

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)

01 DO YOU HAVE A FULL DAY OFF TO DO WHAT YOU LIKE?
5-WEEKLY 4-MOSTLY 3-FREQUENTLY 1-OCCASSIONALLY 0-NEVER

02 DO YOU HAVE TIME FOR YOURSELF TO THINK, MEDITATE, REFLECT AND PRAY?
5-DAILY 3-FREQUENTLY 1-OCCASSIONALLY 0-SELDOM OR NEVER

03 DO YOU HAVE GOOD VACATIONS ABOUT 3-4 WEEKS IN EACH YEAR?
5-EVERY YEAR 3-SOME YEARS 1-OCCASSIONALLY 0-NEVER

04 DO YOU DO SOME AEROBIC EXERCISE FOR AT LEAST A HALF AN HOUR AT A TIME?
5-3 TO 5 TIMES A WEEK 3-FREQUENTLY 1-OCCASSIONALLY 0-SELDOM OR NEVER

05 DO YOU DO SOMETHING FOR FUN OR ENJOYMENT EG: GAME, MOVIE, CONCERT?
4-WEEKLY 3-MONTHLY 1-OCCASSIONALLY 0-NEVER

06 DO YOU PRACTICE ANY MUSCLE RELAXATION OR SLOW BREATHING TECHNIQUE?
5-DAILY 3-FREQUENTLY 1-OCCASSIONALLY 0-SELDOM OR NEVER

07 DO YOU LISTEN TO YOUR BODY MESSAGES? IE: SYMPTOMS, ILLNESSES ETC
5-ALWAYS 3-MOSTLY 1-OCCASSIONALLY 0-SELDOM OR NEVER

08 IF SINGLE: DO YOU HAVE FRIENDS WHO YOU CAN SHARE WITH AT A FEELINGS LEVEL?
5-REGULARLY 4-FREQUENTLY 3-OCCASSIONALLY 0-SELDOM OR NEVER

09 IF MARRIED OR IN A RELATIONSHIP: HOW OFTEN DO YOU SHARE INTIMATELY?
5-DAILY 3-FREQUENTLY 1-OCCASSIONALLY 0-SELDOM OR NEVER



10 DO YOU SHARE YOUR STRESSORS (CARES, PROBLEMS, STRUGGLES, NEEDS) WITH OTHERS?
5-REGULARLY 3-FREQUENTLY 1-OCCASSIONALLY 0-SELDOM OR NEVER

11 HOW WOULD YOU DESCRIBE YOUR ABILITY TO COMMUNICATE WITH OTHERS?
5-EXCELLENT 3-FAIR 1-DIFFICULT 0-POOR

12 DO YOU SLEEP WELL? (8-9 HOURS PER NIGHT)
3-FREQUENTLY 1-OCCASSIONALLY 0-SELDOM OR NEVER

13 ARE YOU ABLE TO SAY "NO!" TO INAPPROPRIATE OR EXCESSIVE DEMANDS ON YOU?
3-ALWAYS 2-MOSTLY 1-OCCASSIONALLY 0-SELDOM OR NEVER

14 DO YOU SET REALISTIC GOALS FOR YOUR LIFE, BOTH LONG AND SHORT-TERM?
5-REGULARLY 3-FREQUENTLY 1-OCCASSIONALLY 0-SELDOM OR NEVER

15 ARE YOU CAREFUL TO EAT A GOOD, BALANCED DIET?
5-ALWAYS 3-MOSTLY 2-NOT OFTEN 0-A LOT OF JUNK FOOD

16 IS YOUR WEIGHT APPROPRIATE FOR YOUR HEIGHT?
3-CONSISTENTLY 2-A BATTLE TO KEEP IT DOWN 0-OVERWEIGHT

17 HOW WOULD YOU DESCRIBE THE AMOUNT OF TOUCH YOU GET IN YOUR LIFE?
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?
5-ALWAYS 4-MOSTLY 2-OCCASSIONALLY 1-RARELY 0-NEVER

19 DO YOU HAVE A GOOD "BELLY" LAUGH?
3-AT LEAST DAILY 2-FREQUENTLY 1-SELDOM 0-NEVER

20 DO YOU HAVE A CREATIVE HOBBY TIME? EG: READING, MUSIC, GARDENING
4-WEEKLY 2-OCCASSIONALLY 1-RARELY 0-NEVER



21

DO YOU NURTURE YOUR SELF-ESTEEM? EG: SELF-AFFIRMATIONS
5-REGULARLY 3-FREQUENTLY 1-OCCASSIONALLY 0-RARELY OR NEVER

22

DO YOU PRACTICE FORGIVENESS OF OTHERS THAT HAVE HURT YOU?
5-REGULARLY 3-OCCASSIONALLY 1-RARELY 0-NEVER

23

HAVE YOU DEALT WITH OLD HURTS AND BAGGAGE FROM THE PAST?
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 adequate measures in place but should adopt more
Under 30-You should make adoption of some of these measures a priority

Burnout Prevention Strategies I'd like to try:

