Burnout Prevention Tracker

Month/Year: _____

Current Role/Setting: _____

PART 1: Burnout Warning Signs Assessment

Rate each item: 0 = Not at all 1 = Occasionally 2 = Frequently 3 = Constantly

Physical Signs:

☐ Chronic fatigue despite adequate rest: _____ ☐ Changes in appetite: _____

☐ Frequent headaches or body aches: _____ ☐ Physical tension or pain: _____

☐ Frequent illness or weakened immunity: _____

☐ Sleep disturbances (e.g., difficulty falling or staying asleep): _____

Physical Signs Subtotal: _____/18

Emotional Signs:

☐ Irritability or short temper: _____ ☐ Feeling numb or detached: _____

☐ Loss of motivation or enthusiasm: _____ ☐ Increased anxiety: _____

☐ Feelings of helplessness or hopelessness: _____

☐ Decreased satisfaction with work: _____

Emotional Signs Subtotal: _____/18

Behavioral Signs:

☐ Decreased productivity: _____ ☐ Skipping breaks or self-care activities: _____

☐ Increased procrastination: _____ ☐ Taking frustrations out on others: _____

☐ Withdrawing from colleagues or social situations: _____

☐ Using food, alcohol, or other substances to cope: _____

☐ Calling in sick or considering calling in sick more frequently: _____

Behavioral Signs Subtotal: _____/21

Cognitive Signs:

☐ Forgetfulness or mental fog: _____ ☐ Questioning career choice: _____

☐ Negative self-talk/self-criticism: _____ ☐ Cynical thoughts about work/clients: _____

☐ Difficulty concentrating or making decision: _____

☐ Ruminating on problems without resolution: _____

Cognitive Signs Subtotal: _____/18

Total Burnout Score: _____/75

Interpretation:

- 0-18: Low risk
- 19-36: Moderate concern — Implement prevention strategies
- 37-54: High risk — Make immediate changes and seek support
- 55-75: Currently in burnout range — Seek professional intervention

PART 2: Energy Audit

What DRAINED my energy this month?

Clinical/Work Activities:

-
-

Interpersonal/Relationship Factors:

-
-

Personal Life Stressors:

-
-

What ENERGIZED me this month?

Meaningful Moments:

-
-

Professional Wins:

-
-

Supportive Relationships:

-
-

Self-Care Activities:

-
-

Energy Balance Analysis:

Overall, my energy this month felt:

☐ Mostly renewed and positive

☐ Balanced: Some draining, some energizing

☐ Somewhat depleted, but manageable

☐ Significantly depleted and concerning

What changes could improve my energy balance?

PART 3: Self-Care & Boundaries Assessment

Self-Care Practices This Month:

Physical Self-Care:

☐ Regular exercise/movement ☐ Adequate sleep (7-9 hours)

☐ Nutritious meal ☐ Medical/dental care as needed

☐ Time spent in nature

Emotional Self-Care:

☐ Connection with friends/family ☐ Therapy or counseling

☐ Creative activities ☐ Relaxation practices

☐ Enjoyable hobbies

Professional Self-Care:

☐ Taking breaks during the workday ☐ Using vacation time

☐ Seeking supervision/consultation ☐ Setting work boundaries

☐ Professional development

Rate Your Overall Self-Care This Month:

☐ Excellent ☐ Good ☐ Fair ☐ Poor

Boundaries Check-In

Did I maintain healthy boundaries this month?

Working Hours:

☐ Consistently left on time ☐ Occasional overtime

☐ Frequent overtime ☐ Excessive overtime

Working At Home After Hours:

☐ None ☐ Minimal (< 2 hours/week) ☐ Moderate (2-5 hours/week)

☐ Excessive (> 5 hours/week)

Saying "No" to Requests:

☐ Said "no" when I needed to ☐ Sometimes said "no" when I needed to

☐ Rarely said "no" when I needed to ☐ Never said "no", even when I needed to

Checking Work Email/Messages Outside of Work Hours:

☐ Never ☐ Rarely ☐ Sometimes ☐ Often

A Boundary I Need to Strengthen:

PART 4: Action Planning

Concerns or Red Flag Identified

Immediate Changes Needed (This Week):

-
-

Short-Term Changes (This Month):

-
-

Long-Term Changes (This Quarter):

-
-

Support I Need:

☐ Talk to supervisor/mentor about: _____

☐ Seek professional counseling/therapy

☐ Connect with peer support group

☐ Request schedule/workload adjustment

☐ Take time off

☐ Other: _____

Celebration & Appreciation:

What am I proud of from this month?

What worked well that I want to continue?

What am I grateful for this month?

PART 5: Month-to-Month Comparison

Compared to last month, I am feeling

- ☐ Much better
- ☐ Somewhat better
- ☐ About the same
- ☐ Somewhat worse
- ☐ Much worse

Key Trends I'm Noticing Over Time:

-
-
-

Overall Assessment of My Professional Wellbeing:

PART 6: Commitment for Next Month

My #1 Priority for Sustainable Practice Next Month:

How I Will Hold Myself Accountable:

-
-
-

Who I Will Reach Out to for Support:

-
-
-