## **Stress and Burnout Questionnaire**

This brief inventory has been designed to help you discover the warning signals of excessive stress. Relate the questions to your life over the last **3 -6 months**. Look particularly for **changes** in your ways of coping, not so much your normal behaviour. Score 0 - for experiencing this only occasionally

Score 1 - This is true quite frequently (weekly) Score 2 - This true often ( usually daily)

| 1          | Feeling constantly exhausted, tired or fatigued  | [ | ] |
|------------|--|---|---|
| 2          | Becoming increasingly irritable with a shortening fuse   | [ | ] |
| 3          | Having less and less time for people, even family and friends  | [ | ] |
| 4          | Experiencing increasing difficulty making decisions  | [ | ] |
| 5          | Aware of increasing difficulty in concentration  | [ | ] |
| 6          | Feeling a sense of hopelessness, like "Why bother? "; "Who cares anyway ?"   | [ | ] |
| 7          | Chronic forgetfulness  | [ | ] |
| 8          | Regular sleep disturbance, wakefulness, never enough sleep   | [ | ] |
| 9          | Start the day feeling unrefreshed  | [ | ] |
| 10         | Frequent feelings of worthlessness   | [ | ] |
| 11         | Loss of enthusiasm or enjoyment of work  | [ | ] |
| 12         | Change in appetite; over-eating or loss of appetite  | [ | ] |
| 13         | Overlooking of normal duties or responsibilities   | [ | ] |
| 14         | Feeling unappreciated most of the time   | [ | ] |
| 15         | Feeling burdened by responsibilities and pressures   | [ | ] |
| 16         | Aware of accomplishing less and less in the time available   | [ | ] |
| 17         | Becoming excessively preoccupied with details  | ] | ] |
| 18         | Increasingly unable to say "No!"   | [ | ] |
| 19         | Becoming overly dogmatic, inflexible or "fussy"  | ] | ] |
| 20         | Aware that you are driving yourself too hard at work or home   | ] | ] |
| 21         | Becoming cynical or hyper-critical with friends and family   | ] | ] |
| 22         | Increasing boredom with work, homelife or life   | [ | ] |
| 23         | Losing a clear perspective on work or life   | ] | ] |
| 24         | A growing sense of being "out of control" in areas of life   | ] | ] |
| 25         | Frequent somatic symptoms such as:<br>Headache, chronic back ache, chest pain, abdominal cramps or wind, mouth ulcers,<br>diarrhea, indigestion, skin rash, persistent colds, allergies, sinusitis, accidents, etc<br>(1 point for each symptom) | [ | ] |
| Total (50) |  | [ | ] |

## **Burnout Prevention Assessment**

This brief checklist has been designed to help you assess for yourself important ways to prevent burnout. Record your score for each question (Note: some questions range from 5 to 0 others from 4 or 3 to 0)

