

Work/workplace stress questionnaire

Please complete!

Field of work or occupation

Job content/tasks (category 1)

What does that mean?

This category includes:

- Completeness of work
- Autonomy
- Variety
- Available information
- Responsibility
- Level of qualification
- Emotional strain

	Yes, definitely	Generally yes	Generally no	No, definitely not
1 Do you feel that you work on complete tasks, i.e. do you prepare, carry out and if applicable review your tasks yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Are your tasks commensurate with your qualifications and knowledge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Do you have control over your methods and ways of working, and are you involved in selecting and purchasing any tools/equipment that you work with?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Is the information you need to do your job available in timely fashion and adequate detail?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Do you have control over the order in which you do your tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Are the tasks assigned to you clear and consistent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Are you able to deal adequately with the emotional demands placed on you in your day-to-day work by interpersonal contact with clients/customers and individuals under your care or supervision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If you are confronted with deeply affecting or challenging situations such as violence, aggression, accidents, suffering or death, are you able to deal adequately with them in your day-to-day work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Work organisation (category 2)

What does that mean?

This category includes:

- Working hours
- Procedures
- Communication/teamwork

	Yes, definitely	Generally yes	Generally no	No, definitely not
9 Are you able to effectively plan your daily working hours in advance and are the schedules/rotas reliable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Are your preferences/requests accommodated in your working hours and rotas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Do you have enough time for your daily workload?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Are you able to complete your tasks in the available time to a level that satisfies your personal quality standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Can you complete your work without frequent disturbances and interruptions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Are you able to take adequate, undisturbed breaks on time and in a suitable environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Are your tasks, responsibilities and authority clearly defined and delineated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 If you do shift or night work or have on-call duty, does your rota provide enough time for you to rest and recover?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 If you work with colleagues from other departments or specialisms, do you feel that you have a constructive working relationship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Social relationships (category 3)

What does that mean?

This category includes:

- Working relationship with colleagues
- Support from managers
- Working relationship with managers

	Yes, definitely	Generally yes	Generally no	No, definitely not
18 Do your colleagues support you with your work when you need it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Do you find the working atmosphere in your team to be appreciative and supportive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Do you receive adequate support from your manager when you need it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Do you feel that you have a constructive working relationship with your manager?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Are you informed in good time of upcoming changes or decisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Working environment (category 4)

What does that mean?

This category includes:

- Physical or technical factors
- Psychological factors
- Set-up/design of workplace
- Tools/equipment

	Yes, definitely	Generally yes	Generally no	No, definitely not
23 Is your workplace adequately protected from environmental nuisances such as noise, constant beeps and notification sounds, poor lighting, uncomfortable temperature/ air quality or unpleasant smells?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Does your workplace uphold safety standards, for instance for work involving hazardous substances or risk of infection/accident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Do you feel your workplace has an adequate ergonomic set-up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 Do you have suitable materials, tools, equipment, hardware/software, etc. available for your tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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New ways of working (category 5)

What does that mean?

This category includes:

- Spatial mobility

- Unconventional work arrangements
- Flexitime

	Yes, definitely	Generally yes	Generally no	No, definitely not
27 Are you in secure employment, e.g. do you have a long-term or permanent contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28 Are you able to adequately balance the demands arising from your personal and professional life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 If applicable: are you able to adequately deal with these demands through flexible work arrangements (e.g. flexible location or hours)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>