**Section 1 – Sources of stress**

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| **Demands** | **Tick if YES** | **What action might help in response to areas ticked** |
| Do different people at work demand things from you that are hard to combine? |[ ]   |
| Do you have unachievable deadlines? |[ ]   |
| Do you have to work very intensively most of the time? |[ ]   |
| Do you have to neglect some tasks because you have too much to do? |[ ]   |
| Are you unable to take sufficient breaks? |[ ]   |
| Do you feel pressured to work long hours? |[ ]   |
| Do you have unrealistic time pressures? |[ ]   |
| Do you feel you have to work very fast? |[ ]   |

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| **Control** | **Tick if No** | **What action might help in response to areas ticked** |
| Can you decide when to take a break? |[ ]   |
| Do you feel you have a say in your work speed? |[ ]   |
| Do you feel you have a choice in deciding how you do your work? |[ ]   |
| Do you feel you have a choice in deciding what you do at work? |[ ]   |
| Do you feel you have some say over the way you do your work? |[ ]   |
| Do you feel your work time is flexible? |[ ]   |

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| **Support (Manager)** | **Tick if no** | **What action might help in response to areas ticked** |
| Does your manager give you enough feedback on the work you do? |[ ]   |
| Do you feel you can rely on your manager to help you with a work problem? |[ ]   |
| Do you feel your manager supports you through emotionally demanding situations at work? |[ ]   |
| Do you feel your manager encourages you at work? |[ ]   |

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| **Support (Peers)** | **Tick if NO** | **What action might help in response to areas ticked** |
| Do you feel your colleagues would help you if work became difficult? |[ ]   |
| Do you get the help and support you need from your colleagues? |[ ]   |
| Do you get the respect at work you deserve from your colleagues? |[ ]   |
| Are your colleagues willing to listen to your work-related problems? |[ ]   |

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| **Relationships** | **Tick if YES** | **What action might help in response to areas ticked** |
| Are relationships strained or is there friction or anger between colleagues? |[ ]   |
| Are you subject to unkind words or behaviour at work?If so, do you feel ‘bullied’ at work? |[ ]   |

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| **Role** | **Tick if NO** | **What action might help in response to areas ticked** |
| Are you clear about what is expected of you at work? |[ ]   |
| Do you know how to go about getting your job done? |[ ]   |
| Are you clear about what your duties and responsibilities are? |[ ]   |
| Are you clear about the goals and objectives for your team/department/organisation? |[ ]   |
| Do you understand how your work fits into the overall aim of the organisation? |[ ]   |

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| **Change** | **Tick if NO** | **What action might help in response to areas ticked** |
| Do you have enough opportunity to question managers about change? |[ ]   |
| Do you feel consulted about change at work? |[ ]   |
| When changes are made at work, are you clear about how they will work out in practice? |[ ]   |

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| **Consider Each Question** | **Tick if YES** | **What action might help in response to areas ticked** |
| Is there anything else that is a source of stress for you at work? |[ ]   |

The questions covered in this template are mostly concerned with factors in work. When using this template with individuals it is useful to consider the impact of factors outside of work, e.g. personal circumstances, that could impact on an individual’s ability to meet the demands placed on them.

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| **Is there anything else to consider?** |
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**Section 2 – Action Plan**

**This section should be completed jointly by the employee and manager.**

Action planning is a key step in risk management. Summarise the areas of concern and actions in this table. You should copy each question (or other area identified in the above table) to the action plan and agree a specific action that will help minimise that source of the stress.

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| **Area of Concern** | **Agreed Action** | **Target Date** |
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| **Assessment Date**  |  |
| **Employee Name** |  |
| **Employee Signature** |  |
| **Line Manager Name** |  |
| **Line Manager Signature** |  |
| **Date for review** |  |