

## Compassion Fatigue Self Test for Practitioners

Please describe yourself:           Male           Female           Years as a Practitioner

Consider each of the following characteristics about you and your current situation.

Write in the number for the best response. Use one of the following answers:

1=Rarely/Never    2=At Times    3=Not Sure    4=Often    5=Very Often
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Answer all items, even if not applicable. Then read the instructions to get your score.

### Items about you:

1. ☐ I force myself to avoid certain thoughts or feelings that remind me of a frightening experience.
2. ☐ I find myself avoiding certain activities or situations because they remind me of a frightening experience.
3. ☐ I have gaps in my memory about frightening events.
4. ☐ I feel estranged from others.
5. ☐ I have difficulty falling or staying asleep.
6. ☐ I have outbursts of anger or irritability with little provocation.
7. ☐ I startle easily.
8. ☐ While working with a victim I have thought about violence against the person or perpetrator.
9. ☐ I am a sensitive person.
10. ☐ I have had flashbacks connected to my clients and families.
11. ☐ I have had first-hand experience with traumatic events in my adult life.
12. ☐ I have had first-hand experience with traumatic events in my childhood.
13. ☐ I have thought that I need to "work through" a traumatic experience in my life.
14. ☐ I have thought that I need more close friends.
15. ☐ I have thought that there is no one to talk with about highly stressful experiences.
16. ☐ I have concluded that I work too hard for my own good.

### Items about your clients and their families:

17. ☐ I am frightened of things traumatized people and their family have said or done to me.
18. ☐ I experience troubling dreams similar to a client of mine and their family.
19. ☐ I have experienced intrusive thoughts of interactions with especially difficult clients and their families.
20. ☐ I have suddenly and involuntarily recalled a frightening experience while working with a client or their family.
21. ☐ I am preoccupied with more than one client and their family.
22. ☐ I am losing sleep over a client and their family's traumatic experiences.
23. ☐ I have thought that I might have been "infected" by the traumatic stress of my clients and their families.
24. ☐ I remind myself to be less concerned about the well-being of my clients and their families.
25. ☐ I have felt trapped by my work as a helper.
26. ☐ I have felt a sense of hopelessness associated with working with clients and their families.
27. ☐ I have felt "on edge" about various things and I attribute this to working with certain clients and their families.
28. ☐ I have wished that I could avoid working with some clients and their families.
29. ☐ I have been in danger working with some clients and their families.
30. ☐ I have felt that some of my clients and their families dislike me personally.

**Items about being a helper and your work environment:**

31. ☐ I have felt weak, tired, and rundown as a result of my work as a helper.
32. ☐ I have felt depressed as a result of my work as a helper.
33. ☐ I am unsuccessful at separating work from personal life.
34. ☐ I feel little compassion toward most of my coworkers.
35. ☐ I feel I am working more for the money than for personal fulfillment.
36. ☐ I find it difficult separating my personal life from my work life.
37. ☐ I have a sense of worthlessness/disillusionment/resentment associated with my work.
38. ☐ I have thoughts that I am a "failure" as a helper.
39. ☐ I have thoughts that I am not succeeding at achieving my life goals.
40. ☐ I have to deal with bureaucratic, unimportant tasks in my work life.

**SCORING INSTRUCTIONS**

- Make sure you have responded to ALL questions.
- Next, circle the following 23 items: 1-8, 10-13, 17-26 and number 29.
- Now ADD the numbers you wrote next to the items circled.

**Note your risk of Compassion Fatigue**

**26 or LESS = Extremely LOW risk**

**27 to 30 = LOW risk**

**31 to 35 = Moderate risk**

**36 to 40 = HIGH risk**

**41 or more = Extremely HIGH risk**

- To determine your risk of Burnout, ADD the numbers you wrote next to the items NOT circled.

**Note your risk of Burnout**

**19 or less = Extremely LOW risk**

**20 to 24 = LOW risk**

**25 to 29 = Moderate risk**

**30 to 42 = High risk**

**43 or more = Extremely high risk**