _____

Can you provide the following factors during your overtime working period?

1. Please indicate your working intensity index in a 0 (none) to 10 (tremendous amount) scale _____
2. Do you work overtime on weekdays? (Yes/No) _____
If yes, please indicate your total overtime working hours per weekdays _____
3. Do you work Overtime on weekend (Yes/No) _____
If yes, please indicate your total overtime working hours per weekend _____

Do you need to participate in lab research? (Yes/No) _____

If yes, please indicate your lab research time (hours every week). _____

Do you need to participate in non-educational activities? (Yes/No) _____

Please indicate your non-educational activities time (hours per week) _____

How long do your sleeping normally last during the last month (hours)? _____

Do you feel refreshed after sleeping? (Yes/No) _____