

# Stress Wellbeing Risk Assessment

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Title: \_\_\_\_\_

Severity: \_\_\_\_\_ Site: \_\_\_\_\_

Date / Time: \_\_\_\_\_ Completed by: \_\_\_\_\_

## Employee Details

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1 Employee name \*

\_\_\_\_\_

2 Job title or role

\_\_\_\_\_

3 Department or team

\_\_\_\_\_

4 Line manager name

\_\_\_\_\_

5 Assessment date \*

\_\_\_\_\_

## Demands

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6 Is the workload manageable within normal working hours?  
 Yes  No  N/A

7 Does the employee regularly work beyond their contracted hours?  
 Yes  No  N/A

8 Are deadlines realistic and achievable?  
 Yes  No  N/A

9 Does the employee have the skills and training needed for their role?  
 Yes  No  N/A

10 Is the physical work environment suitable (noise, temperature, space)?  
 Yes  No  N/A

11 Describe any concerns about workload or demands

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## Control

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12 Does the employee have a say in how they carry out their work?  
 Yes  No  N/A

13 Can the employee take breaks when needed?  
 Yes  No  N/A

14 Is there flexibility in working patterns where possible?  
 Yes  No  N/A

15 Does the employee feel involved in decisions that affect their role?  
 Yes  No  N/A

16 Describe any concerns about control or autonomy

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## Support

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17 Does the employee receive adequate support from their line manager?

Yes

No

N/A

18 Does the employee receive adequate support from colleagues?

Yes

No

N/A

19 Are there systems in place to respond to individual concerns?

Yes

No

N/A

20 Is the employee aware of wellbeing resources available to them?

Yes

No

N/A

21 Does the employee have access to the tools and equipment needed?

Yes

No

N/A

22 Describe any concerns about support

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## Relationships

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23 Are working relationships generally positive?

Yes

No

N/A

24 Is there any conflict or tension within the team?

Yes

No

N/A

25 Has the employee experienced or witnessed bullying or harassment?

Yes

No

N/A

26 Are there clear procedures for reporting unacceptable behaviour?

Yes

No

N/A

27 Describe any concerns about relationships or behaviour

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## Role

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28 Does the employee have a clear understanding of their role and responsibilities?

Yes

No

N/A

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29 Are there any conflicting demands or expectations?

Yes

No

N/A

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30 Does the employee receive regular feedback on their performance?

Yes

No

N/A

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31 Are objectives and expectations clearly communicated?

Yes

No

N/A

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32 Describe any concerns about role clarity

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## Change

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33 Has the employee been affected by recent or upcoming organisational changes?

Yes

No

N/A

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34 Is information about changes communicated in a timely manner?

Yes

No

N/A

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35 Does the employee have the opportunity to ask questions or raise concerns about changes?

Yes

No

N/A

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36 Describe any concerns about change management

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## Current Wellbeing

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37 How would you rate the employee's current stress level?

Low

Moderate

High

Very high

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38 Has the employee reported any physical symptoms related to stress?

Yes

No

N/A

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39 Has the employee reported any mental health concerns?

Yes

No

N/A

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40 Is the employee currently receiving any support or treatment?

Yes

No

N/A

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41 Additional notes on current wellbeing

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## Risk Evaluation

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42 Overall risk rating

Low

Medium

High

43 Key stressors identified

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44 Recommended actions

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45 Person responsible for actions

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46 Target completion date for actions

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47 Review date

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## Sign-off

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48 Assessment completed by \*

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49 Employee signature \*

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Signature

50 Manager signature \*

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Signature

51 Date signed \*

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52 Additional comments

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