

# WORK / LIFE

*A modification of Dr. Joanie Connell's survey*

## Answer True (T) or False (F)

1. \_\_\_ My life and work demands often interfere with each other.
2. \_\_\_ I feel negatively affected that someone else has control over my work schedule.
3. \_\_\_ It's a struggle to get time off from work when I need to.
4. \_\_\_ I spend a lot of time responding to personal emails and calls when at work.
5. \_\_\_ I don't have time to exercise at least three times a week.
6. \_\_\_ I have had to give up most of my hobbies.
7. \_\_\_ I sleep less than 8 hours per night on a regular basis.
8. \_\_\_ I have frequent headaches and/or stomachaches.
9. \_\_\_ I catch myself making mistakes on the job increasingly often.
10. \_\_\_ I often check my phone and email when I leave work.
11. \_\_\_ It is hard to shift my focus of attention to the issue at hand.
12. \_\_\_ I find myself worrying a lot about how I'll get everything done.
13. \_\_\_ I work more than 40 hours a week.
14. \_\_\_ It's hard not to be irritable or lose my temper.
15. \_\_\_ I don't have enough time to relax.
16. \_\_\_ I frequently have to deal with work emergencies when I am not there..
17. \_\_\_ I am tired all the time.
18. \_\_\_ My family and friends are routinely upset at me for not being available to them.
19. \_\_\_ I am often needed outside of work during work hours.
20. \_\_\_ I drink more than 3 cups or shots of caffeinated drinks per week.