Survey on Grading Systems, Activities & Well Being
Exercises for 1st Years
* denotes a required question.

1. Please indicate your gender:

2. Overall, I am satisfied with the quality of my medical education.

3. My current level of satisfaction with my personal life during the last month in medical school is:

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

4. My level of attendance at lectures:

5. My level of attendance in small group sessions and labs:

6. My participation in voluntary clinical activities (rounds, shadowing MDs, clinics, etc.):

7. My participation in independent scholarly activities (research project, journal club, etc.):

8. My participation in community service activities (public schools, KCRC, Free Clinic, etc.):
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)  

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
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
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<tbody>
<tr>
<td>20. In very low spirits</td>
<td></td>
</tr>
<tr>
<td><strong>Have you been bothered by nervousness or your &quot;nerves&quot; during the past month? (Check only one.)</strong></td>
<td></td>
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<tr>
<td>21. Extremely so - to the point where I could not work or take care of things</td>
<td></td>
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<tr>
<td>22. Very much so</td>
<td></td>
</tr>
<tr>
<td>23. Quite a bit</td>
<td></td>
</tr>
<tr>
<td>24. Some - enough to bother me</td>
<td></td>
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<tr>
<td>25. A little</td>
<td></td>
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<tr>
<td>26. Not at all</td>
<td></td>
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<tr>
<td><strong>Have you been in firm control of your behavior, thoughts, emotions, OR feelings during the past month? (Check only one.)</strong></td>
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<tr>
<td>27. Yes, definitely so</td>
<td></td>
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<tr>
<td>28. Yes, for the most part</td>
<td></td>
</tr>
<tr>
<td>29. Generally so</td>
<td></td>
</tr>
<tr>
<td>30. Not too well</td>
<td></td>
</tr>
<tr>
<td>31. No, and I am somewhat disturbed</td>
<td></td>
</tr>
<tr>
<td>32. No, and I am very disturbed</td>
<td></td>
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<tr>
<td><strong>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.)</strong></td>
<td></td>
</tr>
<tr>
<td>33. Extremely so - to the point that I have just about given up</td>
<td></td>
</tr>
<tr>
<td>34. Very much so</td>
<td></td>
</tr>
</tbody>
</table>
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.)
Have you been anxious, worried, or upset 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 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

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

☐ 85. A little of the time
☐ 86. None of the time

☐ 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.

<table>
<thead>
<tr>
<th>Not concerned at all (0)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>Very concerned (10)</th>
</tr>
</thead>
</table>
99. How concerned or worried about your HEALTH have you been during the last month?

100. How DEPRESSED or CHEERFUL have you been during the past month?

101. How RELAXED or TENSE have you been during the last month?

102. How much ENERGY, PEP, VITALITY have you felt during the last month?

103. Comments about the grading system and its effect on student life:

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Clear Evaluation

Submit Evaluation