



Burnout Self-Assessment

Introduction

This self-assessment is designed to help you check in with yourself regularly and assess your risk of burnout. By answering these questions honestly, you can gain insight into your current state and take steps to manage stress and improve your well-being. It is not a diagnostic tool or replacement for healthcare services.

Answer the questions and use the scoring guide at the end to understand your current level of burnout, then follow the suggested next steps to create a personalized action plan. Think about the past month or so of your life as you answer these questions.

Section 1: Emotional and Mental Well-Being

1. **How often do you feel emotionally drained at the end of the day?**
 - Never
 - Rarely
 - Sometimes
 - Often
 - Always
2. **How often do you feel overwhelmed by your responsibilities?**
 - Never
 - Rarely
 - Sometimes
 - Often
 - Always
3. **Do you find it difficult to focus or concentrate on tasks?**
 - Never
 - Rarely
 - Sometimes
 - Often
 - Always
4. **How often do you feel a sense of dread or anxiety about work or personal obligations?**
 - Never
 - Rarely
 - Sometimes
 - Often
 - Always
5. **Do you feel a loss of sense of fulfillment or enthusiasm for activities you once enjoyed?**
 - Never
 - Rarely
 - Sometimes
 - Often

- Always

Section 2: Physical Well-Being

1. **How often do you experience physical symptoms of stress (e.g., headaches, muscle tension, fatigue)?**
 - Never
 - Rarely
 - Sometimes
 - Often
 - Always
2. **Are you getting enough sleep, and is it restful?**
 - Always
 - Most of the time
 - Sometimes
 - Rarely
 - Never
3. **How often do you skip meals or eat unhealthy foods due to stress or lack of time?**
 - Never
 - Rarely
 - Sometimes
 - Often
 - Always
4. **Do you find time to engage in physical activities or exercise regularly?**
 - Always
 - Most of the time
 - Sometimes
 - Rarely
 - Never
5. **Do you notice any changes in your appetite or weight that might be related to stress?**
 - No changes
 - Minor changes
 - Moderate changes
 - Significant changes

Section 3: Social and Interpersonal Well-Being

1. **How often do you feel isolated or disconnected from others?**
 - Never
 - Rarely
 - Sometimes
 - Often
 - Always
2. **Do you have a support system of friends, family, or colleagues you can rely on?**
 - Always
 - Most of the time

- Sometimes
 - Rarely
 - Never
3. **How often do you feel irritable or impatient with others?**
- Never
 - Rarely
 - Sometimes
 - Often
 - Always
4. **Do you feel that your relationships are being negatively affected by stress?**
- Never
 - Rarely
 - Sometimes
 - Often
 - Always
5. **How often do you make time for social activities that you enjoy?**
- Always
 - Most of the time
 - Sometimes
 - Rarely
 - Never

Section 4: Work and Life Balance

1. **Do you feel that your work-life balance is adequate?**
- Always
 - Most of the time
 - Sometimes
 - Rarely
 - Never
2. **How often do you work overtime or take work home with you?**
- Never
 - Rarely
 - Sometimes
 - Often
 - Always
3. **Do you have time to pursue hobbies or interests outside of work?**
- Always
 - Most of the time
 - Sometimes
 - Rarely
 - Never
4. **How often do you take breaks during the workday to rest and recharge?**
- Always
 - Most of the time
 - Sometimes
 - Rarely

- Never
- 5. **Do you feel that you have control over your work and personal life?**
 - Always
 - Most of the time
 - Sometimes
 - Rarely
 - Never

Section 5: Coping Strategies

1. **How often do you use healthy coping strategies (e.g., mindfulness, relaxation techniques, time management) to manage stress?**
 - Always
 - Most of the time
 - Sometimes
 - Rarely
 - Never
2. **Do you find yourself engaging in unhealthy coping mechanisms (e.g., alcohol, overeating, procrastination)?**
 - Never
 - Rarely
 - Sometimes
 - Often
 - Always
3. **How confident are you in your ability to manage stress effectively?**
 - Very confident
 - Somewhat confident
 - Neutral
 - Not very confident
 - Not confident at all
4. **How often do you seek help or support when feeling overwhelmed?**
 - Always
 - Most of the time
 - Sometimes
 - Rarely
 - Never
5. **Do you make time for self-care activities that nourish your mind, body, and spirit?**
 - Always
 - Most of the time
 - Sometimes
 - Rarely
 - Never

Scoring and Interpretation

- **Scoring:** Assign points to each response:
 - Never = 1 point
 - Rarely = 2 points
 - Sometimes = 3 points
 - Most of the time = 4 points
 - Always = 5 points
- **Interpretation:**
 - **Low Risk (0-50 points):** You seem to have a good handle on managing stress and preventing burnout. Keep up with your self-care and maintain a healthy work-life balance.
 - **Moderate Risk (51-100 points):** You may be experiencing some early signs of burnout. Consider making adjustments to your routine, seeking support, and prioritizing self-care.
 - **High Risk (101-150 points):** Your results show significant signs of burnout. It's important to take immediate action to address your stress levels, seek professional support if necessary, and make changes to prevent further burnout.

Conclusion and Action Plan

- **Reflect on your results:** What areas are you struggling with? What steps can you take to improve your well-being?
- **Set goals:** Based on your assessment, set small, achievable goals to address areas of concern.
- **Seek support:** If you're struggling, don't hesitate to reach out to a trusted friend, family member, or professional for help.
- **Regular check-ins:** Reassess your situation regularly to monitor your progress and make adjustments as needed.

This self-assessment is a tool to help you stay connected with your mental and physical health. Regular use can help prevent burnout and promote a more balanced, fulfilling life.