

2007 NPS: Family Medicine Resident Questionnaire

Please complete this questionnaire if you are in your SECOND year of a Medical Residency Program at a Canadian University.

If you are in your second year of a medical residency program at a Canadian university, please indicate the category that best applies to you.

- Family Medicine Training Program
- Other Specialty Medicine Training Program -

If you are not in your second year of a medical residency program, please indicate your status below.

- I am a resident in a year OTHER THAN second year
- I am a physician in practice
- Other, specify

A. About You

1. Your year of birth: 19__ __

2. Sex: male female

3. Marital status.

- Married/living with partner Single Separated Divorced Widowed
- Please specify the profession of your spouse/partner: _____

4.a) Do you have children? No Yes - Age of the youngest? _____ years

4.b) Are you or your partner currently expecting a child? Yes No

5. Select the ONE statement which best describes the environment in which you grew up prior to university.

- Exclusively/ predominantly rural
- Exclusively/ predominantly small town
- Exclusively/ predominantly urban
- Mixture of environments

6. In which province(s) or territories did you grow up prior to going to university?

Check ALL that apply.

BC AB SK MB ON QC NB NS PE NL NT YT NU Outside of
Canada

7. Are you...? Check ALL that apply.

- Caucasian
- Aboriginal (e.g., status, non-status, Métis, Inuit)
- Chinese
- South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)
- Black
- Filipino

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- Latin American
- Southeast Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese, etc.)
- Arab
- West Asian (e.g., Afghan, Iranian, etc.)
- Japanese
- Korean
- Other _____
- I prefer not to provide this information

8. Were you born in Canada?

- Yes
- No. Please indicate your status in Canada.
 - Canadian citizen
 - Permanent resident (landed immigrant)
 - Other _____

9. How many years of POST-SECONDARY education did you complete before beginning medical school? (If you were a student in Quebec, please do not include CEGEP).

0 1 2 3 4 5 6 7 8 9 10 >10

10. Beyond secondary school, what degrees/ diplomas did you complete prior to entering medical school? Please check ALL that apply.

- None
- Diplome d'étude collegial (CEGEP)
- Bachelor's
- Master's Please specify field/discipline: _____
- Doctorate Please specify field/discipline: _____
- Other _____

11.a) What year were you awarded your M.D. degree? □ □ □ □

11.b) At which university were you awarded your M.D. degree?

- University of British Columbia
- University of Calgary
- University of Alberta
- University of Saskatchewan
- University of Manitoba
- University of Western Ontario
- McMaster University
- University of Toronto
- University of Ottawa
- Queen's University
- Université de Sherbrooke
- Université de Montréal
- McGill University
- Université Laval

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- Dalhousie University
- Memorial University
- Other, please specify country _____

12.a) At which university are you currently registered for your residency medical training?

- University of British Columbia
- University of Calgary
- University of Alberta
- University of Saskatchewan
- University of Manitoba
- University of Western Ontario
- McMaster University
- University of Toronto
- University of Ottawa
- Queen's University
- Université de Sherbrooke
- Université de Montréal
- McGill University
- Université Laval
- Dalhousie University
- Memorial University
- Northern Ontario School of Medicine

12.b) Please indicate the site of your residency training program (hospital or clinic, municipality, province).

12.c) Please indicate the percentage of time spent during your residency in the following clinical settings:

Rural hospital	_____ %	Small/community hospital	_____ %
Large teaching hospital	_____ %	Community office practice	_____ %
Office practice in hospital	_____ %	Other _____	_____ %

13. Considering all of the areas in medicine, what led you to select family medicine?

Please check ALL that apply.

- | | |
|---|---|
| <input type="checkbox"/> Intellectual stimulation/challenge | <input type="checkbox"/> Earning potential |
| <input type="checkbox"/> Doctor-patient relationship | <input type="checkbox"/> Research opportunities |
| <input type="checkbox"/> Workload flexibility and/or predictability | <input type="checkbox"/> Teaching opportunities |
| <input type="checkbox"/> Influence of a mentor | <input type="checkbox"/> Ability to pursue non-work related interests |
| <input type="checkbox"/> Influence of my family | <input type="checkbox"/> Availability of training opportunities |
| <input type="checkbox"/> Prestige | <input type="checkbox"/> Other _____ |

B. Training

14. Please indicate your overall sense of satisfaction with your family medicine residency training program.

Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. For the following experiences within your residency training, please indicate:

- if the specific category of training is/was available to you (Please check all that apply);
- if you feel the training has adequately prepared you for future practice in this area;
- if, in your opinion, the specific category of training should be a mandatory component of your family medicine residency curriculum.

	Available?		Prepared for future practice?			Should it be Mandatory?	
	Yes	No	Yes	No	Don't know yet	Yes	No
Family Medicine rotations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aboriginal health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaborative/interdisciplinary care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coronary care unit (CCU) care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer skills/clinical information retrieval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical appraisal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ear, nose and throat (ENT) care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency room surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
End of life issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethics and professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence-based medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family practice management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive care unit (ICU) care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands on research experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands on teaching experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working in a health care system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16.a) Do you feel that your residency training will provide you with the knowledge and skill required to care for the following:

	Knowledge			Skill		
	Yes	No	Don't know yet	Yes	No	Don't know yet
A wide range of common problems in patients in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less common, but life threatening and treatable emergencies in patients in all age groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16.b) What areas of training are you lacking? (e.g. a specific procedural skill, newborn care, long-term care, hospitalized care of adults or children, behavioural/psychiatric issues in adults or children, chronic illness, etc.). Please specify:

17. To what extent would you agree or disagree with this statement: the academic and the clinical service components of your residency program are balanced.

Strongly agree Agree Neutral Disagree Strongly disagree

18.a) Do you intend to continue your residency by undertaking a fellowship position?

Yes No Don't know yet

18.b) Do you intend to continue your residency by undertaking a third year training position?

Yes No Don't know yet

18.c) Please indicate which of the following third year training post programs you have applied to/ been accepted to:

	Applied	Accepted
Anesthesia	<input type="checkbox"/>	<input type="checkbox"/>
Care of the elderly	<input type="checkbox"/>	<input type="checkbox"/>
Emergency medicine	<input type="checkbox"/>	<input type="checkbox"/>
Palliative care	<input type="checkbox"/>	<input type="checkbox"/>
Other enhanced skills programs (Please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

C. Future Practice/ Work Setting(s) Profile

19. Over the next 2-3 years, once you complete your family medicine residency training, do you plan to: Check ALL that apply.

a) Practice as a family physician (general practitioner)? Yes No Don't know yet

b) Practice as a locum tenens? Yes No Don't know yet

b)i) Indicate your reasons for wanting to practice as a locum tenens. Check ALL that apply.

Financial reasons To assess potential future practice location Clinical variety
 Filling a service need Flexibility/ability to set own schedule
 Other, specify _____

b)ii) For which patient population(s) do you intend to provide locum tenens care? Check ALL that apply.

Inner city

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- Urban/ Suburban
- Small town
- Rural
- Geographically isolated/ Remote
- Other _____
- Don't know yet

c) Buy/ set up your own practice? Yes No Don't know yet

d) Practice in a hospital setting? Yes No Don't know yet

e) Practice within the same province in which you are currently training?

- Yes No Don't know yet

f) Practice in another province or territory in Canada?

- Yes No Don't know yet *If yes, please specify province or territory:* _____

g) Leave Canada to practice in another country? Yes No Don't know yet

h) Take a maternity or paternity leave? Yes No Don't know yet

i) Take a temporary leave of absence for reasons other than maternity or paternity?

- Yes No Don't know yet

j) Specialize within an area of family medicine?

- Yes No Don't know yet *If yes, please specify:* _____

k) Seek an administrative (non patient care) position? Yes No Don't know yet

l) Apply for (a) hospital appointment(s)? Yes No Don't know yet

m) Apply for (a) faculty appointment(s)? Yes No Don't know yet

n) Provide patient care? Yes No Don't know yet

o) Take on-call responsibilities? Yes No Don't know yet

20.a) Are you being actively recruited for a practice location? Yes No

20.b) Where are the recruiters from?

- Other province or territory within Canada
- Other community within the province
- Your own community
- Canadian Forces Health Services
- USA
- Other _____

D. Future Practice/ Work Profile

21. Please describe the population PRIMARILY served by the practice you intend to undertake after completion of residency. Please check ONLY ONE.

- Inner city
- Urban/ Suburban
- Small town
- Rural
- Geographically isolated/ Remote
- Other _____
- Don't know yet
- I don't intend to be involved in patient care

22. Please indicate the languages that you could comfortably speak with your future patients.

- English
- French
- Other(s) _____

23. How do you intend to organize your practice?

Note that a solo or group practice could also include a nurse who does not have her/his own caseload.

- Solo practice
- Group practice
- Interprofessional practice (physician(s) and other health professional(s) who have their own caseloads)
- Other _____
- Don't know yet
- N/A – Do not intend to set up or join a practice

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24. With which of the following types of health care providers have you collaborated during your residency? In your future practice, do you plan to collaborate with these types of health care providers in providing patient care? Please check ALL that apply.

	During my residency I have collaborated with the following in providing patient care	In my future practice I plan to collaborate with the following in providing patient care
Family physicians		
Psychiatric specialists		
Pediatric specialists		
Obstetrical/gynecological specialists		
Internal specialists		
Surgical specialists		
Nurse practitioners		
Psychiatric nurses		
Other nurses (RN, LPN, RPN)		
Physician assistants		
Dietitians/nutritionists		
Occupational therapists		
Physiotherapists		
Chiropractors		
Psychologists		
Mental health counselors		
Addiction counselors		
Social workers		
Pharmacists		
Midwives		
Speech-language pathologists		
Chiropractors		
Complementary/alternative medicine providers (e.g. acupuncturists, homeopaths)		
Other	Specify _____	Specify _____

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25. Please indicate if you feel adequately trained to practice in the following areas. Which of these areas do you intend to include as part of your practice? Please check ALL that apply.

Area of Professional Activity	I feel adequately trained in these areas	I intend to provide these areas of care
Non-urgent health care		
Acute health care		
Emergency medicine		
Alternative/complementary medicine		
Anesthesia		
Community medicine/public health services/health promotion		
Cosmetic medicine		
Dermatology		
Gynecology		
Liaison to home care		
Hospitalist care (most responsible physician for patients in hospital to whom you do not provide care post hospital discharge)		
Housecalls		
Infectious disease care		
In-patient hospital care		
Intrapartum care		
Legal/ medico-legal consultations		
Mental health care		
Nutritional counseling		
Obstetrical care		
Occupational/ industrial medicine		
Pain management		
Palliative care		
Psychotherapy/ counseling		
Rehabilitation medicine		
Sports medicine		
Substance abuse care		
Surgery		
Surgical assisting		
Travel/ tropical medicine		
Well child care		

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26. Please indicate if you feel adequately trained to provide health care for the following patient populations, and if you intend to do so. Please check ALL that apply.

	I feel adequately trained to care for the following	I intend to provide health care for the following
Neonates (<1 month)		
Infants (1-12 months)		
Children (1-11 years)		
Adolescents (12-19 years)		
Women		
Pregnant women		
Men		
Seniors (65+ years)		
Patients with respiratory problems		
Patients with hypertension		
Patients with diabetes		
Patients with heart disease/conditions		
Patients with chronic mental illness		
Patients with obesity		
Patients with cancer		
Patients with HIV/AIDS		
Patients with addictions		
Patients with permanent physical disabilities		

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27.a) Which of the following procedures do you already feel adequately trained to perform, and which do you plan to perform as part of your future practice. *Check ALL that apply.*

	I feel adequately trained	I intend to perform
Integumentary Procedures		
Incising and draining abscesses		
Inserting sutures/repairing lacerations		
Cryotherapy of skin lesions		
Excising dermal lesions		
Scraping skin for fungus determination		
Using Wood's lamp		
Releasing subungual hematoma		
Draining acute paronychia		
Paring skin calluses		
Removing foreign bodies (e.g. fish-hook, splinter, glass)		
Local Anesthetic Procedures		
Infiltrating local anesthetic		
Eye Procedures		
Removing corneal or conjunctival foreign body		
Ear Procedures		
Removing cerumen/syringing ear canals		
Nose Procedures		
Cauterizing noses for anterior epistaxis		
Gastrointestinal Procedures		
Inserting nasogastric tubes		
Testing for fecal occult blood		
Placing transurethral catheters		
Cryotherapy or chemical therapy for genital warts		
Pap smears		
Obstetrical Procedures		
Low forcep deliveries		
Mid-forcep and rotation deliveries		
Vacuum extraction deliveries		
Manual removal of placenta		
3 rd or 4 th degree repair		
Musculoskeletal Procedures		
Splinting injured extremities		
Casting fractures		
Resuscitation Procedures		
Bag and mask ventilation		
Injections and Cannulations		
Venipuncture		
Subcutaneous injections		
Intramuscular injections		
Other		
Inserting peripheral intravenous lines in both adult and child		
Inserting central lines in adults		
Prepping for land or air transport		
Acupuncture		
Hypnosis		

27.b) Please list any procedural skills that you feel you need to acquire. _____

28.a) For you, what factors do you think will be most important in having a satisfying and successful medical practice? Please check ALL that apply.

- A A specific type of practice environment (e.g., group or multidisciplinary practice, strong support staff). Please specify: _____
- B Ability to achieve balance between work life and personal life
- C Flexible work hours
- D Sufficient medical competence to respond to health care needs of my patients
- E Availability of continuing education resources
- F Opportunities for research
- G Opportunities for teaching
- H Ability to achieve desired income
- I Availability of medical support systems/resources
- J Availability of relevant patient information at the point of care
- K Ability to access appropriate care facilities for my patients (e.g. hospital beds, long-term care beds)
- L Other, please specify: _____

28.b) Please indicate which of the factors in 28.a is the one most important factor for you to have a satisfying and successful medical practice.

- A B C D E F G H I J K L

29. The following statements address the role of alternative/complementary medicine in health services. Please check the category that best describes your opinion for each of the following:

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Alternative/complementary medicine includes ideas and methods from which conventional medicine could benefit					
Treatments not tested in a scientifically recognized manner should be discouraged					
Alternative/complementary medicine is a threat to public health					

E. Time Allocation

30. Please indicate in which of the following areas you intend to spend time or participate upon completion of your residency training *Please check ALL that apply.*

i) Direct patient care	<input type="checkbox"/>
ii) Indirect patient care (charting, reports, phone calls, meeting patients' family, etc.)	<input type="checkbox"/>
iii) Teaching/ Education	<input type="checkbox"/>
iv) Research (including management of research and publications)	<input type="checkbox"/>
v) Health facility committees	<input type="checkbox"/>
vi) Managing your practice (staff, facility, equipment, etc.)	<input type="checkbox"/>
vii) Administration (i.e. management of university program, chief of staff, department head, Ministry of Health, etc.)	<input type="checkbox"/>
viii) Continuing medical education/ professional development (courses, reading, videos, tapes, seminars, etc.)	<input type="checkbox"/>
ix) Other (participation in professional or specialty organizations, medico-legal activities, etc.)	<input type="checkbox"/>

F. Information Technology

31. a) Have you used or been exposed to electronic medical records to enter/retrieve patient clinical notes during your clinical training?

No Yes.

31.b) Please indicate the setting(s):

hospital physician office/clinic setting other, specify: _____

32. Would you expect to use electronic medical records to enter/retrieve patient clinical notes instead of paper when you enter into practice? Yes No N/A – do not intend to provide patient care

33. What technology tools do you currently use in a clinical training setting? *Check ALL that apply.*

- PDA (personal digital assistant/wireless device)
- Laptop computer
- Tablet
- Cell phone
- IPOD/MP3 player
- Other, specify _____

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34. What websites do you use for access to research clinical information? Check ALL that apply.

Medical Organizations/Schools Websites:

- CFPC website
- RCPSC website
- CMA website
- Specialty Society website(s)
- Medical school/university website(s)
- Resident/student associations e.g. CAIR, CFMS website(s)
- Other, specify _____

Information retrieval websites:

- Medline
- PubMed
- Other, specify _____

Peer reviewed Medical journals:

- CFP
- CMAJ
- Other, specify _____
- Non peer-reviewed medical journals. Please specify: _____
- Clinical practice guidelines

G. Professional Income

35.a) If you had a choice, how would you prefer to be paid for your services as a physician?

Please check ONLY ONE.

- Unsure
- Fee-for-service only
- Salary only
- Capitation only
- Sessional/ per diem/ hourly payments only
- Service contract only
- Blended payment



35.b) What components would you want included in a blended payment method? Check ALL that apply.

- Fee-for-service
- Salary
- Capitation
- Sessional/ per diem/ hourly payments
- Service contract
- Benefits/ pension
- On-call remuneration beyond fee-for-service
- Other _____
- Unsure

H. Finances

36. Please indicate the amount of debt you had and/or expect to have at various times in your medical education, as indicated below. Please refer to debt directly related to your medical education (e.g. tuition, books, accommodations, etc.).

36.a)i) Debt upon entering your medical residency training program

Debt directly related to medical education

- no debt
- less than \$1,000
- \$1,001 to \$5,000
- \$5,001 to \$10,000
- \$10,001 to \$20,000
- \$20,001 to \$40,000
- \$40,001 to \$60,000
- \$60,001 to \$80,000
- \$80,001 to \$100,000
- \$100,001 to \$120,000
- \$120,001 to \$140,000
- \$140,001 to \$160,000
- Over \$160,000
- I prefer not to provide this information

36.a)ii) You indicated that your debt directly related your medical education when you entered your residency program was.

Did your debt influence your choice of medical specialty in any of the ways listed below?

Check ALL that apply.

- I purposely chose a short residency program
- I purposely chose a specialty that I believe to have a high earning potential
- No influence

36.b) Current Debt

Debt directly related to medical education

- no debt
- less than \$1,000
- \$1,001 to \$5,000
- \$5,001 to \$10,000
- \$10,001 to \$20,000
- \$20,001 to \$40,000
- \$40,001 to \$60,000
- \$60,001 to \$80,000
- \$80,001 to \$100,000
- \$100,001 to \$120,000
- \$120,001 to \$140,000
- \$140,001 to \$160,000
- Over \$160,000
- I prefer not to provide this information

36.c)i) Anticipated debt upon completion of your medical residency training program

Debt directly related to medical education

- no debt
- less than \$1,000
- \$1,001 to \$5,000
- \$5,001 to \$10,000
- \$10,001 to \$20,000
- \$20,001 to \$40,000
- \$40,001 to \$60,000
- \$60,001 to \$80,000
- \$80,001 to \$100,000
- \$100,001 to \$120,000
- \$120,001 to \$140,000
- \$140,001 to \$160,000
- Over \$160,000
- I prefer not to provide this information

36.c)ii) You estimated that your debt directly related to your medical education when you complete your residency will be.

To pay off your debts, do you intend to do any of the following? Check ALL that apply.

- Fulfill a return of service obligation
- Practice as a locum tenens
- Practice where I am offered a financial recruitment incentive
- Practice where I am offered a non-financial recruitment incentive
- Practice in the United States
- None of the above

I. Family

37. Are any of your immediate family members working in medically related jobs? (If your parents or siblings are retired or deceased, please provide their main occupation while working.) Check ALL that apply.

- None of my immediate family members work in medicine

	Father	Mother	Sibling(s)
Medical doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dentist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Optician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chiropractor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other healthcare professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments: _____

Please be assured that your response to this survey will be held in the strictest confidence. Analysis and publication of results will be at the aggregate level only. Thank you for your time and cooperation.