APPENDIX. 2018 CUA census questions

G1. Please select your current country of residence. (Select your country from the pull-down list)

G2. Please enter the postal area code for your primary practice location.  [ _ _ _ _ ]

G3. Please select each degree earned (select all that apply)
- MD (Doctor of Medicine)
- Other type of medical degree
- PhD or other doctoral degree
- Registered Nurse (RN) or Licensed Practical Nurse (LPN)
- MBA
- MPH or MHS (Health Services)
- Other
  Please specify: ____________________________

G4. Please indicate your current profession: (Select all that apply)
- Practicing urologist (go to U questions)
- Non-practicing urologist (go to D questions)
- Provider in an area other than urology (go to D questions)
- Medical student (go to D questions)
- Resident/Trainee (go to RF questions)
- Fellow (go to RF questions)
- Nurse (go to PA-NP-RN questions)
- Educator (go to D questions)
- Researcher (go to R questions)
- Administrator/medical officer/practice manager (go to PM questions)
- Fully retired (go to D questions)
- Other (go to D questions)
  Please specify: ____________________________
U1. Please indicate the 4-digit year when you completed the following:
- Medical school (MD or DO) [__ __ __ __]
- Residency [__ __ __ __]
- Initial full certification by the American Board of Urology (ABU) or other Medical/DO board if applicable [__ __ __ __]
- Most recent fellowship training (programs at least one year in duration) (if “None” skip U2, U3, U4) [__ __ __ __]

U2. Please indicate any fellowship training (at least one year in duration) you have received. (Select all that apply)
- Oncology
- Pediatrics
- Endourology/Stone Disease
- Female Pelvic Medicine and Reconstructive Surgery
- Erectile Dysfunction
- Male Infertility
- Renal Transplantation
- Male Reconstruction/Trauma
- Robotic Surgery
- Research
- Other, Please specify: ____________________

U3. Why did you pursue fellowship training? (Select all that apply)
- I felt I needed additional clinical and surgical experience before entering practice
- I wanted advanced training so I could specialize in it in practice
- I wanted to enter into an academic practice
- Other, Please specify: ____________________

U4. Could you find a job that allows you to practice your fellowship specialty as the majority of your practice? (Select one only)
- Yes
- No
- I don’t know

U5. Please select the primary subspecialty area in which you practice. (Select one only)
- General without subspecialty
- Oncology
- Pediatrics
- Endourology/Stone Disease
- Female Pelvic Medicine and Reconstructive Surgery
- Erectile Dysfunction
- Male Infertility
- Renal Transplantation
- Male Genitourinary Reconstruction
- Robotic Surgery
- Laparoscopic Surgery
U6. Please select all subspecialty areas in which you practice. (Select all that apply)
   - Oncology
   - Pediatrics
   - Fetal Urology
   - Endourology/Stone Disease
   - Female Pelvic Medicine and Reconstructive Surgery
   - Erectile Dysfunction
   - Male Infertility
   - Renal Transplantation
   - Male Genitourinary Reconstruction
   - Robotic Surgery
   - Laparoscopic Surgery
   - None of the above

U7. Please select your primary practice setting? (Select one only)
   - Solo practice
   - Single urology group
   - Multi-specialty group
   - Academic medical center/medical school
   - Other public hospital
   - Community health center
   - Industry (pharmaceuticals, EMR vendors, device manufacture, etc.)
   - Other, Please specify: ____________________________

U8. Please indicate your employment status. (Select all that apply)
   - I am an employee of my practice
   - I am the sole owner of my practice
   - I am a partner in my practice

U9. Please provide your best estimates on the following questions.
   - Number of urologists within your practice
   - Number of patient visits/encounters you have in a typical week
   - Number of minutes you spend with a patient in a typical office visit
   - Percent of visits/encounter with female patients
   - Number of work hours spent on clinical activities (e.g., rounding, seeing patients, ordering and reviewing lab tests, taking calls, etc.) in a typical week
   - Number of work hours spent on nonclinical activities (e.g., administration, teaching, research, etc.) in a typical week
   - Total number of weeks you were on vacation leave in the past year
   - Total number of years you have practiced urology since completion of residency

U10. Do you perform major inpatient operative procedures? (Select one only)
   - Yes
   - No
   - I prefer to not answer
U11. Do you perform cystectomy with continent urinary diversion? (Select one only)
- Yes
- No – I send them to one of my partners
- No – I refer them to another independent practice group
- No – I refer them to the university/academic practice in my region
- Other, please specify: __________

