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Wellness Survey

Fill out our wellness survey and be entered in our drawing for a \$100 gift certificate at Amazon.com. Personal information will remain confidential. Statistics will be gathered and used for our upcoming wellness articles.

* Have you ever experienced what you believe MIGHT have been a clinical depression (whether or not you sought treatment)?

Yes

No

* If yes, have you sought treatment from a professional?

Yes

No

N/A

* If yes, have you subsequently or concurrently been asked to supply details about the illness to:

state licensure board

hospital credentialing

group practice credentialing

N/A

* If yes, did you do so?

Yes

No

N/A

* If you did not seek treatment, did fear of reporting requirements figure into your decision?

Yes

No

N/A

* Have you ever known a physician colleague who has had a clinical depression (diagnosed by someone other than you)?

Yes

No

* Have you ever suggested to a colleague that they might be depressed?

Yes

No

* If you worthles	are ever affected by symptoms which might be depressive in nature (feelings of sadness, sness, loss of energy or creativity or libido, somatic symptoms) do you:
	ease your work and productivity efforts
	ease exercise
incr	ease carbohydrate intake
	ease light exposure
	to a trusted other
drin	k alcohol
self	prescribe
othe	\mathbf{r}
N/A	
If you ch	nose "other" in the previous question, what is it that you do to cope?
* If you the wint	have ever been depressed or had symptoms which might be depressive in nature, did this occur in er?
Yes	
No	
N/A	
* Does y	our workplace have windows?
Yes	
No	
	your workplace have full spectrum lighting? Replacement of standard fluorescent bulbs with more ve ones, which would probably be publicized)
Yes	
No	
don	t know
* Do you	ı have a physician or other source of primary medical care?
Yes	
No	
* If not,	do you know whom you might consult if you felt you were developing depression?
Yes	
No	
N/A	
	have ever been depressed or had symptoms which might be depressive in nature, did you ever harming yourself in the midst of this condition?
Yes	
No	
N/A	
* Do you	personally know a physician who has completed suicide?
Yes	

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