

# BURNOUT BUDDY

I, \_\_\_\_\_, hereby appointed \_\_\_\_\_ to be my “Burnout Buddy”. Through the execution of this agreement, I authorize you to put me on notice if I exhibit three or more of the following behaviors during a sustained, six-month period. Please check all that apply.

☐ **EXHAUSTION.** I seem tired all the time. My energy levels are well below what is normal and natural for me.

☐ **LACK OF MOTIVATION.** I’m unenthusiastic and/or no longer have the internal motivation for my work.

☐ **FRUSTRATION, CYNICISM & OTHER NEGATIVE EMOTIONS.** I am disillusioned by everything and generally much more pessimistic than I used to be. I am crabby and disruptive.

☐ **PREOCCUPIED WITH WORK TOO OFTEN.** Even when I’m not working at a given moment, I expend mental energy mulling over the agency and client work.

☐ **NOT TAKING CARE OF MYSELF.** You have noticed me engaging in unhealthy coping strategies like drinking too much, smoking, being too sedentary, eating too much junk food, not eating enough or not getting enough sleep.

☐ **SLIPPING JOB PERFORMANCE.** The quality of my work has slipped. My creativity and problem-solving skills are in decline.

☐ **COGNITIVE PROBLEMS.** I don’t concentrate or pay attention well. I forget things way too often.

☐ **INTERPERSONAL PROBLEMS AT HOME & AT WORK.** I have more conflicts with people at home and work. OR I have withdrawn, and I talk with my coworkers and family members less.

☐ **OVERALL DECREASED SATISFACTION.** I seem less happy and satisfied with my career and home life. I complain often about feeling helpless and lacking control.

☐ **HEALTH PROBLEMS.** New health issues have emerged for me that I need to address. For example, digestive issues, heart disease, depression and obesity.

I also certify that I will “hold you harmless” for calling me out and providing the intervention I need to maintain my happiness and engagement in life and work.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Name

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Name

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Dated