

Burnout Self-Assessment

Instructions: For each question, place the corresponding number in the column that most applies.

	Not At All (1)	Rarely (2)	Sometimes (3)	Often (4)	Very Often (5)
1. When I first wake up in the morning, I wonder to myself if I can make it through the day.					
2. I'm not happy with how I am performing at work; when I mess up I'm very critical of myself.					
3. When engaging in activities for leisure or pleasure (shopping, taking a walk, intimacy, time with family etc.,) I often get lost in daydreams about all the things I have to do.					
4. I make time for medical and dental appointments, but then I often end up cancelling or rescheduling them to finish tasks.					
5. When someone gives me a gift my thought is "Great. Now I have to find something for them and I don't have time for that."					
6. Right before I fall asleep, I think about what I did and didn't do today—and what I have to do tomorrow.					
7. I feel run down and drained of physical or emotional energy.					
8. I am harder and less sympathetic with people than perhaps they deserve.					
9. I am easily irritated by small problems, or by my co-workers/supervisors.					
10. I feel that I have no one to talk to.					
11. I am unable to unwind and relax when I need/want to.					
12. I feel that I am achieving less than I should.					
13. I am frustrated with parts of my job.					
14. I feel that I do not have time to do many of the things that are important to doing a good quality job.					
15. When I think about the life of my dreams in comparison to my current life, I am dissatisfied.					
TOTAL					

BCPS Employee Assistance Program 754-322-9900

Score interpretations (No matter your score, pay attention to areas you ranked a 5)

15-18: No sign of burnout.

19-32: Little sign of burnout.

33-49: At risk of burnout.

50-59: Severe risk of burnout.

60-75: Very severe risk of burnout.



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