



Burnout Questionnaires.

Questionnaire	Subscale	# Items
<i>Validated</i>		
Bergen Burnout Inventory (BBI; Salmela-Aro, Rantanen, Hyvönen, Tilleman, & Feldt, 2011)	Exhaustion	5
	Cynicism	5
	Inadequacy	5
Burnout Measure (BM; Pines & Aronson, 1981)	Exhaustion	21
	Mental fatigue	3
BurnOut-Neuratshenia Complaints Scale (BONKS; Verbraak, van de Griendt & Hoogduin, 2006)	Physical fatigue	3
	Mental fatigability	3
	Physical fatigability	4
	Muscle pain	5
	Dizziness	4
	Tension headaches	6
	Poor sleep	5
	Inability to relax	4
	Irritability	5
	Gastro-intestinal symptoms	4
Copenhagen Burnout Inventory (CBI; Kristensen, Borritz, Villadsen, & Christensen, 2005)	Work-related burnout	5
	Work enthusiasm	5
Spanish Burnout Inventory (SBI; Gil-Monte & Faúndez, 2011)	Psychological exhaustion	4
	Indolence	6
	Guilt	4
Granada Burnout Questionnaire (GBQ; De la Fuente, et al., 2013)	Emotional exhaustion	8
	Depersonalization	7
	Personal accomplishment	11
Maslach Burnout Inventory-General Survey (MBI-GS; Schaufeli, Leiter, Maslach & Jackson, 1996)	Exhaustion	5
	Cynicism	5
	Professional efficacy	6
Oldenburg Burnout Inventory (OLBI; Demerouti, Bakker, Vardakou & Kantas, 2003)	Exhaustion	8
	Disengagement	8
Shirom Melamed Burnout Measure (SMBM; Shirom & Melamed, 2006)	Emotional exhaustion	4
	Chronic fatigue	4

Information for the Burnout Questionnaire taken from: <https://www.ncbi.nlm.nih.gov/>

Questionnaire	Subscale	# Items
4-Dimensional Questionnaire (4-DSQ; Terluin, van Marwijk et al., 2006)	Cognitive weariness	6
	Distress	16
	Depression	6
	Anxiety	12
	Somatization	16
<i>Non-validated</i>		
Boudreau Burnout Questionnaire (BBQ; Boudreau, Cahoon & Wedel, 2006)	Emotional exhaustion	10
	Depersonalization	10
	Lack of personal accomplishment	10
	Fatality	10
Instrument for the early detection of burnout (FOD, 2017)	Physical symptoms	4
	Cognitive-affective symptoms	12
	Behavioral symptoms	5
Hamburg Burnout Inventory (HBI; Burisch, 2017)	Emotional exhaustion	5
	Distance	4
	Personal accomplishment	3
	Depressive reaction	3
	Helplessness	4
	Inner void	4
	Tedium	5
	Inability to unwind	3
Overtaxing oneself	5	
Aggressive reaction	3	

Core Symptoms (BAT-C).

	Never	Rarely	Sometimes	Often	Always
<i>Exhaustion</i>					
1. At work, I feel mentally exhausted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Everything I do at work requires a great deal of effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. After a day at work, I find it hard to recover my energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. At work, I feel physically exhausted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. When I get up in the morning, I lack the energy to start a new day at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never	Rarely	Sometimes	Often	Always
6. I want to be active at work, but somehow, I am unable to manage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. When I exert myself at work, I quickly get tired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. At the end of my working day, I feel mentally exhausted and drained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Mental distance</i>					
9. I struggle to find any enthusiasm for my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. At work, I do not think much about what I am doing and I function on autopilot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I feel a strong aversion towards my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I feel indifferent about my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I'm cynical about what my work means to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Cognitive impairment</i>					
14. At work, I have trouble staying focused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. At work I struggle to think clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I'm forgetful and distracted at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. When I'm working, I have trouble concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I make mistakes in my work because I have my mind on other things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Emotional impairment</i>					
19. At work, I feel unable to control my emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I do not recognize myself in the way I react emotionally at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. During my work I become irritable when things don't go my way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I get upset or sad at work without knowing why	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. At work I may overreact unintentionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Secondary Symptoms (BAT-S).

	Never	Rarely	Sometimes	Often	Always
<i>Psychological complaints</i>					
1. I have trouble falling or staying asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I tend to worry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel tense and stressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I feel anxious and/or suffer from panic attacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Noise and crowds disturb me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never	Rarely	Sometimes	Often	Always
<i>Psychosomatic complaints</i>					
6. I suffer from palpitations or chest pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I suffer from stomach and/or intestinal complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I suffer from headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I suffer from muscle pain, for example in the neck, shoulder or back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I often get sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>