

## **Attachment D7**

### **Maslach Burnout**

Form Approved  
OMB No. 0920-xxxx  
Exp. Date xx/xx/20xx

#### **Maslach Burnout**

V. Below are 16 statements of job-related feelings. Please read each statement carefully and decide if you ever feel this way about your job. If you never had this feeling, circle the "0" (zero). If you have had this feeling, indicate how often you feel it by circling the number that best describes how frequently you feel that way. How often:

**0 = Never**  
**1 = A few times a year or less**  
**2 = Once a month or less**  
**3 = A few times a month**  
**4 = Once a week**  
**5 = A few times a week**  
**6 = Every day**

1	I feel emotionally drained from my work	0	1	2	3	4	5	6
2	I feel used up at the end of the work day	0	1	2	3	4	5	6
3	I feel tired when I get up in the morning and have to face another day on the job	0	1	2	3	4	5	6
4	Working all day is really a strain for me	0	1	2	3	4	5	6
5	I can effectively solve the problems that arise in my work	0	1	2	3	4	5	6
6	I feel burned out from my work	0	1	2	3	4	5	6
7	I feel I am making an effective contribution to what this organization does	0	1	2	3	4	5	6
8	I have become less interested in my work since I started this job	0	1	2	3	4	5	6
9	I have become less enthusiastic about my work	0	1	2	3	4	5	6
10	In my opinion, I am good at my job	0	1	2	3	4	5	6
11	I feel exhilarated when I accomplish something at work	0	1	2	3	4	5	6
12	I have accomplished many worthwhile things in this job	0	1	2	3	4	5	6
13	I just want to do my job and not be bothered	0	1	2	3	4	5	6
14	I have become more cynical about whether my work contributes anything	0	1	2	3	4	5	6
15	I doubt the significance of my work	0	1	2	3	4	5	6
16	At my work, I feel confident that I am effective at getting things done	0	1	2	3	4	5	6

Public reporting burden of this collection of information is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (XXXX).

