

THE BURNOUT CHECKLIST

Review the past 12 months of your TOTAL life - work, social situations, family and recreation. Reflect on each of the following questions and rate the amount of CHANGE that has occurred during this period. Place more emphasis on change that has occurred during the past six months. Use the following scale and assign a number in the rating column that reflects the degree of change you have experienced. BE HONEST: the value of this self-assessment is negligible if you aren't.

	1	2	3	4	5
	no or little change	just noticeable change	noticeable change	fair degree of change	great degree of change
1 Do you become more fatigued, tired or worn out by the end of the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Have you lost interest in your present work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Have you lost ambition in your overall career?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Do you find yourself becoming easily bored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Do you find that you have become more pessimistic, critical or cynical of yourself or others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Do you forget appointments, deadlines or activities and don't feel very concerned about it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Do you spend more time alone, withdrawn from friends, family and work acquaintances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Has any increase occurred in your general level of irritability, hostility or aggressiveness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Has your sense of humor become less obvious to yourself or others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you become sick more easily (flu, colds, pain problems)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Do you experience headaches more than usual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Do you suffer from gastrointestinal problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Do you wake up feeling extremely tired and exhausted most mornings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Do you find that you deliberately try to avoid people you previously did not mind?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Has there been a lessening of your sexual drive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Do you find that you now tend to treat people as 'impersonal objects' or with a fair degree of callousness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Do you feel that you are not accomplishing anything worthwhile in your work and that you are ineffective in making any changes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Do you feel that you are not accomplishing anything worthwhile in your personal life or that you have lost spontaneity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Do you find that you spend much time each day thinking or worrying about your job, future or past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Do you feel that you are at the "end of your tether" -at the point of "breaking down" or "cracking up"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL SCORE:	<input type="text"/>				

INTERPRETATION

No inventory is absolutely accurate or foolproof. Your score on this "Burnout Checklist" is merely a guide to your experience of burnout. If your score is very high, take steps toward finding help by consulting your family, physician, psychotherapist, spiritual counsellor or personal advisor – the first step toward relief from burnout is to acknowledge, without being self-rejecting, that you have a problem.

20-30 There is no burnout. You may be taking your life or work too casually.

31-45 This is a normal score for anyone who works hard and works seriously. Make sure you do relax periodically.

46-60 You are experiencing some mild burnout and could benefit from a careful review of your lifestyle.

61-75 You are beginning to experience burnout. Take steps to better control your life.

76-90 You are burning out. You should seek help, re-evaluate your present life and make changes.

over 90 You are dangerously burnt out and need immediate relief. Your burnout is threatening your physical and mental wellbeing.