

Appendix

Burnout Assessment Tool

Instruction

The following statements are related to your work situation and how you experience this situation. Please state how often each statement applied to you.

Scoring

1. Never 2. Rarely 3. Sometimes 4. Often 5. Always

Items

Core symptoms

Exhaustion

At work, I feel mentally exhausted

Everything I do at work requires a great deal of effort

After a day at work, I find it hard to recover my energy

At work, I feel physically exhausted

When I get up in the morning, I lack the energy to start a new day at work

I want to be active at work, but somehow I am unable to manage

When I exert myself at work, I quickly get tired

At the end of my working day, I feel mentally exhausted and drained

Mental distance

I struggle to find any enthusiasm for my work

At work, I do not think much about what I am doing and I function on autopilot

I feel a strong aversion towards my job

I feel indifferent about my job

I'm cynical about what my work means to others

Cognitive impairment

At work, I have trouble staying focused

At work I struggle to think clearly

I'm forgetful and distracted at work

When I'm working, I have trouble concentrating

I make mistakes in my work because I have my mind on other things

Emotional impairment

At work, I feel unable to control my emotions

I do not recognize myself in the way I react emotionally at work

During my work I become irritable when things don't go my way

I get upset or sad at work without knowing why

At work I may overreact unintentionally

Secondary symptoms

Psychological complaints

I have trouble falling or staying asleep

I tend to worry

I feel tense and stressed

I feel anxious and/or suffer from panic attacks

Noise and crowds disturb me

Psychosomatic complaints

I suffer from palpitations or chest pain

I suffer from stomach and/or intestinal complaints

I suffer from headaches

I suffer from muscle pain, for example in the neck, shoulder or back

I often get sick
