

Employee overburden and burnout survey

#work-life balance #development #performance

This template is based on a [Survio template](#).

Personalize this template taking into account your purpose! In particular, consider if you want this survey to be anonymous, many questions may not be needed if you ask for the employee's name. Delete all the questions you don't need and insert the appropriate options. Also consider administering the survey through an online form!



This project has received funding from the European Union's Horizon 2020 Research and Innovation programme under the Marie Skłodowska-Curie grant agreement No. 734824.

For more information about this project please see:

www.getm3.eu

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Employee overburden and burnout survey YOUR COMPANY NAME/LOGO

OPTIONAL Please provide your full name: _____

OPTIONAL Gender

- Non binary
- Male
- Female
- Prefer not to say

OPTIONAL Please specify your age: _____

Are you satisfied with your job?

- Yes
- Don't know
- No

Do you enjoy your work?

- Yes
- Yes, depending on the task
- Very rarely
- I have never enjoyed my work

Do you feel that you and your work are adequately appreciated?

- Adequately
- Sometimes
- Inadequately

Are you beginning to feel complacent at work?

- Yes
- No

Email: you@yourwebsite.com
Phone: your phone number

1/2

Your Company Name
www.yourwebsite.com



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Are you beginning to feel complacent at work?

- No
- I don't know
- Sometimes
- Often

Do you suffer from any poor health, injury or illness?

- No
- Yes (please specify: _____)

Please specify the number of hours per week you spend:

Assign 168 hours

Working	Sleeping or at rest	In leisure or sporting activities

Do you feel you work more than you should?

- Yes
- Sometimes
- No

Do you ever feel you have burned-out at work before?

- Yes
- No

Email: you@yourwebsite.com
Phone: your phone number

2/2

Your Company Name
www.yourwebsite.com



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