

## **Work Stress Questionnaire**

There is no need to write your name and all answers will remain confidential.

Tick or circle your answers and return the completed survey to your Health and Safety Representative by: \_\_\_\_\_

1. Do you have influence over how your	
work is organised?	

Yes
No

2. Are job events clearly predictable or are they subject to last-minute deadlines?

Usually predictable

Rarely predictable

3. Do you know exactly what is required of you at work?



4. Is too much required of you at work?

Yes
No

5. Does your job involve contact with clients/public?

Yes
No

6. Have you been adequately trained to perform your job?



7. Do you experience conflict at work?

Never
Sometimes
Frequently

8. Have you experienced organisational change at work in the past 12 months?



9. Do you suffer from any of the following?

Headaches Indigestion Fatigue Cramps
Insomnia
High Blood Pressure

10. Have you taken leave from work during the past 12 months for stress?

Yes
No

**11**. If YES to Question **10**, what type of leave did you take?

Sick Leave	
Recreation Leav	e
Workers Comp	

Other: \_\_\_\_\_

12. If YES to Question 10, what do you believe is the cause of your stress?

?	<ul> <li>Organisational Change/Restructuring</li> <li>Excessive Workload</li> <li>Poor Communication</li> <li>Job Insecurity</li> <li>Supervisor Conflict/Harrassment</li> <li>Insufficient Training</li> <li>Accommodation/Working Conditions</li> <li>Public/Client Conflict</li> <li>Child Care Problems</li> </ul>
	Other:
	13. What would be the solution to your stress at work?
	<ul> <li>Reduce Workload</li> <li>Achievable Deadlines</li> <li>Opportunity to participate in decision making</li> <li>Better Training</li> <li>Better Conflict Resolution Procedures</li> <li>Better Communication with Supervisor</li> <li>Work-Based Child Care</li> </ul>
	Other: