Journalism Occupational Behaviors Checklist (Journalist Report Form)

Please complete the following questionnaire about your work performance. We ask that you be honest in your responses as these responses will remain confidential. Additionally, the success of this research project depends on the collection of data that is as accurate as possible.

In the past month, how often have you:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Infrequently</td>
<td>Occasionally</td>
<td>Frequently</td>
<td>All of the time</td>
<td></td>
</tr>
</tbody>
</table>

1. Been late for work?
2. Left work earlier than usual?
3. Had difficulty concentrating on your work?
4. Felt exhausted at work?
5. Missed deadlines?
6. Had co-workers or supervisors ask if something was wrong?
7. Felt disconnected from colleagues or supervisors?
8. Felt irritated with colleagues or supervisors?
9. Had a negative performance evaluation?
10. Had difficulty coping with stress?
11. Had trouble working without specific direction from supervisors?
12. Had trouble establishing rapport with interviewees?
13. Had inaccuracies within your work?
14. Had trouble remaining impartial during a story?
15. Had conflicts with members of a news team?
16. Had difficulty getting away from a story emotionally?
17. Felt there was no purpose to your work?
18. Felt drawn to dangerous situations?
19. Been scooped or missed a story on your beat?
20. Alienated a source?