U12. Do you perform redo complex hypospadias surgeries? (Select one only)
- Yes
- No – I send them to one of my partners
- No – I refer them to another independent practice group
- No – I refer them to the university/academic practice in my region
- Other, please specify: __________

U13. Do you perform radical nephrectomies for renal tumors with vena cava thrombus? (Select one only)
- Yes
- No – I send them to one of my partners
- No – I refer them to another independent practice group
- No – I refer them to the university/academic practice in my region
- Other, please specify: __________

U14. Do you perform urethroplasties using buccal mucosa? (Select one only)
- Yes
- No – I send them to one of my partners
- No – I refer them to another independent practice group
- No – I refer them to the university/academic practice in my region
- Other, please specify: __________

U15. How many major inpatient operative procedures do you perform in a typical month [_ _ _]

U16. Does your practice currently have difficulty filling urologist vacancies? (Select one only)
- Yes
- No
- I don’t know

U17. What are your difficulties filling urologist vacancies? (Select all that apply)
- Not enough candidates available
- Not enough qualified candidates available
- Not enough funding to fill the position
- Other

U18. Do you participate in a telemedicine program? Telemedicine is defined as the remote diagnosis and treatment of patients by means of telecommunications technology. (Select all that apply)
- No
- Yes, in less than 10% of my patients
- Yes, in 10-25% of my patients
- Yes, in 26-50% of my patients
- Yes, in greater than 50% of my patients
U19. Does your organization have telemedicine practice standards/guidelines for delivering telemedicine services? (Select one only)
- Yes
- No
- I don’t know

U20. If you participate in telesurgery, which procedures do you include? (Select all that apply)
- Cystoscopic
- Robotic
- Laparoscopic
- Open
- None of the above

U21. Do you treat Benign Prostatic Hyperplasia (BPH) surgically? (Select one only)
- Yes
- No
- I don’t know

U22. Of your BPH patients treated surgically, what percentages are treated using each of the following techniques? (Should add to 100%)
- Transurethral resection of the prostate (TURP) - Monopolar [0%]
- Transurethral resection of the prostate (TURP) - Bipolar [0%]
- Button-TURP (‘Button Procedure’) [0%]
- Photoselective vaporization (PVP) [0%]
- Holmium laser ablation of the prostate (HoLAP) [0%]
- Holmium laser enucleation of the prostate (HoLEP) [0%]
- UroLift [0%]
- Other [0%]

U_23. Have you participated in any quality reporting programs over the past 12 months? (Select one only)
- Yes
- No
- I am unsure/not aware

U_24. Have you enhanced the quality of your practice with changes to the following? (Select all that apply)
- No, I have not enhanced the quality of my practice.
- Yes, with changes to patient care work flow
- Yes, with changes to practice patterns
- Yes, with changes to performance assessment
- Yes, with changes to financial incentives
- Unsure/not aware
- Other,
Please specify: ____________________
U_25. Does your practice routinely use timeouts prior to procedures in the ambulatory clinic? (Select all that apply)

- Yes
- No
- Unsure

U26: Do you treat advanced prostate cancer (Castration Resistant Prostate Cancer) in your practice?

- Yes
- No
- I don’t know

U27: Do you utilize minimally invasive procedures using lap or robotics in your practice?

- Yes
- No
- I don’t know

U28. Do you use electronic health record (EHR) system to record patient information?

- I use EHR only
- I use paper records only
- I use both EHR and paper records
- I don’t know

U29. Do you utilize CUA Clinical Guidelines when making clinical decisions?

- Yes
- No
- I am not aware of the AUA Clinical Guidelines (skip IU12 and IU13)

U30. How do you access CUA Guidelines? (Select all that apply)

- CUA Website
- CUA email notification
- Canadian Urological Association Journal
- Printed Guidelines

U31. Do you utilize AUA Clinical Guidelines when making clinical decisions?

- Yes
- No
- I am not aware of the AUA Clinical Guidelines

U32. How do you access CUA Guidelines? (Select all that apply)

