

Respond to questions 13-15 of the survey using the following scale:

	Yes	No	Don't Know / NA
13.) Has your program director reviewed your clinical experience logs at least quarterly (every three months)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.) Are you satisfied with your on-call (sleeping room) facilities in terms of ALL the following: privacy, convenient location, safety, security, cleanliness, quiet, appropriate facilities for men and women, availability of a shower/bath? (NOTE: If you are unsatisfied with ANY aspect of your on-call facilities, please mark No for this question.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.) Is the space provided for you to attend resident conferences and to study adequate both for amount of space (i.e. not too cramped) and environmental conditions (e.g. quiet, clean)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>