Burnout Prevention Assessment

Please note that this scale is not a clinical diagnostic instrument. It merely measures some of the more effective ways in which burnout may be prevented. If you have any concerns about your state of health, you should consult with a mental health professional.

Instructions: For each question, write the number that fits your reality on the line before the question.

____ 1. Do you have a full day off to do what you like?
Weekly (5); Frequently (4); Occasionally (1); Never (0)

____ 2. Do you have time out for yourself to be quiet, think, meditate, pray?
Weekly (5); Frequently (4); Occasionally (1); Seldom or never (0)

____ 3. Do you have good vacations, about three or four weeks in one year?
Every year (5); Occasionally (3); Rarely (1); Almost never (0)

____ 4. Do you do some aerobic exercise for at least 20 minutes at a time?
Three to five times a week (5); Occasionally (3); Never (0)

____ 5. Do you do something for fun—play a game? go to a movie or concert?
Weekly (4); Monthly (3); Occasionally (1); Never (0)

____ 6. Do you practice any muscle relaxation or slow-breathing technique?
Daily (5); Frequently (4); Occasionally (2); Rarely (0)

____ 7. Do you listen to your body messages (symptoms, illnesses, etc)?
Always (5); Mostly (3); Occasionally (2); Seldom/never (0)

____ 8. If single: Do you have friends with whom you share at a feeling level?
Regularly (5); Frequently (4); Occasionally (3); Seldom/never (0)

____ 9. If married (or in a relationship): How often do you share intimately?
Daily (5); Occasionally (3); Seldom (2); Not at all (lonely) (0)

____ 10. Do you share your stressors, cares, problems and needs with others or God?
Regularly (5); Frequently (3); Occasionally (2); Never (0)

____ 11. How would you describe your ability to communicate with others?
Excellent (5); Fair—but working on it (3); With difficulty (1); Poor (0)

____ 12. Do you sleep well (for at least 7 hours a night)?
Almost every night (3); Frequently (2); Occasionally (1); Never (0)

____ 13. Are you able to say no to demands on you when this is appropriate?
Always (3); Mostly (2); Seldom (1); Never (0)

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____ 14. Do you set realistic goals for your life, both short term and long term?
Regularly (5); Occasionally (3); Seldom (1); Never (0)

____ 15. Are you careful to eat a balanced diet?
Always (5); Most of the time (3); Not often (1); A lot of "junk food" (0)

____ 16. Is your weight appropriate for your height?
Consistently (3); Yes, with difficulty (2); Over weight (0)

____ 17. How would you describe the amount of touch you get in your life?
As much as you need (5); Frequent (4); Occasional (1); Seldom (0)

____ 18. Can you deal with anger without repressing it or dumping it on others?
Always (5); Mostly (4); Occasionally (2); Rarely (1); Never (0)

____ 19. How often do you have a good "belly laugh"?
At least daily (3); Frequently (2); Seldom (1); Never (0)

____ 20. Do you have a creative hobby time (gardening, reading, music, etc.)?
Weekly (4); Occasionally (2); Rarely (1); Never (0)

____ 21. Do you nurture your self-esteem (e.g., with self affirmations)?
Regularly (5); Frequently (3); Occasionally (1); Rarely/never (0)

____ 22. Do you practice forgiveness of those who have hurt you?
Regularly (5); Occasionally (3); Rarely (1); Never (0)

____ 23. Have you dealt with old hurts and "baggage" from the past?
Yes (5); Most of them (3); Much remains to do (0)

_____ **TOTAL SCORE**

Significance of score:

80-100	Good skills
70-80	Moderately good skills
50-70	Lifestyle changes needed
Below 50	In trouble!

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