

**Stress – Questionnaire & Risk Assessment Action Plan**

**Part A – Stress Questionnaire**

**Employee Name** \_\_\_\_\_ **Job Title** \_\_\_\_\_

This risk assessment form includes questions that relate to six potential psychological hazards that can be the causes of stress at work. These are job demands, control, support, relationships, role and change.

Employees should complete this form and discuss with their line managers. Line Managers should analyse the findings of the risk assessment with the employee concerned, identify potential risk factors, agree an action plan, take action, record, evaluate and review.

Line managers should use the ‘Stress Risk Assessment Action Plan’ (Part B) form to agree, plan, implement and review the relevant actions. Managers may keep completed risk assessment forms in a confidential individual employee’s performance review file or wherever it is deemed appropriate.

	Potential hazards	4 = Strongly agree / 3 = Agree / 2 = Disagree / 1 = Strongly disagree
1.	The amount of work I must do is realistic / achievable in my normal hours of work.	4 3 2 1
2.	I can do my work at a reasonable speed.	4 3 2 1
3.	I can cope with the demands of my job.	4 3 2 1
4.	I feel that I have a good deal of say over how I do my work.	4 3 2 1
5.	My work provides me with a variety of tasks.	4 3 2 1
6.	I have a good deal of say over decisions about my work.	4 3 2 1
7.	I feel that I am adequately supported to carry out my work.	4 3 2 1
8.	I get support from my immediate superior when I am having problems at work.	4 3 2 1

9.	I feel that I get help and support from my manager and colleagues when needed.	4	3	2	1
10.	I feel part of a team in which I am respected and valued.	4	3	2	1
11.	I feel that my colleagues relate to each other in a productive and co-operative way.	4	3	2	1
12.	I am not subjected to unacceptable behaviour at work such as bullying and harassment.	4	3	2	1
13.	I have a clear plan of work which is agreed by me and my line manager.	4	3	2	1
14.	I understand how my work fits into the overall aims of the team.	4	3	2	1
15.	I understand how my work fits into the overall aim of the Department.	4	3	2	1
16.	I feel encouraged to talk to my manager at an early stage if I am not clear about my priorities or the nature of the task to be undertaken.	4	3	2	1
17.	I receive information about planned organisational changes.	4	3	2	1
18.	I am given information to enable me to understand why organisation change needs to happen.	4	3	2	1
19.	I have the opportunity to comment or ask questions about organisational change.	4	3	2	1
20.	I do not have a personal health, family, relationship, or financial problem.	4	3	2	1

**Employee Signed.....Date..... Line Manager Signed.....Date.....**

(The purpose of the line manager’s signature is to confirm that he/she has seen and discussed the responses on this form with the aim of agreeing problem areas and deciding, as far as is reasonably practicable, an action plan).

Part B - Stress Risk Assessment Action Plan

Employee Name \_\_\_\_\_

<u>Linked from Question in Part A</u>	<u>Agreed action plan / Control measures</u>	<u>Review date</u>	<u>Action plan / Control measures effective? If not, consider alternative measure</u>	<u>Further review date</u>

Employee Signed.....Date.....      Line Manager Signed.....Date.....