

# Sabbatical Questionnaire

Name and date:

Mission you are with:

How long have you been with

your Mission? Phone number:

Address:

Email Address:

Skype address:

## 1. Role Fit Inventory

Carefully read each of the ten statements below and insert the number between 1 and 5 that best represents your response.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

\_\_\_\_\_ In my current role, I'm utilizing my primary gifts and abilities.

\_\_\_\_\_ I'm motivated and challenged in my day-to-day activities.

\_\_\_\_\_ I draw satisfaction and fulfillment from my current contributions.

\_\_\_\_\_ I feel energized and encouraged in my primary responsibilities.

\_\_\_\_\_ I have a sense that I'm making a significant contribution to my organization.

\_\_\_\_\_ The ability to fulfill my current responsibilities comes naturally and easily.

\_\_\_\_\_ I receive feedback from others that I'm in a good role-fit.

\_\_\_\_\_ I experience little frustration in my current role.

\_\_\_\_\_ I don't experience unmanageable stress in my current role.

\_\_\_\_\_ My relationships with co-workers are generally free of conflict.

\_\_\_\_\_ Total

### INTERPRETING YOUR SCORE

40	–	50	Maximizing
15	–	39	Moderate
0	–	14	Marginal

# Sabbatical Questionnaire

## 2. Burnout Inventory

These questions may give you an idea of how heavily you're experiencing burnout. Rate your response to each question on a scale from 1 to 5. (1 = Doesn't describe me at all. 5 = Describes me very accurately.)

- I'm exhausted much of the time, and rest doesn't seem to help much.
- I don't get as much satisfaction from ministry as I used to.
- Most mornings, I dread beginning my ministry responsibilities.
- I feel like a failure in the ministry.
- I don't sleep as well as I used to; or I'm sleeping more than I used to.
- It's more and more difficult for me to deal with people's problems.
- I have more difficulty making decisions than I used to.
- I get very frustrated when things don't go well in the ministry.
- More and more I find myself thinking about leaving The Navigators.
- I feel greatly bothered or guilty about ministry responsibilities not done or not done well.
- I get angry and/or irritable more easily than I used to.
- I often feel a sense of emptiness and depletion, as if I have nothing more to give.
- The ministry gives me very little or no joy.
- I'm concerned that I won't be able to last much longer in the ministry.
- It's getting more and more difficult to do some aspects of the ministry.
- I struggle with feeling pressure to perform and succeed.

\_\_\_\_\_ **Total**

### Assessing Your Level of Burnout

- 15-29: You probably don't have a problem with burnout.
- 30-49: You may be experiencing mild to moderate burnout.
- 50-64: You may be suffering significant burnout.
- 65-75: You may be in serious trouble.

Adapted from a similar *Burnout Inventory* prepared by Ken Williams, Ph.D., Wycliffe Bible Translators, Inc.

# Sabbatical Questionnaire

## 3. PERSONAL AND MARITAL SURVEY

(Each spouse should fill out a separate survey. Information will be kept confidential.)

### I. GENERAL INFORMATION

In what area or areas of difficulty would you like help?

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What results you would like to see?

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*Optional Question – HIPAA regulations protect your privacy. If you're comfortable, please list any physical conditions that may impact your sabbatical.*

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When was the last time you had a physical? \_\_\_\_\_

**Please indicate any conditions that apply to you:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Headaches             | <input type="checkbox"/> Dizziness                     | <input type="checkbox"/> Loss of initiative       |
| <input type="checkbox"/> Insomnia              | <input type="checkbox"/> Fainting                      | <input type="checkbox"/> Drug problems            |
| <input type="checkbox"/> Fear                  | <input type="checkbox"/> Depression                    | <input type="checkbox"/> Alcohol problems         |
| <input type="checkbox"/> Loneliness            | <input type="checkbox"/> Inferiority                   | <input type="checkbox"/> Nervousness              |
| <input type="checkbox"/> Indecisiveness        | <input type="checkbox"/> Nerves                        | <input type="checkbox"/> Stomach problems         |
| <input type="checkbox"/> Racing heartbeat      | <input type="checkbox"/> Rejection                     | <input type="checkbox"/> Suicidal thoughts        |
| <input type="checkbox"/> Constipation          | <input type="checkbox"/> Appetite loss                 | <input type="checkbox"/> Memory loss              |
| <input type="checkbox"/> Vomiting              | <input type="checkbox"/> Work difficulty               | <input type="checkbox"/> Problems at home         |
| <input type="checkbox"/> Abandonment           | <input type="checkbox"/> Weight gain                   | <input type="checkbox"/> Sexual control problems  |
| <input type="checkbox"/> Smoking               | <input type="checkbox"/> Anger                         | <input type="checkbox"/> Problems with parents    |
| <input type="checkbox"/> Economic difficulty   | <input type="checkbox"/> Marital difficulty            | <input type="checkbox"/> Phobias                  |
| <input type="checkbox"/> Weight loss           | <input type="checkbox"/> Attention deficit             | <input type="checkbox"/> Obsessions               |
| <input type="checkbox"/> Guilt                 | <input type="checkbox"/> Sleep too much                | <input type="checkbox"/> Difficulty concentrating |
| <input type="checkbox"/> Sexual addiction      | <input type="checkbox"/> Strange thoughts              | <input type="checkbox"/> Abuse by spouse          |
| <input type="checkbox"/> Eating disorder       | <input type="checkbox"/> Problems with pornography     |   |
| <input type="checkbox"/> Loss of hope          | <input type="checkbox"/> Difficulties with friendships |   |
| <input type="checkbox"/> Difficulty relaxing   | <input type="checkbox"/> Abusive to spouse             |   |
| <input type="checkbox"/> Learning difficulties | <input type="checkbox"/> High blood pressure           |   |
| <input type="checkbox"/> Tiredness             | <input type="checkbox"/> Nightmares                    |   |
| <input type="checkbox"/> Anxiety               | <input type="checkbox"/> Irritability                  |   |
| <input type="checkbox"/> Panic attacks         |  |   |

# Sabbatical Questionnaire

Do any other physical/emotional conditions apply to you?

