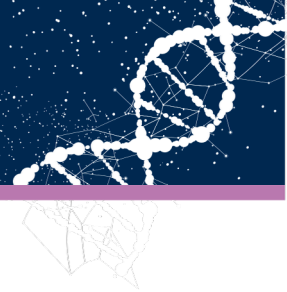


QUESTIONNAIRE: THE SYDNEY BURNOUT MEASURE (SBM)



PART 1: PATIENT TO FILL OUT

Name (optional): _____ Date: _____

Please tick the extent to which you are experiencing the following features and symptoms currently.

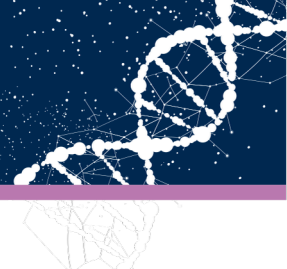
Note: Several questions below relate to 'work'. If you are currently employed, please answer these questions in relation to your formal work. If you have ceased formal employment due to burnout, please answer the questions in relation to your last job that brought on your burnout symptoms. If you are not formally employed and are primarily responsible for home or care duties (e.g., carer for a family member), please answer the 'work' questions in relation to such home/care duties.

Section 1	Not true	Slightly	Moderately	Distinctly
I wake up feeling tired	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I lack energy across the day	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I have a loss of energy which makes it hard for me to get going in the morning	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I constantly feel tired and fatigued	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I feel worn out	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I am not refreshed by my sleep	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Section subtotal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Exhaustion total score				<input type="text"/>

Section 2	Not true	Slightly	Moderately	Distinctly
My attention is less focused	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I cannot concentrate or register new information because of foggy thinking	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I find it hard to concentrate on the task at hand	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I take longer to finish tasks at work	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I feel slowed down mentally (e.g., hard to find words, slowed thoughts)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
My capacity to remember things is not as good as usual	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I have to re-read things because I was not concentrating the first time	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Section subtotal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cognitive symptoms total score				<input type="text"/>

Section 3	Not true	Slightly	Moderately	Distinctly
I struggle to understand the feelings of colleagues, customers and/or recipients of my care	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I care less about people with whom I work (e.g., colleagues, customers, recipients of my care)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I am less empathetic	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I feel less empathy and sympathy towards people in general	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Section subtotal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Loss of empathy total score				<input type="text"/>

QUESTIONNAIRE: THE SYDNEY BURNOUT MEASURE (SBM)



Section 4	Not true	Slightly	Moderately	Distinctly
I withdraw from family and friends	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I keep to myself	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I do not look forward to spending time with family and friends anymore	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I no longer look forward to things that would normally give me pleasure	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Section subtotal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Withdrawal and insularity total score				<input type="text"/>

Section 5	Not true	Slightly	Moderately	Distinctly
I cannot get pleasure out of my work	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I no longer feel as driven to meet my responsibilities	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I feel like I am contributing less at work	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
My work performance has declined	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I am less productive at work	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
The quality of my work output is poorer	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Section subtotal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Impaired work performance total score				<input type="text"/>

Section 6	Not true	Slightly	Moderately	Distinctly
I feel emotionally drained and exhausted	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I spend much of my day worrying	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I feel self-critical and am hard on myself	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I feel I am stagnating and that life is passing me by	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I find little things and chores frustrating	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I feel sad, empty and hopeless	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
I find it more difficult to take life as it comes	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Section subtotal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unsettled mood total score				<input type="text"/>