



All Saints Schools Trust- Stress Toolkit

About this questionnaire

This questionnaire has been developed by the Health and Safety Executive (HSE) to assess the impact of work-related stress on employees and enable issues identified to be addressed.

The HSE defines work-related stress as

'The adverse reaction people have to excessive pressures or other types of demand placed on them'

Please complete the questionnaire by ticking one box for each question.

Providing personal details is optional.

The questionnaire is confidential.

Health & Safety Toolkit – HST22

1	I am clear what is expected of me at work	Never <input type="checkbox"/> 1	Seldom <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Often <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
2	I can decide when to take a break	Never <input type="checkbox"/> 1	Seldom <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Often <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
3	Different groups at work demand things from me that are hard to combine	Never <input type="checkbox"/> 5	Seldom <input type="checkbox"/> 4	Sometimes <input type="checkbox"/> 3	Often <input type="checkbox"/> 2	Always <input type="checkbox"/> 1
4	I know how to go about getting my job done	Never <input type="checkbox"/> 1	Seldom <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Often <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
5	I am subject to personal harassment in the form of unkind words or behaviour	Never <input type="checkbox"/> 5	Seldom <input type="checkbox"/> 4	Sometimes <input type="checkbox"/> 3	Often <input type="checkbox"/> 2	Always <input type="checkbox"/> 1
6	I have unachievable deadlines	Never <input type="checkbox"/> 5	Seldom <input type="checkbox"/> 4	Sometimes <input type="checkbox"/> 3	Often <input type="checkbox"/> 2	Always <input type="checkbox"/> 1
7	If work gets difficult, my colleagues will help me	Never <input type="checkbox"/> 1	Seldom <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Often <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
8	I am given supportive feedback on the work I do	Never <input type="checkbox"/> 1	Seldom <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Often <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
9	I have to work very intensively	Never <input type="checkbox"/> 5	Seldom <input type="checkbox"/> 4	Sometimes <input type="checkbox"/> 3	Often <input type="checkbox"/> 2	Always <input type="checkbox"/> 1
10	I have a say in my own work speed	Never <input type="checkbox"/> 1	Seldom <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Often <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
11	I am clear what my duties and responsibilities are	Never <input type="checkbox"/> 1	Seldom <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Often <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
12	I have to neglect some tasks because I have too much to do	Never <input type="checkbox"/> 5	Seldom <input type="checkbox"/> 4	Sometimes <input type="checkbox"/> 3	Often <input type="checkbox"/> 2	Always <input type="checkbox"/> 1
13	I am clear about the goals and objectives for my department	Never <input type="checkbox"/> 1	Seldom <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Often <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
14	There is friction or anger between colleagues	Never <input type="checkbox"/> 5	Seldom <input type="checkbox"/> 4	Sometimes <input type="checkbox"/> 3	Often <input type="checkbox"/> 2	Always <input type="checkbox"/> 1
15	I have a choice in deciding how I do my work	Never <input type="checkbox"/> 1	Seldom <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Often <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
16	I am unable to take sufficient breaks	Never <input type="checkbox"/> 5	Seldom <input type="checkbox"/> 4	Sometimes <input type="checkbox"/> 3	Often <input type="checkbox"/> 2	Always <input type="checkbox"/> 1
17	I understand how my work fits into the overall aim of the organisation	Never <input type="checkbox"/> 1	Seldom <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Often <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
18	I am pressured to work long hours	Never <input type="checkbox"/> 5	Seldom <input type="checkbox"/> 4	Sometimes <input type="checkbox"/> 3	Often <input type="checkbox"/> 2	Always <input type="checkbox"/> 1
19	I have a choice in deciding what I do at work	Never <input type="checkbox"/> 1	Seldom <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Often <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
20	I have to work very fast	Never <input type="checkbox"/> 5	Seldom <input type="checkbox"/> 4	Sometimes <input type="checkbox"/> 3	Often <input type="checkbox"/> 2	Always <input type="checkbox"/> 1

