**Template for Measuring Employee Burnout**

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| **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Instructions:** For each question checkmark the options applicable

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| --- |
| 1. Do you have trouble focusing on your work or staying productive?   🞎 Never 🞎 Rarely 🞎 Sometimes 🞎 Very Often 🞎 Daily |
| 1. Do you feel physically drained out?   🞎 Never 🞎 Rarely 🞎 Sometimes 🞎 Very Often 🞎 Daily |
| 1. Do you feel sick or suffer from constant headaches while working?   🞎 Never 🞎 Rarely 🞎 Sometimes 🞎 Very Often 🞎 Daily |
| 1. Do you lack energy and motivation to work?   🞎 Never 🞎 Rarely 🞎 Sometimes 🞎 Very Often 🞎 Daily |
| 1. Do you feel irritated while working?   🞎 Never 🞎 Rarely 🞎 Sometimes 🞎 Very Often 🞎 Daily |
| 1. Do you suffer from sleep issues?   🞎 Never 🞎 Rarely 🞎 Sometimes 🞎 Very Often 🞎 Daily |
| 1. Do you feel you are stuck up in your current job?   🞎 Never 🞎 Rarely 🞎 Sometimes 🞎 Very Often 🞎 Daily |
| 1. Do you think you are not being appreciated by your superiors?   🞎 Never 🞎 Rarely 🞎 Sometimes 🞎 Very Often 🞎 Daily |
| 1. Are you frustrated with the politics in organization?   🞎 Never 🞎 Rarely 🞎 Sometimes 🞎 Very Often 🞎 Daily |
| 1. Do you have conflicts with your team members often?   🞎 Never 🞎 Rarely 🞎 Sometimes 🞎 Very Often 🞎 Daily |
| 1. Do you think you have more tasks to do than you can handle?   🞎 Never 🞎 Rarely 🞎 Sometimes 🞎 Very Often 🞎 Daily |
| 1. Do you always experience work pressure?   🞎 Never 🞎 Rarely 🞎 Sometimes 🞎 Very Often 🞎 Daily |
| 1. Do you think you are in the wrong place or wrong profession?   🞎 Never 🞎 Rarely 🞎 Sometimes 🞎 Very Often 🞎 Daily |
| 1. Do you find yourself becoming emotional like crying without any reason, getting angry or getting stressed at small issues?   🞎 Never 🞎 Rarely 🞎 Sometimes 🞎 Very Often 🞎 Daily |
| 1. Do you feel guilty that you are not able to spend enough time with your family and friends?   🞎 Never 🞎 Rarely 🞎 Sometimes 🞎 Very Often 🞎 Daily |

**Points Assigned:**

* Never - 0
* Rarely - 1
* Sometimes - 2
* Very Often - 3
* Daily – 4

**Score Interpretation:**

|  |  |
| --- | --- |
| **Score** | **Interpretation** |
|  |  |
| 0 - 20 | No sign of burnout |
|  |  |
| 21 - 30 | A little bit sign of burnout |
|  |  |
| 31 - 40 | You are at the risk of burnout |
|  |  |
| 41 - 50 | You are burned out; you need to take some action |
|  |  |
| 51 + | You are facing severe burnout - need to do something urgently |

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