

**PUBLIC DEFENDER WELL BEING SELF-ASSESSMENT**

<b>GENERAL WELL BEING<sup>1</sup></b>
Average hours of sleep each night
Average hours of exercise each week
Typical nutrition is <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Don't know/not sure
Overall physical health is <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Don't know/not sure
Approximate number of alcoholic drinks per week
Largest number of drinks on one occasion in past 30 days
Number of times fast food eaten in last 30 days
Number of times fruit eaten in last week
Number of times vegetables eaten in last week
Over the last two weeks, number of times with trouble falling or staying asleep
Number of times per week of getting enough sleep to function well in job and personal life
Number of times per week with stress at work that exceeds ability to cope
How often do you get the emotional and social support that you need
In the last two weeks, how many days have you felt down, depressed or hopeless?
Number of minutes during your typical work day that you are able to dedicate to wellness activities
Number of days you have energy for leisure activities after work
On balance, do you speak of your work in a positive way or a negative way?
In the past 30 days, number of days you've had a hard time doing your work because of your health
In the past 30 days, number of times missed part or all of a work day due to physical or mental health
Place a check next to each statement you agree with more than half the time <sup>2</sup> : <input type="checkbox"/> At my work, I feel bursting with energy. <input type="checkbox"/> At my job, I feel strong and vigorous. <input type="checkbox"/> I am enthusiastic about my job. <input type="checkbox"/> My job inspires me and gives me a sense of meaning and purpose. <input type="checkbox"/> When I get up in the morning, I feel like going to work. <input type="checkbox"/> I feel happy when I am working intensely. <input type="checkbox"/> I am proud on the work that I do.
Choose the one that is most accurate right now <sup>3</sup> : <input type="checkbox"/> I enjoy my work. I have no symptoms of burnout. <input type="checkbox"/> Occasionally I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out. <input type="checkbox"/> I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion. <input type="checkbox"/> The symptoms of burnout that I'm experiencing won't go away. I think about frustration at work a lot. <input type="checkbox"/> I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help.

<sup>1</sup> Drawn largely from: <https://www.cdc.gov/workplacehealthpromotion/tools-resources/pdfs/nhwp-capture-health-assessment-update.pdf>

<sup>2</sup> Based on Utrecht Work Engagement Scale (UWES).

<sup>3</sup> Based on Non-Proprietary Single-Item Burnout Measure.