21	I am subject to bullying at work	Never <input type="checkbox"/> 5	Seldom <input type="checkbox"/> 4	Sometimes <input type="checkbox"/> 3	Often <input type="checkbox"/> 2	Always <input type="checkbox"/> 1
22	I have unrealistic time pressures	Never <input type="checkbox"/> 5	Seldom <input type="checkbox"/> 4	Sometimes <input type="checkbox"/> 3	Often <input type="checkbox"/> 2	Always <input type="checkbox"/> 1
23	I can rely on my line manager to help me out with a work problem	Never <input type="checkbox"/> 1	Seldom <input type="checkbox"/> 2	Sometimes <input type="checkbox"/> 3	Often <input type="checkbox"/> 4	Always <input type="checkbox"/> 5
24	I get help and support I need from colleagues	Strongly disagree <input type="checkbox"/> 1	Disagree <input type="checkbox"/> 2	Neutral <input type="checkbox"/> 3	Agree <input type="checkbox"/> 4	Strongly agree <input type="checkbox"/> 5
25	I have some say over the way I work	Strongly disagree <input type="checkbox"/> 1	Disagree <input type="checkbox"/> 2	Neutral <input type="checkbox"/> 3	Agree <input type="checkbox"/> 4	Strongly agree <input type="checkbox"/> 5
26	I have sufficient opportunities to question managers about change at work	Strongly disagree <input type="checkbox"/> 1	Disagree <input type="checkbox"/> 2	Neutral <input type="checkbox"/> 3	Agree <input type="checkbox"/> 4	Strongly agree <input type="checkbox"/> 5
27	I receive the respect at work I deserve from my colleagues	Strongly disagree <input type="checkbox"/> 1	Disagree <input type="checkbox"/> 2	Neutral <input type="checkbox"/> 3	Agree <input type="checkbox"/> 4	Strongly agree <input type="checkbox"/> 5
28	Staff are always consulted about change at work	Strongly disagree <input type="checkbox"/> 1	Disagree <input type="checkbox"/> 2	Neutral <input type="checkbox"/> 3	Agree <input type="checkbox"/> 4	Strongly agree <input type="checkbox"/> 5
29	I can talk to my line manager about something that has upset or annoyed me about work	Strongly disagree <input type="checkbox"/> 1	Disagree <input type="checkbox"/> 2	Neutral <input type="checkbox"/> 3	Agree <input type="checkbox"/> 4	Strongly agree <input type="checkbox"/> 5
30	My working time can be flexible	Strongly disagree <input type="checkbox"/> 1	Disagree <input type="checkbox"/> 2	Neutral <input type="checkbox"/> 3	Agree <input type="checkbox"/> 4	Strongly agree <input type="checkbox"/> 5
31	My colleagues are willing to listen to my work-related problems	Strongly disagree <input type="checkbox"/> 1	Disagree <input type="checkbox"/> 2	Neutral <input type="checkbox"/> 3	Agree <input type="checkbox"/> 4	Strongly agree <input type="checkbox"/> 5
32	When changes are made at work, I am clear how they will work out in practice	Strongly disagree <input type="checkbox"/> 1	Disagree <input type="checkbox"/> 2	Neutral <input type="checkbox"/> 3	Agree <input type="checkbox"/> 4	Strongly agree <input type="checkbox"/> 5
33	I am supported through emotionally demanding work	Strongly disagree <input type="checkbox"/> 1	Disagree <input type="checkbox"/> 2	Neutral <input type="checkbox"/> 3	Agree <input type="checkbox"/> 4	Strongly agree <input type="checkbox"/> 5
34	Relationships at work are strained	Strongly disagree <input type="checkbox"/> 5	Disagree <input type="checkbox"/> 4	Neutral <input type="checkbox"/> 3	Agree <input type="checkbox"/> 2	Strongly agree <input type="checkbox"/> 1
35	My line manager encourages me at work	Strongly disagree <input type="checkbox"/> 1	Disagree <input type="checkbox"/> 2	Neutral <input type="checkbox"/> 3	Agree <input type="checkbox"/> 4	Strongly agree <input type="checkbox"/> 5

Health & Safety Toolkit - HST22

SELF ASSESSMENT

(For completion by the employee)

The Health and Safety Executive defines work-related stress as *'the adverse reaction people have to excessive pressures or other types of demand placed on them'*

By completing this form, you will help your manager assess the need for any changes that might help you undertake your job more effectively. Your manager will complete a similar form to gain a complete picture and will review the findings with you. If you feel you need support in this process, please contact your HR adviser.

Date of Assessment:	
Name of Individual:	
Job Title:	
Line Manager:	
Brief description of duties:	

No.	Question	
1	Is the work environment free of extreme aspects, such as excessive noise, extremes of temperature or lighting, work outdoors in all weathers, work space limitations?	YES / NO
2	Do you have a job description?	YES / NO
3	Does your job description reflect your current duties and responsibilities?	YES / NO
4	Do you have clearly defined performance objectives and targets?	YES / NO
5	Do you receive regular feedback regarding performance against objectives?	YES / NO
6	Are you involved to an adequate extent in decision making which impacts on working practices and priorities?	YES / NO
7	Are you congratulated for a job well done?	YES / NO
8	Have you receive sufficient training for your job?	YES / NO
9	Are your training needs regularly assessed and reviewed?	YES / NO
10	Do you have an annual training and development plan?	YES / NO
11	Did you have a relevant departmental induction programme?	YES / NO
12	Are you clear about your role in your team and as part of the department?	YES / NO
13	Is there a culture of regular good communications and consultation within your team?	YES / NO

14	Are regular team meetings held which provide a forum where staff can raise and resolve issues with managers and peers?	YES / NO
15	Do you have regular workload meetings with your manager?	YES / NO
16	Do you feel your manager is accessible and approachable?	YES / NO
17	Do you receive sufficient information regarding new developments in a timely manner?	YES / NO
18	Are you given the opportunity to comment and ask questions at times of change, in good time to make a difference?	YES / NO
19	Do you feel you have scope for career progression?	YES / NO
20	Can you work flexibly in times of workload pressure?	YES / NO
21	Do you think the work demands on you are reasonable within timescales and resources available?	YES / NO
22	Do you have enough time in your regular working hours to do all you have to do, including managing information?	YES / NO
23	Do you take a lunch break of at least 20 minutes every day?	YES / NO
24	Do you have enough to do, during your regular working hours?	YES / NO
25	Is there sufficient variety in the work you do?	YES / NO
26	Is your environment free of bullying and harassment?	YES / NO
27	Is your environment free of discrimination on the grounds of sex, race, disability, religion or any other protected attribute?	YES / NO
28	Is anything else that you feel is contributing to your work-related stress. If YES, please describe them here: (Please continue on a separate sheet if necessary)	YES / NO

The questions to which you have answered NO are potential stressors. The extent to which they affect you depends on your perceptions and views at the time of completion. Please transfer the stressors you have identified to the left-hand column of the following sheet, which will help you to highlight the things that make you feel stressed.

You need to discuss these issues, and your ideas for resolving them, with your manager (or the person helping you and your manager work through this process) so that you can agree an action plan.

Your manager should also contribute some ideas to include in the action plan based on his/her experiences and views, particularly regarding organisational issues such as workload, training, communication and change.

Health & Safety Policy – HST22

Stress Management – Employee self assessment

Stressor (Transferred from Self Assessment)	Please give specific examples to show how this stressor affects you – how it makes you feel and why	What do you think could realistically be done about this situation?	Is this something you could do or is it an action for the organisation?

Health & Safety Policy – HST22

--	--	--	--

Health & Safety Policy – HST22

--	--	--	--