



THE AMERICAN ACADEMY OF EXPERTS IN TRAUMATIC STRESS®
THE NATIONAL CENTER FOR CRISIS MANAGEMENT®

COMPASSION FATIGUE SELF TEST FOR PRACTITIONERS

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Name: _____ Gender: Male Female Years as a Practitioner: _____

Consider each of the following characteristics about you and your current situation.
Write in the number for the best response. Use one of the following answers:

1 = Rarely/Never 2 = At Times 3 = Not Sure 4 = Often 5 = Very Often

Answer all items, even if not applicable. Then read the instructions to get your score.

Items about you:

1. _____ I force myself to avoid certain thoughts or feelings that remind me of a frightening experience.
2. _____ I find myself avoiding certain activities or situations because they remind me of a frightening experience.
3. _____ I have gaps in my memory about frightening events.
4. _____ I feel estranged from others.
5. _____ I have difficulty falling or staying asleep.
6. _____ I have outbursts of anger or irritability with little provocations.
7. _____ I startle easily.
8. _____ While working with a victim, I have thought about violence against the person or perpetrator.
9. _____ I am a sensitive person.
10. _____ I have flashbacks connected to my clients and families.
11. _____ I have firsthand experience with traumatic events in my adult life.
12. _____ I have firsthand experience with traumatic events in my childhood.
13. _____ I have thought that I need to “work through” a traumatic experience in my life.
14. _____ I have thought that I need more close friends.
15. _____ I have thought that there is no one to talk with about highly stressful experiences.
16. _____ I have concluded that I work too hard for my own good.

Items about your clients and their families:

17. _____ I am frightened of things traumatized people and their family have said or done to me.
18. _____ I experience troubling dreams similar to a client of mine and their family.
19. _____ I have experienced intrusive thoughts of interactions with especially difficult clients and their families.
20. _____ I have suddenly and involuntarily recalled a frightening experience while working with a client or their family.
21. _____ I am preoccupied with more than one client and their family.
22. _____ I am losing sleep over a client and their family's traumatic experience.
23. _____ I have thought that I might have been "infected" by the traumatic stress of my clients and their families.
24. _____ I remind myself to be less concerned about the well-being of my clients and their families.
25. _____ I have felt trapped by my work as a helper.
26. _____ I have felt a sense of hopelessness associated with working with clients and their families.
27. _____ I have felt "on edge" about various things and I attribute this to working with certain clients and their families.
28. _____ I have wished that I could avoid working with some clients and their families.
29. _____ I have been in danger working with some clients and their families.
30. _____ I have felt that some of my clients and their families dislike me personally.

Items about being a helper and your work environment

31. _____ I have felt weak, tired and rundown as a result of my work as a helper.
32. _____ I have felt depressed as a result of my work as a helper.
33. _____ I am unsuccessful at separating work from my personal life.
34. _____ I felt little compassion toward most of my coworkers.
35. _____ I feel I am working more for the money than for personal fulfillment.
36. _____ I find it difficult separating my personal life from my work life.
37. _____ I have a sense of worthlessness/disillusionment/resentment associated with my work.
38. _____ I have thoughts that I am a "failure" as a helper.
39. _____ I have thoughts that I am not succeeding at achieving my life goals.
40. _____ I have to deal with bureaucratic, unimportant tasks in my work life.

SCORING INSTRUCTIONS

- Make sure you have responded to ALL questions.
- Next, circle the following 23 items: 1-8, 10-13, 17-26 and number 29.
- Now ADD the numbers you wrote next to the items circled.

NOTE YOUR RISK OF COMPASSION FATIGUE

26 or less = Extremely Low Risk

27 to 30 = Low Risk

31 to 35 = Moderate Risk

36 to 40 High Risk

41 Or more = Extremely High Risk

**TO DETERMINE YOUR RISK OF BURNOUT
ADD THE NUMBERS YOU WROTE NEXT TO THE ITEMS NOT CIRCLED**

NOTE YOUR RISK OF BURNOUT

19 or less = Extremely Low Risk

20 to 24 = Low Risk

25 to 29 = Moderate Risk

30 to 42 = High Risk

43 or more = Extremely High Risk