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## **STRESS LEVEL**

How would you evaluate your level of stress on a rating of 1-10 (10 = high stress)?  
Explain.

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Are you struggling with attitudes such as resentment, anxiety, fear, pride, etc.?

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How would you rate the level of pressure you feel to perform and succeed?

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What relaxes and refreshes you?

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How would you evaluate your level of restlessness?

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## **RELATIONSHIPS**

Do you have unresolved conflicts with people that need to be addressed?

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Do you experience feelings of loneliness, isolation, or insecurity?

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# Sabbatical Questionnaire

## PERSONAL DEVELOPMENT

What have you always wanted to do but never had the time?

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In what character areas do you feel the need to grow?

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In what ways are you developing your God-given gifts and design?

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## II. SPIRITUAL INTIMACY

Assess your spiritual intimacy with God by assigning each aspect a number from 1 to 10 (10 =excellent).

- \_\_\_\_\_ My intimacy with Christ is truly vibrant and growing.
- \_\_\_\_\_ The Word and Spirit of God are speaking to me and guiding my mind, decisions, and significant relationships.
- \_\_\_\_\_ I have passages and promises from God for life and ministry that motivate me in my walk with Him.
- \_\_\_\_\_ In my time alone with God I'm growing in thankfulness, praise, and worship.
- \_\_\_\_\_ Intercessory prayer tends to be foundational to everything I do.
- \_\_\_\_\_ I'm praying and believing God for my life, ministry, and significant relationships.
- \_\_\_\_\_ My spiritual disciplines are strong and consistent.
- \_\_\_\_\_ My motivation to live a life of devotion to Christ in purity of heart, ministering out of interest in the welfare of others, is strong.
- \_\_\_\_\_ The joys, hardships, sufferings, and circumstances of my life are drawing me to a deeper love for and dependence on Christ.
- \_\_\_\_\_ I have a consistent inner sense that God deeply loves me, is present within me, is for me, and is active in my life.

# Sabbatical Questionnaire

Is there a spiritual discipline that I sense is weak and would like to grow in?

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Reflect on the above parameters of your spiritual life, as well as any others that come to mind. Talk to God about them and ask Him to speak to you. Is He putting His finger on some area of your spiritual life, urging you to develop in it? If so, what?

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# Sabbatical Questionnaire

## III. MARITAL INTIMACY

Independently of one another, please assess the following areas of your marriage by assigning each aspect of intimacy a number from 1 to 10

(10 = excellent). Then enter your spouse's ratings and compare.

View of		Aspect of Intimacy
Husband	Wife	
___	___	1. Our spiritual closeness through prayer and sharing the Word together is rich.
___	___	2. Frequent times of quality communication and special times away together are high priority.
___	___	3. We practice honest confession and genuine forgiveness when we hurt one another.
___	___	4. My spouse is good at sharing appreciation, and at speaking and showing love.
___	___	5. My spouse and I often agree on important issues concerning values and beliefs.
___	___	6. We generally understand and appreciate each other's differences.
___	___	7. We often share deep feelings and strong emotions like grief, sadness, and joy.
___	___	8. We give each other undivided attention when listening or talking.
___	___	9. Our communication is characterized by sharing on important and significant issues.
___	___	10. The handling of finances isn't usually a source of tension in our relationship
___	___	11. My spouse and I understand and accept our marital roles.
___	___	12. My spouse is responsive and sensitive to my needs and desires concerning our relationship.
___	___	13. My spouse and I experience community and meaningful relationships with a few close friends.
___	___	14. We're comfortable in our relationship with our children.
___	___	15. My spouse and I take part together in recreation, relaxation, and rest.
___	___	16. We have good and meaningful relationships with our in-laws and parents.
___	___	17. We partner together in some areas of common interests, and in ways that are consistent with individual design and desires.
___	___	18. Generally I am satisfied with our level of sexual intimacy.



# Sabbatical Questionnaire

## Assessing Your Level of Intimacy

- A. Record your responses to the questions and share with one another.
- B. Identify and talk about areas of significant agreement and disagreement.

Areas of Agreement	Areas of Disagreement

As a couple, what are your three greatest strengths?

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As a couple, what are your three greatest weaknesses?

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Identify and agree on one or two issues as most important to focus on during yoursabbatical.

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# Sabbatical Questionnaire

## IV. CAREGIVING AND COUNSELING

Is there anything else you'd like to discuss or explore?

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Is there any area in which you seem unable to make progress on your own?

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Have you seen counselors in the past? In what areas did you seek help? Was it helpful to you? If so, how?

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**Please scan and email your completed questionnaire to:**

[TDC@Navigators.org](mailto:TDC@Navigators.org)

**or mail to:**

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