

SELF-ASSESSMENT CHECKLIST FOR WORKING MOTHERS



1. Are you fulfilled in your current job?
2. Does your current position give you a sense of meaning and purpose?
3. Do you feel like you are paid fairly?
4. Do you have control over your own schedule?
5. Do you have a boss or manager that is unsupportive?
6. Are you satisfied with your contributions at work?
7. Does your spouse or partner appreciate your contributions at work?
8. Does your current job utilize your unique strengths and skills?
9. Do you specifically dislike your manager, boss or one co-worker?
10. Do you have a mentor at work, someone older than you who likes you and wants to help you get recognized or promoted?

11. Have you met with your mentor to assess your career goals? How often do you meet with them?
12. Have you or your mentor discussed additional professional development that may be needed?
13. Does your mentor help you grow your skills, problem solve, and transfer knowledge to you? If not, get a new mentor.
14. Does your husband or partner anticipate your family's household and childcare needs?
15. Is your husband or partner willing to do those things that you specifically ask of him or her?

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16. Have you allowed your husband or partner to attend some school functions in your place?

17. Do you feel like you are sharing the load with your spouse or partner? Fifty-fifty?

18. Do you have back-up childcare coverage sorted out with your partner?

19. Do you have opportunities to work from home when your child is home sick?

20. Do you have coworkers whom you consider to be friends?

21. Do you feel understood and supported by your work friends? Are you sharing the same kinds of things while together at work?

22. Are you able to meet your friends for coffee or lunch during the workday?

23. Do you have friends who are the mothers of your child(ren)'s classmates at school?

How often do you see or visit with them for support?

25. Do you know your neighbors well enough that they would step in to help you in an emergency?

25. Do you feel like you are presenting the best part of yourself to your family?

26. Do you often find yourself irritable and yelling at your children?

27. Do you have a difficult or problem child?

28. Do you have a special needs child?

29. Do you enjoy time spent with your children when you are not at work?

30. Do you have an emergency plan for when your child(ren) gets sick at school, or must stay home from school?

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