Work through the questions on and calculate the total score. ***Patient’s unique clinic code* (UCC):**

**Checking Yourself for Burnout**

Top of Form 1

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Question** | | **Not at all** | **Rarely** | **Some times** | **Often** | **Very Often** |
| **1** | Do you feel run down and drained of physical or emotional energy? | | **1** | **2** | **3** | **4** | **5** |
| **2** | Do you find that you are prone to negative thinking about your job? | | **1** | **2** | **3** | **4** | **5** |
| **3** | Do you find that you are harder and less sympathetic with people than perhaps they deserve? | | **1** | **2** | **3** | **4** | **5** |
| **4** | Do you find yourself getting easily irritated by small problems? | | **1** | **2** | **3** | **4** | **5** |
| **5** | Do you feel misunderstood or unappreciated? | | **1** | **2** | **3** | **4** | **5** |
| **6** | Do you feel that you have no one to talk to? | | **1** | **2** | **3** | **4** | **5** |
| **7** | Do you feel that you are achieving less than you should? | | **1** | **2** | **3** | **4** | **5** |
| **8** | Do you feel under an unpleasant level of pressure to succeed? | | **1** | **2** | **3** | **4** | **5** |
| **9** | Do you feel that you are not getting what you want out of your job? | | **1** | **2** | **3** | **4** | **5** |
| **10** | Do you feel that you are in the wrong organization or the wrong profession? | | **1** | **2** | **3** | **4** | **5** |
| **11** | Are you becoming frustrated with parts of your job? | | **1** | **2** | **3** | **4** | **5** |
| **12** | Do you feel that organizational politics or bureaucracy frustrate your ability to do a good job? | | **1** | **2** | **3** | **4** | **5** |
| **13** | Do you feel that there is more work to do than you practically have the ability to do? | | **1** | **2** | **3** | **4** | **5** |
| **14** | Do you feel that you do not have time to do many of the things that are important to doing a good quality job? | | **1** | **2** | **3** | **4** | **5** |
| **15** | Do you find that you do not have time to plan as much as you would like to? | | **1** | **2** | **3** | **4** | **5** |
|  | **Total =** |  |  | | | | |

Bottom of Form 1

**Score Interpretation**

|  |  |
| --- | --- |
| **Score** | **Comment** |
| 15 – 18 | Little sign of burnout |
| 19 – 32 | Little sign of burnout unless some factors are particularly severe |
| 33 – 49 | Be careful - you may be at risk of burnout, particularly if several scores are high |
| 50 – 59 | You may be at severe risk of burnout - do something about this urgently |
| 60 - 75 | You may be at very severe risk of burnout - do something about this urgently |

**Additional Notes / Recommendations**

**Practitioner’s Name: …………………………………………… Date: ………………..………………**