**STRESS RISK ASSESSMENT FORM**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **QUESTIONS TO ASK** | **YES/NO/NA** | **COMMENTS** |
| **Demands** | * Do you feel you have just the right amount of work to do? (i.e. not too much or not too little)

  |  |  |
| * Have you had sufficient training to do your job?
 |  |  |
| * Are there any problems with your work environment that affect your ability to perform your job?
 |  |  |
| * Do you feel that you have sufficient skills and knowledge to perform your job?
 |  |  |
| **Control** | * Are you happy with the opportunities for you to voice your opinion?
 |  |  |
| * Do you feel as though your opinion is valued?
 |  |  |
| * Do you feel included in decision making in the team?
 |  |  |
| * Do you feel you are using the skills you have got to full effect?
 |  |  |
| **Support** | * Do you feel that you get enough support from your line manager?

  |  |  |
| * Do you have sufficient resources to do your job?
 |  |  |
| * Do you feel you get enough support from colleagues?
 |  |  |
| * Do you take the breaks you are entitled to at work?
 |  |  |
| * Are you familiar with what support is available to you?
 |  |  |
| * Do you feel you have a healthy work-life balance?
 |  |  |
| **Relationships** | * Are you affected by any conflict in the team or wider organisation?
 |   |  |
| * Do you feel the team works well together?
 |  |  |
| * Have you been affected by unacceptable behaviour at work?
 |  |  |
| **Job** | * Do you feel that there is any conflict in your role?
 |  |  |
| * Are you clear about your role and responsibilities at work?
 |  |  |
| * Do you understand the responsibility of other jobs in the team?
 |  |  |
| * Are you made aware of any changes that are happening at work?
 |  |  |
| **Change** | * Do you understand why the change is happening?
 |  |  |
| * Do you understand the impact on your job of any change?
 |  |  |
| * Do you feel well supported during change at work?
 |  |  |
|  Please insert any relevant information relating to your feelings about stress at work: |
| **Further Staff Comments**  |  |

Note for Manager:

* This questionnaire can be used to support a wellbeing conversation with an individual staff member
* Alternatively you can give this questionnaire out as a survey and collate responses, or if your team is small, use it as a guide for asking questions with them in a team meeting. Do a basic frequency count of yes’s and no’s from your team members responses.
* Conduct team discussions/ focus groups to explore any areas that seem to be higher risk (i.e. more negative than positive responses to the questions).
* When you have completed the questionnaire, develop an action plan (as attached) with your team or individual to support any areas of concern and review this on a regular basis.

**STRESS RISK ASSESSMENT - ACTION PLAN (Manager to complete with staff member)**

 **Risk assessment for: …………………………. Department: ………………………….**

 **Manager: …………………… Date: ………………….**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Stressor** | **Specific causes of workplace stress identified within each category** | **Existing workplace precautions already in place** | **Further action to be taken** | **Who will ensure the action is done? and****Review date** |
| **Demands** |  |  |  |  |
| **Control** |  |  |  |  |
| **Support** |  |  |  |  |
| **Relationships** |  |  |  |  |
| **Role** |  |  |  |  |
| **Change** |  |  |  |  |
| **Manager’s signature:**  | **Date:**  |
| **Staff Signature:**  | **Date:**  |