

# Practitioner Burnout Self-Assessment Checklist

Developed by the Family Law Education Network (FLEN)



Use this self-assessment to better understand your current levels of burnout. Rate how often you've experienced each symptom over the past 30 days using the following scale:

- 0 – Never
- 1 – Occasionally (1–2 times a week)
- 2 – Frequently (3–4 times a week)
- 3 – Constantly (daily or almost daily)

### Cognitive & Emotional Symptoms

Symptom	0	1	2	3
I feel mentally exhausted, even after rest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am more irritable, impatient, or emotionally reactive than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I struggle to find motivation for tasks I usually enjoy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel detached or emotionally numb toward work or clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it difficult to concentrate or stay focused.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I forget things more easily than usual (names, deadlines, steps).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Physical Symptoms

Symptom	0	1	2	3
I experience frequent headaches, stomach issues, or muscle tension.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My sleep is disrupted (too much, too little, or poor quality).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel physically heavy, slow, or tense throughout the day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel a persistent lack of energy or physical exhaustion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Scoring & Reflection

Total your scores across each category. Use this guide to interpret:

- 0–10: Low signs of burnout – maintain healthy habits.
- 11–20: Moderate risk – monitor closely and add wellness strategies.
- 21–30: High risk – consider making changes and speaking with a professional.
- 31+: Very high – prioritise immediate support and rest.

*This tool is not diagnostic but is designed to raise awareness and help you reflect. If your score is concerning, reach out to a professional or contact FLEN's Practitioner Support Resources.*