

Personal & Work Life Stressors

Self-Assessment Questionnaire

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How to Use the Personal & Work Life Stressors Questionnaire

Learning to manage stress in your life is much more difficult than many imagine. It requires conscientious awareness of stressors in your life and efforts at developing coping skills. This self-assessment questionnaire is designed as a tool for identifying stressors in your life. Use it periodically as a self-check.

The Personal & Work Life Stressors Self-Assessment Questionnaire is a self-assessment tool is designed to be used by you to identify stressors and how well you manage and deal with stress in the following areas:

- Personal Time
- Money
- Health
- Family
- Work
 - Firm Culture
 - Role & Demands
 - Control
 - Relationships and Support

Effective identification of these stressors is key to effective stress management. The Personal & Work Life Stressors Self-Assessment Questionnaire is designed to be completed by all personnel in the firm. The following sequence of activities is recommended:

- Take 10 minutes of uninterrupted time to complete the self-assessment questionnaire.
- Complete the self-assessment questionnaire.
- Take notes and note ideas and improvement areas as you complete the questionnaire.
- Prepare an action plan with completion timetables identified. Self-accountability should be designed into the plan.
- Implement the plan.
- Appoint someone with nagging rights to help keep you on track. Hire a coach if necessary.
- Follow-up and review.

Personal & Work Life Stressors Questionnaire

Questionnaire Completion Instructions

This self-assessment questionnaire helps you identify levels of stress in your life. Identification of your stress profile is key to developing an effective action plan and “coping skills.”

Rate yourself on the following scale by assigning a numerical rating according to the following key:

- 1 – Never
- 2 – Seldom
- 3 – Sometimes
- 4 – Most of the Time
- 5 – Always

Rate Yourself On The Following Scale

Personal Time

- | | | | | | |
|--|---|---|---|---|---|
| 1. I work too many hours. | 1 | 2 | 3 | 4 | 5 |
| 2. My work commute is too long. | 1 | 2 | 3 | 4 | 5 |
| 3. I travel too often in for my work. | 1 | 2 | 3 | 4 | 5 |
| 4. I work too many weekends. | 1 | 2 | 3 | 4 | 5 |
| 5. I take too few vacations. | 1 | 2 | 3 | 4 | 5 |
| 6. My time is not my own on vacation. | 1 | 2 | 3 | 4 | 5 |
| 7. There is too little time for me. | 1 | 2 | 3 | 4 | 5 |
| 6. There is too little time for my family. | 1 | 2 | 3 | 4 | 5 |
| 7. There is too little time for my friends. | 1 | 2 | 3 | 4 | 5 |
| 8. I don't have time for hobbies or other interests. | 1 | 2 | 3 | 4 | 5 |

Money

9. I feel pressure to make more money. 1 2 3 4 5
10. I need to pay off student loans and other debts. 1 2 3 4 5
11. I need more money to provide for basic needs of my family. 1 2 3 4 5
12. I want money to reach/maintain a certain lifestyle. 1 2 3 4 5
13. I feel that I have to make more money as a sign of success. 1 2 3 4 5
14. I feel I have to make more money to provide me with more power. 1 2 3 4 5
15. I need more money so I can feel that I am secure. 1 2 3 4 5
16. I need to make money to demonstrate my worthiness. 1 2 3 4 5

Health

17. I am concerned and worried about my personal health. 1 2 3 4 5
18. I have not been living a healthy lifestyle. 1 2 3 4 5
19. I often worry about my future health. 1 2 3 4 5
20. I am worried about a health condition for which there has been no diagnosis. 1 2 3 4 5
21. I am worried about a health condition for which there has been a diagnosis. 1 2 3 4 5

Family

22. I am worried about health conditions of family members. 1 2 3 4 5
23. I worry or am worried about my children's lifestyles. 1 2 3 4 5
24. I worry or am worried about my spouse's fidelity. 1 2 3 4 5
25. I struggle and worry about childcare for my children. 1 2 3 4 5
26. I worry or am worried about my children's school performance. 1 2 3 4 5
27. I often fight with my spouse and my children. 1 2 3 4 5

28. I worry about the health and security of my/spouse parents. 1 2 3 4 5

Work – Culture

29. I do not trust my partners/other attorneys. 1 2 3 4 5

30. Communications in the office is poor. 1 2 3 4 5

31. We are expected to work too many hours. 1 2 3 4 5

32. I don't get recognition or respect. 1 2 3 4 5

33. I don't know if I am successful at work. 1 2 3 4 5

34. There is too much competition at work. 1 2 3 4 5

Role and Demands

35. I have too much work. 1 2 3 4 5

36. My work has too many details. 1 2 3 4 5

37. I don't like the work that I do. 1 2 3 4 5

38. I don't get to do the work that I like. 1 2 3 4 5

39. I am in a dead-end job. 1 2 3 4 5

40. My role, objectives or expectations are not well defined. 1 2 3 4 5

41. I am not trained for the work I am being asked to do. 1 2 3 4 5

42. I do not have the competencies or skills to perform the work I am being asked to perform. 1 2 3 4 5

43. There is excessive travel. 1 2 3 4 5

44. I feel pressured to get client business. 1 2 3 4 5

45. I do not like the business aspects of being a lawyer. 1 2 3 4 5

46. The work is boring or repetitive. 1 2 3 4 5

Control

47. I have no say in how the work is done. 1 2 3 4 5

48. I am not able to plan my work. 1 2 3 4 5
49. I do not get to participate in decision-making. 1 2 3 4 5
50. There are excessive interruptions. 1 2 3 4 5
51. I do not have adequate staff and other resources. 1 2 3 4 5
52. I have fears about my job security. 1 2 3 4 5
53. Insufficient knowledge about firm plans. 1 2 3 4 5

Relationships and Support

54. I am isolated and I work alone, apart from other workers. 1 2 3 4 5
55. I have poor relationships in the firm. 1 2 3 4 5
56. I have lack of respect from peers. 1 2 3 4 5

Average Score (Add up the numeric score on each response and and divide by 56. _____) 1 2 3 4 5

ACTION PLAN

No.	Action Item Description	Responsibility	Deadline
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