Resident Name: ____________________________  PGY- _______

Please note, in answering the questions below, that duty hours are defined as all clinical and academic activities related to the residency program, i.e. patient care, administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call, and scheduled academic activities such as didactics and conferences. Duty hours do not include reading and preparation time spent away from the duty site.

1. In the past 6 months, have your duty hours ever exceeded 80 hours a week, when averaged over a 4-week period? (INCLUDING all hours spent in-house during call and all hours spent moonlighting) YES NO
   If YES, when? ______________________
   Which clinical service(s) were you on? ________________________________

2. In the past 6 months, have you had at least one day in seven free from all educational and clinical duties (including call), averaged over a four-week period? YES NO
   If NO, when? ______________________
   Which clinical service(s) were you on? ________________________________

3. In the past 6 months, has there been any time when you did not have 10 hours between duty periods? YES NO
   If YES, when? ______________________
   Which clinical service were you on? ________________________________

4. In the past 6 months, have you been required to take in-house call more frequently than every third night (excluding night float rotations)? YES NO
   If YES, when? ______________________
   Which clinical service(s) were you on? ________________________________

5. In the past 6 months, have you assessed or treated any new patients after working in-house for 24 hours or more? YES NO
   If YES, when? ______________________
   Which clinical service(s) were you on? ________________________________

6. In the past six months, has there been any time when you were required to work after 2 pm when post-call? YES NO
   If YES, when? ______________________
   Which clinical service(s) were you on? ________________________________

Please include here any comments/concerns that you have about your work hours: