**WELLBEING RISK ASSESSMENT Questionnaire / Form**

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| --- | --- | --- |
|  | **QUESTIONS TO ASK** | **YES/NO** |
| **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? |  |
| **Control** | * Are you able to have some say about how your job is done? |  |
| * 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 feel you get enough support from colleagues? |  |
| * Do you take the breaks you are entitled to at work? |  |
| * Do you feel you have a healthy work-life balance? |  |
| **Relationships** | * Are you affected by any conflict in the team? |  |
| * Do you feel the team works well together? |  |
| * Are you clear about your roles and responsibilities at work? |  |
| **Role** | * Do you feel that there is any conflict in your role? |  |
| * Do you understand others roles 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: |  |
| **Staff Comments** |  | |

[Delete this section if not relevant]

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.

**WELLBEING RISK ASSESSMENT - ACTION PLAN (Manager to complete)**

**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** |  |  |  |  | |
| **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** | |
| **Relationships** |  |  |  |  | |
| **Role** |  |  |  |  | |
| **Change** |  |  |  |  | |
| **Manager’s signature:** | | | | **Date:** | |
| **HR Signature:** | | | | **Date:** | |
| **Staff Signature:** | | | | **Date:** | |