[Company Name / Logo]

Individual Stress Risk Assessment

Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Assessor(s)**  |  |
| **Job title** |  | **Line manager** |  |
| **Location/department** |  | **Date of assessment** |  |
| **Signature** |  |

By signing, you are indicating that you are happy to participate in this exercise.

External/Personal Factors

This section covers factors outside of work which you are not obliged to disclose; however, the more information your line manager has, the more help, assistance and support they may be able to provide.

|  |  |  |
| --- | --- | --- |
|  | **Yes/noN/A** | **Employee comments** |
| Is/are there any personal factors outside of work which may be causing you stress or affecting your performance at work? For example:* financial concerns
* relationship/family issues
* a recent bereavement
* medical conditions/medication
* disputes
* other jobs/activities/study commitments.
 |  |  |
| Are you getting enough support from family and friends outside of work? |  |  |

Work Factors

This section covers factors inside of work – remember the more accurate this information is, the more help and assistance the organisation can offer.

|  |  |  |
| --- | --- | --- |
| **Job content** | **Yes/noN/A** | **Employee comments** |
| Do you feel that you have too much to do and not enough time to do it? |  |  |
| Do you feel that you have too little training for the job? |  |  |
| Do you find the job boring/repetitive, or do you feel you have too little to do? |  |  |
| Do you have any issues with the work environment? (Noise, temperature, etc.) |  |  |
| **Organisational culture** | **Yes/noN/A** | **Employee comments** |
| Do you feel that you are adequately supported or consulted on work issues? |  |  |
| Do you feel that workplace issues are effectively resolved? |  |  |
| Do you feel that you are expected to work long hours or that you are required to take work home with you? |  |  |
| **Control** | **Yes/noN/A** | **Employee comments** |
| Do you feel that you have reasonable control over the pace of work, planning and working methods? |  |  |
| Do you feel that you have reasonable opportunities to make decisions about how the work should be completed and how problems could be tackled? |  |  |
| **Working relationships** | **Yes/noN/A** | **Employee comments** |
| Do you feel that you have any negative working relationships with your manager, colleagues or staff? |  |  |
| Do you feel that you have sufficient support/supervision from your manager, colleagues and staff?  |  |  |
| Do you feel that you have been subjected to any bullying, or sexual or racial harassment? |  |  |
| Do you feel alone or isolated in your work environment? |  |  |
| **Change** | **Yes/noN/A** | **Employee comments** |
| Do you feel that you are adequately consulted/briefed on changes to the organisation or job?  |  |  |
| Do you have any fears over job security? |  |  |
| Do you have any concerns over career progression? |  |  |

|  |  |  |
| --- | --- | --- |
| **Role in the organisation** | **Yes/noN/A** | **Employee comments** |
| Do you feel that you understand the value of your work within the organisation? |  |  |
| Have you been provided with an agreed job description? |  |  |
| Have you been provided with fair and reasonable objectives and targets? |  |  |
| Are these objectives and targets regularly reviewed? |  |  |
| Do you ever feel that you are expected to behave in conflicting ways at the same time? |  |  |
| **Work-life balance** | **Yes/noN/A** | **Employee comments** |
| Do you feel that you are required to work long, unsocial or unpredictable hours? |  |  |
| Do you feel that you are unable to balance the demands of work and life outside of work? |  |  |
| Are there any additional factors not covered in the assessment that you would like to add? |

Action Plan

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Issue/area of concern identified** | **Action to address** | **Date of action** | **Responsibility** | **Date of review** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Agreed By

|  |  |
| --- | --- |
| **Employee**(signed) | **Date**  |
| **Manager**(signed)  | **Date** |