| Do you have a full day off to do what you like?<br>(5 - Weekly, 4 - Mostly, 3 - Frequently, I - Occasionally, 0 – Never)   | [  | ]  |
|--|--|--|
| Do you have time out for yourself to think, reflect, meditate and pray?<br>(5 - Daily, 3 - Frequently, I - Occasionally, 0 - Seldom or never)                    | [  | ]  |
| Do you have good vacations, about 3 - 4 weeks in each year?<br>(5 - Every year, 3 - Some years, 1 - Occasionally, 0 - Never)                                     | [  | ]  |
| Do you do some aerobic exercise for at least half an hour at a time?<br>(5 - 3 to 5 times a week, 3 - Frequently, 1 - Occasionally, 0 - Seldom or never)         | [  | ]  |
| Do you do something for fun or enjoyment Eg. Game, movie, concert?<br>(4 - Weekly, 3 - Monthly, 1 - Occasionally, 0 - Never)                                     | [  | ]  |
| Do you practice any muscle relaxation or slow breathing technique?<br>(5 - Daily, 3 - Frequently, 1 - Occasionally, 0 - Seldom or never)                         | [  | ]  |
| Do you listen to your body messages (symptoms, illnesses, etc)?<br>(5 - Always, 3 - Mostly, 1 - Occasionally, 0 - Seldom or never)                               | [  | ]  |
| IF SINGLE: Do you have friends with whom you can share at a feelings level?<br>(5 - Regularly, 4 - Frequently, 3 - Occasionally, 0 - Seldom or never)            | [  | ]  |
| IF MARRIED (or in relationship): how often do you share intimately?<br>(5 - Daily, 3 - Frequently, I - Occasionally, 0 - Seldom or never)                        | [  | ]  |
| Do you share your <i>stressors [cares, problems, struggles, needs]</i> with others & God? (5 - Regularly, 3 - Frequently, 1 - Occasionally, 0 - Seldom or never) | [  | ]  |
| How would you describe your ability to communicate with others?<br>(5Excellent, 3 - Fair, 1 - Difficult, 0 - Poor)   | [  | ]  |
| Do you sleep well (8-9 hours per night)?<br>(3 - Frequently, 1 - Occasionally, 0 - Seldom or never)  | [  | ]  |
| Are you able to say "No!" to inappropriate or excessive demands on you ?<br>(3 - Always, 2 - Mostly, 1 - Occasionally, 0 - Seldom or never)                      | [  | ]  |
| Do you set realistic goals for your life, both long and short term?<br>(5 - Regularly, 3- Frequently, 1 - Occasionally, 0 - Seldom or never)                     | [  | ]  |
| Are you careful to eat a good balanced diet?<br>(5 - Always, 3 - Mostly, 2 - Not often, 0 - A lot of junk food)  | [  | ]  |
| Is your weight appropriate for your height?<br>(3 - Consistently, 2 - A battle to keep it down, 0 - Overweight   | [  | ]  |
|  | <ul> <li>(5 - Weekly, 4 - Mostly, 3 - Frequently, I - Occasionally, 0 - Never)</li> <li>Do you have time out for yourself to think, reflect, meditate and pray?</li> <li>(5 - Daily, 3 - Frequently, I - Occasionally, 0 - Seldom or never)</li> <li>Do you have good vacations, about 3 - 4 weeks in each year?</li> <li>(5 - Every year, 3 - Some years, 1 - Occasionally, 0 - Never)</li> <li>Do you do some aerobic exercise for at least half an hour at a time?</li> <li>(5 - 3 to 5 times a week, 3 - Frequently, 1 - Occasionally, 0 - Seldom or never)</li> <li>Do you do something for fun or enjoyment Eg. 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| 17            | How would you describe the amount of touch you get in your life?<br>(5 - Plenty, 3 - Just enough, 1 - I miss out, 0 - I am rarely touched) | [ | ] |
|---------------|--|---|---|
| 18            | Can you deal with anger without repressing or dumping it on others?<br>(5 - Always, 4 - Mostly, 2 - Occasionally, 1 - Rarely, 0 - Never)   | [ | ] |
| 19            | Do you have a good "belly laugh"?<br>(3 - At least daily, 2 - Frequently, I - Seldom, 0 - never)   | [ | ] |
| 20            | Do you have a creative hobby time ( E.g. Gardening, reading, music)?<br>(4 - Weekly, 2 - Occasionally, 1 - Rarely, 0 - Never)              | [ | ] |
| 21            | Do you nurture your self-esteem (E.g. with self affirmations)?<br>(5 - Regularly, 3 - Frequently, 1 - Occasionally, 0 - Rarely or never)   | [ | ] |
| 22            | Do you practice forgiveness of others who have hurt you?<br>(5 - Regularly, 3 - Occasionally, 1 - Rarely, 0 - Never)                       | [ | ] |
| 23            | Have you dealt with old hurts and "baggage" from the past?<br>(5 - All that you are aware of, 3 - Most of it, 0 - A lot left yet)          | [ | ] |
| [Total (100)] |  | [ | ] |

Over 60 – You have a wide range of preventative measures in place. Over 40 – You have aedquate measures in place but should adopt more. Under 30 – You should make adoption of some of these measures a priority.

Ideas to develop preventative strategies....