



ARE YOU SHOWING SIGNS OF BURNOUT?

Source: Headington Institute

Please note: this scale is not a clinical diagnostic instrument and is provided for educational purposes. It merely identifies some of the more common symptoms of burnout. If you have any concerns about your state of emotional health, you should consult with a mental health professional.

INSTRUCTIONS: In the last month, how often has the following been true for you?

Write the number that fits your reality on the line before each question.

0 | Never 1 | Seldom 2 | Sometimes 3 | Often 4 | Always

- | | |
|---|---|
| ___ 1. I feel tired or sluggish much of the time, even when I'm getting enough sleep. | ___ 13. I have little enthusiasm for work and when I think about my work my feelings are mostly negative. |
| ___ 2. I find that I am easily annoyed by other people's demands & stories about their daily activities. | ___ 14. At work, I consistently fall short of expectations that I have for myself or that others have for me. I'm less efficient than I feel I should be. |
| ___ 3. I feel detached, & like I don't really care about the problems & needs of other people. | ___ 15. I've been eating more (or less), smoking more cigarettes, or using more alcohol or drugs. |
| ___ 4. I am having more and more trouble being interested in my work. | ___ 16. I feel like I can't solve the problems assigned to me at work. |
| ___ 5. I feel sad. | ___ 17. I feel like my work is insignificant/doesn't make a difference. |
| ___ 6. I have become absent-minded. I forget appointments, deadlines & personal possessions. | ___ 18. I feel "used" & unappreciated at work. |
| ___ 7. I find myself avoiding people and don't even enjoy being around close friends & family members. | ___ 19. I get easily frustrated & irritable over small inconveniences. |
| ___ 8. I feel drained; even routine activities are an effort. | ___ 20. I have trouble concentrating & completing tasks at work. |
| ___ 9. I've been experiencing physical problems like stomachaches, headaches, lingering colds, & general aches & pains. | ___ 21. I feel like I have too much (or too little) to do at work. |
| ___ 10. I have sleeping problems. | ___ 22. I work long hours (more than 10/day) or don't have at least 1 day off work each week. |
| ___ 11. I have difficulty making decisions. | ___ 23. I find myself involved with conflicts at work or with family. |
| ___ 12. I feel burdened by responsibilities & pressures. | ___ 24. I have trouble caring about whether I complete my work or do it well. |
| | ___ 25. I feel like my coworkers are largely incompetent/not doing their jobs well. |

TOTAL SCORE: _____



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INTERPRETATION GUIDELINES

0 – 25:

A score in this range suggests that you're probably in good shape and experiencing little burnout.

26 – 50:

A score in this range suggests that you may be experiencing low to moderate degree of burnout.

51 – 75:

A score in this range suggests that you may be experiencing moderate to high degree of burnout.

76 – 100:

A score in this range suggests that you may be experiencing a very high degree of burnout.