

**NON- RESPONSE SURVEY FORM (HEALTHCARE PROVIDER)**

Name of the clinic: \_\_\_\_\_

1. Gender

- Male
- Female

2. What is your year of birth?

Year of birth: 19□□

3. Number of years in practice in primary care

Please fill in: \_\_\_\_\_ years

4. What are the reasons for your not participating in this study?

- Time constraints
- Concerned about my privacy and revealing information about myself
- Not interested as the outcome will not affect me
- I expect an incentive for participating
- I am afraid that the information collected will be used against me or to my disadvantage
- I have answered this survey before
- Others, please specify \_\_\_\_\_

5. To what extent do you agree with the following statements?

		<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
A	I feel that some parts of my work do not really make sense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B	My work still interests me as much as it ever did	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C	My work is overloaded with unnecessary administrative detail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D	I have too much stress in my current job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E	Being a healthcare provider is a well-respected job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F	In my work, there is a good balance between effort and reward	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**THANK YOU FOR YOUR COOPERATION!**