

**Survey on Grading Systems, Activities & Well Being
Exercises for 1st Years**

* denotes a required question.

1. Please indicate your gender:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
2. Overall, I am satisfied with the quality of my medical education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very High	High	Neutral	Low	Very Low	N/A
3. My current level of satisfaction with my personal life during the last month in medical school is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please answer the following items on the basis of *an average week during the last month*.

	100- 90%	89- 75%	74- 50%	49- 25%	Below 25%
4. My level of attendance at lectures:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My level of attendance in small group sessions and labs:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	5+ hrs/wk	4-5 hrs/wk	3-4 hrs/wk	1-2 hrs/wk	none
6. My participation in voluntary clinical activities (rounds, shadowing MDs, clinics, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My participation in independent scholarly activities (research project, journal club, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My participation in community service activities (public schools, KCRC, Free Clinic, etc.):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10+ hrs/wk	7-9 hrs/wk	4-6 hrs/wk	2-4 hrs/wk	0-1 hrs/wk
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9. My time devoted to exercise related activities (jogging, walking, gym, sport, etc.):
10. My time devoted to leisure activities (other than exercise related activities; movies, concerts, TV, reading for pleasure, etc.):
-

Check which grading system would you prefer in the first two years of medical school? (Please check only one.)

11. Graded system (A,B,C,D,F)
12. H/P/F (honors, pass, fail in each course)
13. P/F (pass/fail in each course with honors awarded at end of first 2 years)
14. P/F (pass/fail in each course with no honors)
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The General Well-Being Schedule (Harold J. Dupuy)

This part of the survey is a standard scale used with normal populations to measure feelings of well-being and level of stress during a specific time period. You will probably find the questions repetitive. The repetition increases the reliability of the scale by asking similar questions in slightly different forms from both negative and positive viewpoints.

If any of the questions on the survey raise personal concerns that you would like to discuss, please call Student Health at 924-5556 (or after hours at 972-7004) or Medical Student Affairs at 924-5579.

This section of the survey contains questions about how you feel and how things have been going with you. For each question, chose the answer that best applies to you.

How have you been feeling in general during the past month? (Check only one.)

15. In excellent spirits
16. In very good spirits
17. In good spirits mostly
18. I have been up and down in spirits a lot
19. In low spirits mostly

20. In very low spirits

Have you been bothered by nervousness or your "nerves" during the past month? (Check only one.)

21. Extremely so - to the point where I could not work or take care of things

22. Very much so

23. Quite a bit

24. Some - enough to bother me

25. A little

26. Not at all

Have you been in firm control of your behavior, thoughts, emotions, OR feelings during the past month? (Check only one.)

27. Yes, definitely so

28. Yes, for the most part

29. Generally so

30. Not too well

31. No, and I am somewhat disturbed

32. No, and I am very disturbed

Have you felt so sad, discouraged, hopeless, or had so many problems that you wondered if anything was worthwhile during the past month? (Check only one.)

33. Extremely so - to the point that I have just about given up

34. Very much so

35. Quite a bit
36. Some - enough to bother me
37. A little bit
38. Not at all
-

Have you been under or felt you were under any strain, stress, or pressure during the past month? (Check only one.)

39. Yes - almost more than I could bear or stand
40. Yes - quite a bit of pressure
41. Yes - some, more than usual
42. Yes - some, but about usual
43. Yes - a little
44. Not at all
-

How happy, satisfied, or pleased have you been with your personal life during the past month? (Check only one.)

45. Extremely happy - could not have been more satisfied or pleased
46. Very happy
47. Fairly happy
48. Satisfied - pleased
49. Somewhat dissatisfied
50. Very dissatisfied
-

Have you had any reason to wonder if you were losing your mind, or losing control over the way you act, talk, think, feel or of your memory during the past month? (Check only one.)

51. Not at all
52. Only a little
53. Some - but not enough to be concerned or worried about
54. Some and I have been a little concerned
55. Some and I am quite concerned
56. Yes, very much so and I am very concerned
-

Have you been anxious, worried, or upset during the past month? (Check only one.)

57. Extremely so - to the point of being sick or almost sick
58. Very much so
59. Quite a bit
60. Some - enough to bother me
61. A little bit
62. Not at all
-

Have you been waking up fresh and rested during the last month? (Check only one.)

63. Every day
64. Most every day
65. Fairly often
66. Less than half the time
67. Rarely
68. None of the time
-

Have you been bothered by any illness, bodily disorder, pains, or fears about your health during the past month? (Check only one.)

- 69. All the time
 - 70. Most of the time
 - 71. A good bit of the time
 - 72. Some of the time
 - 73. A little of the time
 - 74. None of the time
-

Has your daily life been full of things that were interesting to you during the last month? (Check only one.)

- 75. All the time
 - 76. Most of the time
 - 77. A good bit of the time
 - 78. Some of the time
 - 79. A little of the time
 - 80. None of the time
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Have you felt down-hearted and blue during the past month? (Check only one.)

- 81. All the time
- 82. Most of the time
- 83. A good bit of the time
- 84. Some of the time

85. A little of the time

86. None of the time

Have you been feeling emotionally stable and sure of yourself during the last month? (Check only one.)

87. All the time

88. Most of the time

89. A good bit of the time

90. Some of the time

91. A little of the time

92. None of the time

Have you felt tired, worn out, used-up, or exhausted during the last month? (Check only one.)

93. All the time

94. Most of the time

95. A good bit of the time

96. Some of the time

97. A little of the time

98. None of the time

For each of the four scales below, note that the words at the end of the 0 to 10 scale describe opposite feelings. Check any number along the scale which seem closest to how you have generally felt DURING THE LAST MONTH.

Not
concerned
at all 0 1 2 3 4 5 6 7 8 9 10
Very
concerned

