Rest and Work-Life Balance Assessment

1. How many hours of sleep to generally get per day?
   a. Less than 6 hours
   b. 6-8 hours
   c. >8 hours

2. How do you feel when you wake-up?
   a. Energized
   b. Like I need to go back to sleep
   c. Well-rested and comfortable

3. Do you feel or have you been told that you are easily agitated, annoyed, emotional, or angered?
   a. Yes
   b. No

4. How would you rate your work schedule?
   a. 1 = Awful, terrible (one of us has to go, me or the schedule).
   b. 2 = Too many hours, workload too high, not getting enough rest. Tired more often and beginning to feel uncomfortable with patient care and/or having a low level of tolerance and a high level of irritability, which has been recognized by yourself or by your peers.
   c. 3 = The schedule is OK and, knowing the number of hours I need to work, the current schedule fits a work/life balance, although I am tired on more days than I would like to be.
   d. 4 = The schedule works well. I feel rested on most days and never feel that I am compromising myself or the patient.
   e. 5 = The best schedule you can ask for being a full-time person and looking for a work/life balance. I don’t feel over-worked, and I feel rested.

Comments/suggestions: