

## How Well Can You Relax?

*Source:* Sheila Platt and Laurie Sullivan, Response Management International, Inc.  
(1995)

This scale is a simple way to measure how well you are able to relax in your present circumstances. This is not a clinical diagnosis instrument. If you have concerns about your state of health or have any other questions regarding relaxation, you should consult with a mental health professional.

*Instructions:* Answer the following questions by placing a number on the line preceding each question. Select the number that best describes your behavior.

3 = Always  
2 = Sometimes  
1 = Seldom

- \_\_\_1. Are you able to shut out your worries when you go to bed at night?
- \_\_\_2. Are you able to take a nap during the day and awaken refreshed?
- \_\_\_3. Is your clothing well fitted and comfortable?
- \_\_\_4. Are you able to concentrate on one problem at a time?
- \_\_\_5. Do you plan your day's activities?
- \_\_\_6. Do you find time to relax and stretch during the day?
- \_\_\_7. Do you take time to prevent tension by relieving sustained positions required in your work?
- \_\_\_8. Do you know how to relax by doing simple movements when you feel yourself becoming tense because of sustained positions?
- \_\_\_9. Do you check yourself frequently for habitual tension habits such as scowling, clenched fists, tight jaws, hunched shoulders, or pursed lips?
- \_\_\_10. Do you relax these evidences of tensions at will when you find them?
- \_\_\_11. Do you find it easy to relax so that you sleep easily and deeply?
- \_\_\_12. Do you know how to release tensions through simple movements so that you can sleep well?
- \_\_\_13. Do you play with such interest that you become completely absorbed in what you are doing?
- \_\_\_14. Do you plan your life so that you can have a change of people, scenery and thoughts?

TOTALSCORE \_\_\_\_\_

*Significance of the score:*

- 33 – 42        Indicates a high ability to relax
- 24 – 32        Indicates an average ability to relax
- 15 – 23        Indicates a low ability to relax

## Relief Worker Burnout Questionnaire

*Source:* Quoted by Sheila Platt and Laurie Sullivan, Response Management International, Inc. (1995). Reference for this survey is unknown.

This questionnaire is intended to help detect burnout among relief workers. Even relief workers not showing signs of acute distress may develop burnout, with loss of productivity and long-term personal consequences.

Please note that this is not a clinical diagnosis tool. If you have any concerns about your state of health as a result of utilizing this tool, you should consult with a mental health professional.

*Instructions:* Rate each of the following items in terms of how much the symptom affected you *in the last 30 days*.

- 0 = Never
- 1 = Occasionally
- 2 = Somewhat often
- 3 = Frequently
- 4 = Almost always

- \_\_\_1. Do you tire easily? Do you feel fatigued a lot of the time, even when you have had enough sleep?
- \_\_\_2. Are people annoying you by their demands and stories about their daily activities? Do minor inconveniences make you irritable or impatient?
- \_\_\_3. Do you feel increasingly critical, cynical and disenchanted?
- \_\_\_4. Are you affected by sadness you can't explain? Are you crying more than usual?
- \_\_\_5. Are you forgetting appointments, deadlines, personal possessions? Have you become absent-minded?
- \_\_\_6. Are you seeing close friends and family members less frequently? Do you find yourself wanting to be alone and avoiding even your close friends?
- \_\_\_7. Does doing even routine things seem like an effort?
- \_\_\_8. Are you suffering from physical complaints such as stomachache, headaches, lingering colds, general aches and pains?
- \_\_\_9. Do you feel confused or disoriented when the activity of the day stops?
- \_\_\_10. Have you lost interest in activities that you were previously interested in or even enjoyed?
- \_\_\_11. Do you have little enthusiasm for your work? Do you feel negative, futile or depressed about your work?
- \_\_\_12. Are you less efficient than you think you should be?
- \_\_\_13. Are you eating more or less, smoking more cigarettes, using more alcohol or drugs to cope with your work?

TOTALSCORE \_\_\_\_\_

*Significance of the score:* No formal norms are available for this measure. Based on the content of the items, the following are probably accurate:

0 – 15	probably coping adequately with the stress of your work
16 – 25	probably suffering from work stress; it would be wise to take preventive action
26 – 35	possible burnout
35+	probable burnout

## Burnout Prevention Assessment

*Source:* Dr. R. John Sturt, Auckland, New Zealand

Please note that this scale is not a clinical diagnostic instrument. It merely measures some of the more effective ways in which burnout may be prevented. If you have any concerns about your state of health, you should consult with a mental health professional.