- AUA Website
- AUA email notification
- Journal of Urology
- Guidelines International Network Website
- National Guidelines Clearinghouse Website
- Printed Guidelines-at-a-Glance (Pocket Guide)
The sole purpose of the following questions is to highlight the signs of potential burnout among urologists. To generate meaningful results, comparable to other medical specialties, please answer all questions in all three areas: exhaustion, depersonalization and personal achievement.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Never</th>
<th>A few year</th>
<th>Once a month</th>
<th>Once a week</th>
<th>Ever</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SECTION A</strong></td>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>SB1. I feel emotionally drained by my work.</td>
<td>○</td>
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<td>SB2. Working with people all day long requires a great deal of effort.</td>
<td>○</td>
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<td>SB3. I feel like my work is breaking me down.</td>
<td>○</td>
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<td>SB4. I feel frustrated by my work.</td>
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<td>SB5. I feel I work too hard at my job.</td>
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<td>SB6. It stresses me too much to work in direct contact with people.</td>
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<td>SB7. I feel like I’m at the end of my rope.</td>
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<table>
<thead>
<tr>
<th>Questions</th>
<th>Never</th>
<th>A few</th>
<th>Once</th>
<th>A few</th>
<th>Once</th>
<th>A few</th>
<th>Ever</th>
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<tbody>
<tr>
<td><strong>SECTION B</strong></td>
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<td>B8. I feel I look after certain patients/clients impersonally, as if they are objects.</td>
<td>○</td>
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<tr>
<td>SB9. I feel tired when I get up in the morning and have to face another day at work.</td>
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<tr>
<td>SB10. I have the impression that my patients/clients make me responsible for some of their problems.</td>
<td>○</td>
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<td>SB11. I am at the end of my patience at the end of my work day.</td>
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<td>SB12. I really don’t care about what happens to some of my patients/clients.</td>
<td>○</td>
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<td>SB13. I have become more insensitive to people since I’ve been working.</td>
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<tr>
<td>SB14. I’m afraid that this job is making me uncaring.</td>
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<td>SB15. I accomplish many worthwhile things in this job.</td>
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<td>SB16. I feel full of energy.</td>
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<td>SB17. I am easily able to understand what my patients/clients feel.</td>
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<td>SB18. I look after my patients’/clients’ problems very effectively.</td>
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<td>SB19. In my work, I handle emotional problems very calmly.</td>
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<td>SB20. Through my work, I feel that I have a positive influence on people.</td>
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<td>SB21. I am easily able to create a relaxed atmosphere with my patients/clients.</td>
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<tr>
<td>SB22. I feel refreshed when I have been close to my patients/clients at work.</td>
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</tbody>
</table>

34. What is your gender?
   a. Male
   b. Female
   c. Other

35. What is your current marital status?
   a. Single
   b. Single in a committed relationship
   c. Married
   d. Divorced
   e. Divorced and currently in a committed relationship

36. How many children do you have?
   a. None
   b. 1
   c. 2
   d. 3-4
   e. 5+

37. How many times do you exercise on a weekly basis?
   a. 0
   b. 1-2
   c. 3-4
   d. 5+
38. Do you wish you had more time for hobbies outside of work?
   a. Yes
   b. No

39. Would you describe your social life as active?
   a. Yes
   b. No

40. Are there resources available to manage stress and burnout within my organization?
   a. Yes
   b. No
   c. I don't know

41. Have you utilized available resources to manage stress and burnout?
   a. Yes
   b. No
   c. Prefer not to say

42. Are the resources available within your organization to manage stress and burnout adequate?
   a. Yes
   b. No
   c. I don’t know

43. Do you wish that there were more/better resources available to manage burnout within your organization?
   a. Yes
   b. No

44. What is your religious/faith background?
   a. Christianity
   b. Judaism
   c. Islam
   d. Buddhism
   e. Hinduism
   f. Other

45. Are you under financial strain?
   a. Yes
   b. No
46. How would you rate your personal physical health?
   a. Excellent
   b. Good
   c. Fair
   d. Poor

47. How often are you on call?
   a. Everyday
   b. Every other day
   c. 2-3 days per week
   d. Once a week
   e. Less than once a week
   f. 2-3 days per month
   g. Once a month
   h. Less than once a month
   i. Never on call

48. Do you have any outstanding malpractice claims/lawsuits?
   a. Yes
   b. No

49. Do you use any illicit substances?
   a. Yes
   b. No

50. Do you drink alcohol?
   a. Yes
   b. No

51. Have you ever felt you should **Cut** down on your drinking?
   a. Yes
   b. No

52. Have people **Annoyed** you by criticizing your drinking?
   a. Yes
   b. No

53. Have you ever felt bad or **Guilty** about your drinking?
   a. Yes
   b. No
54. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (Eye opener)?
   a. Yes
   b. No

D1. Please enter your 4-digit year of birth. [ _ _ _ _ ]

D4. What is your country of origin? (Pre-loaded or select from the pull-down list)

D5. Please enter the age at which you fully retired or plan to fully retire from practice. [ _ _ ]
(A mandatory question with default as “65”)