

# STRESS CHECKLIST

(to be completed by the individual)

*THIS CHECKLIST HAS BEEN BASED ON THE INFORMATION AVAILABLE ON THE HSE WEBSITE [www.hse.gov.uk](http://www.hse.gov.uk)*

In your opinion:	Red	Yellow	Green
<b>Demands</b> – Is your work achievable in your normal working hours?	No	Sometimes	Yes
<b>Demands</b> – Do you feel you have the skills and abilities to meet the demands of your job? Is suitable training available for your job?	No	Sometimes	Yes
<b>Demands</b> – Is the work environment fit for purpose e.g. privacy, noise etc?	No	Sometimes	Yes
<b>Control</b> - Do you have a say in the way you do your work?	No	Sometimes	Yes
<b>Control</b> – Are you encouraged to use your skills and initiative?	No	Sometimes	Yes
<b>Controls</b> – are you consulted over your work patterns, eg you have say over when breaks can be taken?	No	Sometimes	Yes
<b>Support</b> - Do you feel you are supported by your managers/ supervisors?	No	Sometimes	Yes
<b>Support</b> – Do you feel supported by your colleagues?	No	Sometimes	Yes
<b>Support</b> – do you have adequate feedback and resources to enable you to carry out your role	No	Sometimes	Yes
<b>Relationships</b> - Are there problems with communication within your department?	Yes	Sometimes	No
<b>Relationships</b> – Are relationships at work strained?	Yes	Sometimes	No
<b>Relationships</b> – Are staff subject to unacceptable behaviour from others e.g. bullying, blame culture within your ward / department?	Yes	Sometimes	No
<b>Role</b> - Do you have clearly defined job roles and know what's expected of you?	No	Sometimes	Yes
<b>Change</b> – Do feel you are consulted with changes at work?	No	Sometimes	Yes
<b>Change</b> – Have you experienced any major changes in the work place which have been distressing?	Yes	Changes are likely	No

Please describe anything which you feel is having a negative impact on your wellbeing

Please describe anything which you feel has a positive impact on your wellbeing.