

Strides For Preventing Burnout

Burnout Assessment Tool



On a scale of 1-5, please state how often each statement applies to you.

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

Statement	Score
Exhaustion	
1. I feel exhausted	_____
2. At the end of the day, I find it hard to recover my energy	_____
3. I feel physically exhausted	_____
Mental Distance	
1. I struggle to find any enthusiasm for my work	_____
2. I feel a strong aversion towards my job	_____
3. I am cynical about what my work means to others	_____
Cognitive Impairment	
1. I have trouble staying focused	_____
2. I have trouble concentrating	_____
3. I make mistakes because I have my mind on other things	_____
Emotional Impairment	
1. I feel unable to control my emotions	_____
2. I do not recognize myself in the way I react emotionally	_____
3. I may overreact unintentionally	_____

Additional _____
notes: _____

