Additional file 1: Resident Well-Being Survey

**Instructions**

Before Intervention: The following questions are about how you have been feeling over the past WEEK.

After Intervention: The following questions are about how you have been feeling before and after participating in wellness activities.

Please indicate your level of agreement or disagreement with the following statements:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Question | **Strongly agree** | **Agree** | **Disagree** | **Strongly disagree** |
| 1. I feel that my residency program cares about me as a person. | 1 | 2 | 3 | 4 |
| 2. I feel that my residency program encourages my development. | 1 | 2 | 3 | 4 |
| 3. I feel valued at work. | 1 | 2 | 3 | 4 |
| 4. I feel valued by my co-workers. | 1 | 2 | 3 | 4 |
| 5. I feel cared for. | 1 | 2 | 3 | 4 |

#### After intervention only

#### 9. What did you like most of the wellness activities? (free text)

#### 10. What did you like least? (free text)