Individual Stress Questionnaire

**Notes for Managers** - This questionnaire is based on the HSE Return to Work Questionnaire format and should be used by line managers, when an employee reports work related stress issues or when they are returning from work related stress absence. The overall organisational stress risk assessment should also be referred to as this outlines the strategies put in place by the organisation to help combat and minimise work related stress for groups of employees.

Please note that this questionnaire does not replace existing return to work procedures but should be used alongside them.

**Notes for the Employee - Factors outside work**

This list of questions mainly focuses on factors at work as employers have a duty of care under H&S law.

However, there may be factors outside work, which may have contributed to or added to the pressures you have experienced. These may have made it harder to cope with demands at work that you would normally be able to cope with. You may want to share such issues with your manager as they may be able to help at work and make adjustments, for example, being more flexible with working hours for a time or just being able to be sympathetic to the pressures you are under.

If you do not feel happy telling your manager about these things, you can also seek support from your Directorate HR Officers, Lead Health and Safety Adviser, or trade union representative.

**Name of Employee** Click here to enter text. **Date** Click here to enter text.

**Name of Manager/ Other involved** Click here to enter text.

| **Cause of****stress** | **Question** | **Was it a problem for you?*****Use this space to detail what the problem was. If it was not a problem leave it blank*** | **What can be done about it?*****Can we make any adjustments?*** |
| --- | --- | --- | --- |
| **Demands** | **Do different people at work demand things from you that were hard to combine?** | Click here to enter text. | Click here to enter text. |
| **Do you have unachievable deadlines?** | Click here to enter text. | Click here to enter text. |
| **Do you have to work very intensively?** | Click here to enter text. | Click here to enter text. |
| **Do you have to neglect some tasks because you have too much to do?** | Click here to enter text. | Click here to enter text. |
| **Are you unable to take sufficient breaks?** | Click here to enter text. | Click here to enter text. |
| **Do you feel pressured to work long hours?** | Click here to enter text. | Click here to enter text. |
| **Do you feel you have to work very fast?** | Click here to enter text. | Click here to enter text. |
| **Do you have unrealistic time pressures?** | Click here to enter text. | Click here to enter text.  |
| **Control** | **Can you decide when to take a break?** | Click here to enter text. | Click here to enter text. |
| **Do you feel you have a say in your work speed?** | Click here to enter text. | Click here to enter text. |
| **Do you feel you have a choice in deciding how you do your work?** | Click here to enter text. | Click here to enter text. |
| **Do you feel you have a choice in deciding what you do at work?** | Click here to enter text. | Click here to enter text. |
| **Do you feel you have some say over the way you do your work?** | Click here to enter text. | Click here to enter text. |
| **Do you feel your time can be****flexible?** | Click here to enter text. | Click here to enter text. |
| **Support\*****(Manager)** | **Did/ Does your manager give you enough supportive feedback on your work?** | Click here to enter text. | Click here to enter text. |
| **Do you feel you can rely on your manager to help you with a work problem?** | Click here to enter text. | Click here to enter text. |
| **Do you feel you can talk to your manager about something that upset or annoyed you at work?** | Click here to enter text. | Click here to enter text. |
| **Do you feel your manager supported you through any emotionally demanding work?** | Click here to enter text. | Click here to enter text. |
| **Did/ Do you feel your manager encouraged you enough at work?** | Click here to enter text. | Click here to enter text. |
| **Support****(Peers)** | **Do you feel your colleagues would help you if work became difficult?** | Click here to enter text. | Click here to enter text. |
| **Do you get the help and support you need from your colleagues?** | Click here to enter text. | Click here to enter text. |
| **Do you get the respect at work you deserve from your colleagues?** | Click here to enter text. | Click here to enter text. |
| **Are your colleagues willing to listen to your work-related problems?** | Click here to enter text. | Click here to enter text. |
| **Relationships\*** | **Were you personally harassed, in the****form of unkind words or behaviour?** | Click here to enter text. | Click here to enter text. |
| **Do you feel there is friction or****anger between colleagues?** | Click here to enter text. | Click here to enter text. |
| **Have you been bullied at work?** | Click here to enter text. | Click here to enter text. |
| **Are relationships strained at work?** | Click here to enter text. | Click here to enter text. |
| **Role** | **Are you clear about what is expected of you at work?** | Click here to enter text. | Click here to enter text. |
| **Do you know how to go about getting your job done?** | Click here to enter text. | Click here to enter text. |
| **Are you clear about what your****duties and responsibilities are?** | Click here to enter text. | Click here to enter text. |
| **Are you clear about the goals and objectives for this department?** | Click here to enter text. | Click here to enter text. |
| **Do you understand how your work fits into the overall aim of the organisation?** | Click here to enter text. | Click here to enter text. |
| **Change** | **Do you have enough opportunities to question your manager about change at work?** | Click here to enter text. | Click here to enter text. |
| **Do you feel consulted about change at work?** | Click here to enter text. | Click here to enter text. |
| **When changes are made at work, are you clear about how they might work out in practice?** | Click here to enter text. | Click here to enter text. |
| **Other issues** | **Is there anything else that was/is a source of stress for you, at work e.g. Performance Management procedures or external factors from home, that may have contributed to you feeling pressurised or going off work with stress related illness?** | Click here to enter text. | Click here to enter text. |