[Company Name / Logo]

Individual Stress Risk Assessment

Personal Details

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| --- | --- | --- | --- |
| **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.

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|  | **Yes/no N/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.

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| **Job content** | **Yes/no N/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/no N/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/no N/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/no N/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/no N/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? |  |  |

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| **Role in the organisation** | **Yes/no N/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/no N/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

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

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