*Instructions:* For each question, write the number that fits your reality on the line before the question.

- \_\_\_ 1. Do you have a full day off to do what you like?  
Weekly (5); Frequently (4); Occasionally (1); Never (0)
- \_\_\_ 2. Do you have time out for yourself to be quiet, think, meditate, pray?  
Daily (5); Frequently (3); Occasionally (1); Seldom or never (0)
- \_\_\_ 3. Do you have good vacations, about three or four weeks in one year?  
Every year (5); Occasionally (3); Rarely (1); Almost never (0)
- \_\_\_ 4. Do you do some aerobic exercise for at least 20 minutes at a time?  
Three to five times a week (5); Occasionally (3); Never (0)
- \_\_\_ 5. Do you do something for fun – play a game? Go to a movie or concert?  
Weekly (4); Monthly (3); Occasionally (1); Never (0)
- \_\_\_ 6. Do you practice any muscle relaxation or slow-breathing technique?  
Daily (5); Frequently (4); Occasionally (2); Rarely (0)
- \_\_\_ 7. Do you listen to your body messages (symptoms, illnesses, etc.)?  
Always (5); Mostly (3); Occasionally (1); Seldom/never (0)
- \_\_\_ 8. If single: Do you have friends with whom you share at a feeling level?  
Regularly (5); Frequently (4); Occasionally (3); Seldom/never (0)
- \_\_\_ 9. If married (or in a relationship): How often do you share intimately?  
Daily (5); Occasionally (3); Seldom (2), Not at all (lonely) (0)
- \_\_\_ 10. Do you share your stressors, cares, problems and needs with others or God?  
Regularly (5); Frequently (3); Occasionally (2); Never (0)
- \_\_\_ 11. How would you describe your ability to communicate with others?  
Excellent (5); Fair – but working on it (3); With difficulty (1); Poor (0)
- \_\_\_ 12. Do you sleep well (for at least seven hours a night)?  
Almost every night (3); Frequently (2); Occasionally (1); Never (0)
- \_\_\_ 13. Are you able to say no to demands on you when this is appropriate?  
Always (3); Mostly (2); Seldom (1); Never (0)
- \_\_\_ 14. Do you set realistic goals for your life, both short term and long term?  
Regularly (5); Occasionally (3); Seldom (1); Never (0)
- \_\_\_ 15. Are you careful to eat a balanced diet?  
Always (5); Most of the time (3); Not often (1); A lot of “junk food” (0)
- \_\_\_ 16. Is your weight appropriate for your height?  
Consistently (3); Yes, with difficulty (2); Overweight (0)
- \_\_\_ 17. How would you describe the amount of touch you get in your life?  
As much as you need (5); Frequent (4); Occasional (1); Seldom (0)
- \_\_\_ 18. Can you deal with anger without repressing it or dumping on others?

- Always (5); Mostly (4); Occasionally (2); Rarely (1); Never (0)
- \_\_\_19. How often do you have a good “belly laugh”?  
At least daily (3); Frequently (2); Seldom (1); Never (0)
- \_\_\_20. Do you have a creative hobby time (gardening, reading, music, etc.)?  
Weekly (4); Occasionally (2); Rarely (1); Never (0)
- \_\_\_21. Do you nurture your self-esteem (e.g. with self-affirmations)?  
Regularly (5); Frequently (3); Occasionally (1); Rarely/never (0)
- \_\_\_22. Do you practice forgiveness of those who have hurt you?  
Regularly (5); Occasionally (3); Rarely (1); Never (0)
- \_\_\_23. Have you dealt with old hurts and “baggage” from the past?  
Yes (5); most of them (3); Much remains to do (0)

TOTALSCORE \_\_\_\_\_

*Significance of the score:*

- |          |                          |
|----------|--------------------------|
| 80 – 100 | Good skills              |
| 70 – 80  | Moderately good skills   |
| 50 – 70  | Lifestyle changes needed |
| Below 50 | In trouble!              |