

Compassion Fatigue Self-Assessment

Please, answer the questions below about your current situation using the number that best reflects your experience.

1= Very True 2= Somewhat True 3= Rarely True

- ___ 1. I often feel like I have nothing left to give at work
- ___ 2. I care very deeply about my clients
- ___ 3. I put my clients' needs before my own
- ___ 4. I find it difficult to separate my personal life from my life as a helping professional
- ___ 5. I often have disturbing images from work intrude my thoughts and dreams
- ___ 6. I often postpone self-care
- ___ 7. I have experienced a decrease in physical health
- ___ 8. I am proud of how much stress I can handle
- ___ 9. I do not ask for help
- ___ 10. I am preoccupied with the details of my work
- ___ 11. I am afraid of losing control of situations
- ___ 12. I feel emotionally exhausted most of the day
- ___ 13. I feel physically exhausted most of the day
- ___ 14. I feel guilty taking time off work
- ___ 15. I do not feel like I can take on one more task
- ___ 16. I find myself being more cynical about my work
- ___ 17. I tolerate behaviors in others that are inappropriate
- ___ 18. My social life has decreased
- ___ 19. I feel responsible for my clients' failure/success
- ___ 20. I anticipate the needs of others
- ___ 21. I worry about what people think
- ___ 22. I have increased the hours I work

Please, total the number of items in which you responded 1 (Very True). If you responded 1 (Very True) to more than 8 items, you should consider re-evaluating your self-care methods.