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| **WORKPLACE WELLBEING SELF-ASSESSMENT** | | |
|  | **PERCENT** | **CONTRIBUTING FACTORS** |
| **MEANING IN WORK** |  |  |
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| **LIKELIHOOD OF BURNOUT** |  |  |
|  |
| **LIKELIHOOD OF SEVERE FATIGUE** |  |  |
|  |
| **OVERALL QUALITY OF LIFE** |  |  |
|  |
| **SATISFACTION WITH WORK-LIFE BALANCE** |  |  |
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| **LIKELIHOOD OF MEDICATION ERROR** |  |  |
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| **WORKPLACE WELLBEING PLAN** | |
| ***From your self-assessment, select one wellness domain on which you would like to focus*** | |
| **DOMAIN**: | |
| **NEGATIVE CONTRIBUTING FACTORS** | |
| * Which can be addressed by you alone? * Which can be addressed by your supervisor? * Which can be addressed by your institution/system? |  |
| **POSITIVE CONTRIBUTING FACTORS** | |
| * What is the current support? * What can you amplify? |  |
| **IDENTIFY SPECIFIC NEEDS** | |
| What are 1-3 specific action items that could help improve the current state? |  |
| **HELP NARRATIVE** | |
| * What specific barriers are you facing? * How can support be offered (institutional, supervisor, individual)? |  |
| **PLAN** | |
|  | |
| **REEVALUATION** | |
| When would you like to reevaluate? |  |