



Individual Stress Identification Tool

Name **Job Title** **Supervisor.....**

Location **Dept** **Contact No**

<i>Job Demands</i>	<i>Y</i>	<i>N</i>	<i>Comments</i>	<i>Manager's Guidance</i>	<i>Further Action</i>
Workload					
Competency					
Work patterns					
Physical environment					

<i>Relationships</i>	<i>Y</i>	<i>N</i>	<i>Comments</i>	<i>Manager's Guidance</i>	<i>Further Action</i>
Demands are made from more than one person with conflicting deadlines					
Poor relationships or interaction with others					
Bullying, racial or sexual harassment					
Discrimination					
Violence at work					

<i>Role</i>	<i>Y</i>	<i>N</i>	<i>Comments</i>	<i>Manager's Guidance</i>	<i>Further Action</i>
Conflicting job demands					
Confusion about how their role fits with others					
Confusion about how job fits in to overall aims					

<i>Support</i>	<i>Y</i>	<i>N</i>	<i>Comments</i>	<i>Manager's Guidance</i>	<i>Further Action</i>
Feeling of lack of support from managers and colleagues					
Poor work / life balance					
<i>Capability</i>	<i>Y</i>	<i>N</i>	<i>Comments</i>	<i>Manager's Guidance</i>	<i>Further Action</i>
Feeling that you are being asked to complete work outside of your capability.					

<i>Control</i>	<i>Y</i>	<i>N</i>	<i>Comments</i>	<i>Manager's Guidance</i>	<i>Further Action</i>
Pressure to succeed					
Input into work processes					
High demand					

Change	Y	N	Comments	Manager's Guidance	Further Action
Uncertainty about plans and occurrences					
Poor communication					
Fear about job security					
Lack of consultation and arena to comment					

<i>Training</i>	<i>Y</i>	<i>N</i>	<i>Comments</i>	<i>Manager's Guidance</i>	<i>Further Action</i>

Completed by:

Employee Signature Date

Supervisor Signature Date

Action Notes

- Counselling Service details given - Y/N
- Occupational Health Referral completed - Y/N
- HR Manager contacted - Y/N
- Copy to Personal File
- Copy to Employee
- Other :

Review date:.....