**Mini Z survey©**

**For questions 1-10, please indicate the best answer. [Note: do not include scoring in administration of survey]**

**1. Overall, I am satisfied with my current job:** [Scoring: Responses 1-2 = satisfied]

1-Agree strongly 2-Agree   3-Neither agree nor disagree 4-Disagree 5-Strongly disagree

**2. I feel a great deal of stress because of my job**[Scoring: Responses 1-2 = high stress]

1-Agree strongly 2-Agree   3-Neither agree nor disagree 4-Disagree 5-Strongly disagree

**\*\*3. Using your own definition of “burnout”, please circle one of the answers below:** [Scoring: responses 3-5 = burnout]

1. I enjoy my work. I have no symptoms of burnout.   
2. I am under stress, and don’t always have as much energy as I did, but I don’t feel burned out.  
3. I am definitely burning out and have one or more symptoms of burnout, e.g. emotional exhaustion.   
4. The symptoms of burnout that I’m experiencing won’t go away. I think about work frustrations a lot.   
5. I feel completely burned out. I am at the point where I may need to seek help.

**4. My control over my workload is:** [Scoring: Responses 3-5 = satisfactory control]

1 – Poor 2 – Marginal 3 – Satisfactory 4 – Good 5 – Optimal

**5. Sufficiency of time for documentation is:** [Scoring: Responses 3-5 = satisfactory time for documentation]

1 – Poor 2 – Marginal 3 – Satisfactory 4 – Good 5 – Optimal

**6. Which number best describes the atmosphere in your primary work area?** [Scoring: Responses 4-5 = chaos]

Calm Busy, but reasonable Hectic, chaotic   
1 2 3 4 5

**7. My professional values are well aligned with those of my department leaders:** [Scoring: Responses 1-2 = high values alignment]

1-Agree strongly 2-Agree   3-Neither agree nor disagree 4-Disagree 5-Strongly disagree

**8. The degree to which my care team works efficiently together is:** [Scoring: Responses 3-5 = good teamwork]

1 – Poor 2 – Marginal 3 – Satisfactory 4 – Good 5 – Optimal

**9. The amount of time I spend on the electronic medical record (EMR) at home is:** [Scoring: Responses 1-2 = too much EMR work at home]

1 – Excessive 2 – Moderately high 3 – Satisfactory 4 – Modest 5 – Minimal/none

**10. How often do you encounter negative experiences at work due to your gender (e.g. being denied work opportunities, being isolated or treated as if you were not competent, experiencing repeated, small slights at work, or other forms of discrimination)?** [Scoring: Responses 1-2 = experiencing discrimination]

1-Frequently 2-Fairly often 3-Infrequently 4-Rarely 5-Never

**11. How often do you encounter negative experiences at work due to your race (e.g. being denied work opportunities, being isolated or treated as if you were not competent, experiencing repeated, small slights at work, or other forms of discrimination)?** [Scoring: Responses 1-2 = experiencing discrimination]

1-Frequently 2-Fairly often 3-Infrequently 4-Rarely 5-Never

**12. Tell us more about your stresses and what we can do to minimize them:**

**Please tell us about yourself:**  
**Are you:** \_\_\_ MD/DO \_\_\_ NP \_\_\_PA \_\_\_\_Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_   
**Practice location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Where do you spend the majority of your clinical time:** \_\_\_\_\_ In-patient \_\_\_\_Outpatient **Please tell us your number of years in practice:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Speciality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(optional) **Gender:** \_\_\_\_\_\_ Woman \_\_\_\_\_\_ Man \_\_\_\_\_\_\_\_\_\_Gender Non-binary\_\_\_\_\_\_\_\_ Other  
\_\_\_\_\_\_\_\_\_ Prefer not to answer (Select all that apply)   
(optional) **Race:** \_\_\_ Black or African American \_\_ Asian \_\_\_ Native American \_\_\_\_\_Middle Eastern or North African  
 \_\_\_Native Hawaiian or Other Pacific Islander \_\_\_White \_\_\_\_\_\_Other (Select all that apply)  
(optional) **Ethnicity:** \_\_\_Latin@/Hispanic

*The Mini Z© was developed by Dr. Mark Linzer and the IPW team at Hennepin Healthcare, Minneapolis MN. The Mini Z© survey tools can be used for research, program evaluation and education capacities without restriction. Permission for commercial or revenue-generating applications of the Mini Z© must be obtained from Mark Linzer, MD or the Hennepin Healthcare Institute for Professional Worklife prior to use:* [*www.professionalworklife.com*](http://www.professionalworklife.com)*. Questions drawn mainly from the Physician Worklife Study, MEMO study, and Healthy Workplace study.*

\*\*For respondents who select 4-5 on the burnout question (burnout won’t go away, completely burned out), we have them complete a PHQ2 to screen for depression ad include the following language below. Please be aware, if you add these questions the response need to be monitored to provide timely responses to respondents in need.

You are being asked the following two questions because you indicated you are feeling somewhat or completely burned out. We strongly encourage you to seek support. You may reach out to NAME at XXX-XXX-XXXX or NAME at XXX-XXX-XXXX to talk. All information shared with us will remain confidential. You may also reach out to the Employee Assistance Program at 1-800-XXX-XXXX.

If you answer the questions below and the combined numeric total for your responses is 3+, you have screened positive for depression.

1. Over the past 2 weeks, how often have you been bothered by little interest or pleasure in doing things?

Not at all (0)  
Several days (1)  
More than half the days (2)  
Nearly every day (3)

1. Over the past 2 weeks, how often have you been bothered by feeling down, depressed or hopeless?

Not at all (0)  
Several days (1)  
More than half the days (2)  
Nearly every day (3)

1. Would you feel comfortable with us contacting you? Please indicate below how we can reach you. \*This information will NOT be shared with your supervisors or anyone who is responsible for your time at work.\*