

Name (optional): _____ Workplace (optional): _____

The information obtained from this questionnaire will be used to find ways to improve the quality of working conditions in our medical practices. Your input is greatly desired and appreciated and will be treated confidentially.

1. What are your primary reasons for leaving (indicate all that apply: put "1" next to the primary reason):

- _____ Taking another position. If so, why? _____
- _____ Leaving the area. If so, why? _____
- _____ Domestic (child rearing) responsibilities. Explain _____
- _____ Spousal/Partner needs. Please specify _____
- _____ Retirement: Would you be willing to work locum? _____
- _____ Community Issues. Please explain: _____
- _____ Quality of the practice/group/system. Please explain _____
- _____ Financial pressures. Please explain _____
- _____ If you were running the group, what would you do _____
- _____ differently? _____
- _____ Would any of your suggestions have made a difference _____
- _____ in your decision to leave? _____
- _____ Other. Please specify _____

	Strongly Disagree	Disagree	Agree	Strongly Agree
2. Consider all aspects of your job and rate your experience on a scale of 1 to 4, with 4 being the highest	.....1.....	.....2.....	.....3.....	....4....
3. Your job gave you a real sense of accomplishment	.....1.....	.....2.....	.....3.....	....4....
4. Your physician colleagues worked as a team	.....1.....	.....2.....	.....3.....	....4....
5. Your office staff met your needs and worked as a team	.....1.....	.....2.....	.....3.....	....4....
6. You had a chance for continuing education (sufficient time and funds)	.....1.....	.....2.....	.....3.....	....4....
7. You felt you were paid fairly for the work you performed	.....1.....	.....2.....	.....3.....	....4....
8. The workload and call schedule were acceptable	.....1.....	.....2.....	.....3.....	....4....
9. The leadership seemed to respect you/your work	.....1.....	.....2.....	.....3.....	....4....
10. When decisions which affected you were made, did your Medical Director ask for suggestions	.....1.....	.....2.....	.....3.....	....4....
11. You were treated fairly and valued by XYZ Health Center	.....1.....	.....2.....	.....3.....	....4....
12. You received adequate orientation and training	.....1.....	.....2.....	.....3.....	....4....
13. Your total benefits package met your needs	.....1.....	.....2.....	.....3.....	....4....
14. Overall, you liked working with your colleagues and staff	.....1.....	.....2.....	.....3.....	....4....
15. You were proud to be affiliated with XYZ Health Center	.....1.....	.....2.....	.....3.....	....4....
16. Referrals to specialists were easily accessible and they provided quality care to your patients	.....1.....	.....2.....	.....3.....	....4....
17. The quality of your colleagues met your expectations	.....1.....	.....2.....	.....3.....	....4....
18. The community met your cultural/recreational needs	.....1.....	.....2.....	.....3.....	....4....
19. The schools for your children met your needs	.....1.....	.....2.....	.....3.....	....4....
20. Your family felt welcomed into the community	.....1.....	.....2.....	.....3.....	....4....
21. Your spouse/significant other (if pursuing employment) found a job easily	.....1.....	.....2.....	.....3.....	....4....
22. The organization supported you in meeting your professional goals	.....1.....	.....2.....	.....3.....	....4....
23. The workplace offered you adequate equipment and supplies and a pleasant work environment	.....1.....	.....2.....	.....3.....	....4....
24. XYZ Health Center met your expectations	.....1.....	.....2.....	.....3.....	....4....
25. I would recommend XYZ Health Center as a place to work	.....1.....	.....2.....	.....3.....	....4....

If you respond "1" or "2" to any of the above, please use the back of this form to explain or provide any other comments.

Thank you for your time!