Owner: Health, Wellbeing and Safety (HR)

Last Review: 11 July 2019

This checklist provides a basic framework to help individuals carry out a self-assessment for stress in order to identify and assess sources of stress within their own life (work and/or personal) to help seek measures to minimise the effects of these stressors. It may not address all specific circumstances, but should help to assess areas for help and support.

The checklist can either be kept confidential, or you may wish to discuss certain aspects of this checklist with your line manager, your [Human Resources Partner](http://www.deakin.edu.au/hr/contacts/client-partner.php), [Health, Well-Being and Safety](https://www.deakin.edu.au/about-deakin/faculties-and-divisions/administrative-divisions/human-resources-division), [Employee Assistance Program](https://www.deakin.edu.au/students/health-and-wellbeing/occupational-health-and-safety/employee-assistance-program) Counsellor, and/or your own doctor.

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| **Personal Details** |
| NAME: |
| DATE: |

Where you identify a "NO" answer below this may indicate an aspect which may need some attention. “N/R” - not relevant.

| **Work Factors** Where you have identified a 'NO' to any of the questions below, you should raise them with your manager in order to seek a resolution. You may also wish to discuss issues with your OHS representatives, [Health, Well-Being](https://www.deakin.edu.au/about-deakin/faculties-and-divisions/administrative-divisions/human-resources-division) and Safety or with your [Human Resources Partner](https://www.deakin.edu.au/about-deakin/faculties-and-divisions/administrative-divisions/human-resources-division). | | | |
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| **Demands** | **YES** | **NO** | **N/R** |
| Do you feel that your physical working environment is satisfactory? (lighting, noise, thermal comfort, ventilation etc) |  |  |  |
| Do you generally feel your skills and abilities meet the demands of the job? |  |  |  |
| Do you feel you are able to effectively manage your time at work? |  |  |  |
| Do you generally have a feeling of satisfaction with your job? |  |  |  |
| **Control** | **YES** | **NO** | **N/R** |
| Do you feel you have adequate control over the way you do your day-to-day work activities? |  |  |  |
| Do you feel you have adequate control over the pace at which you do your day-to-day work activities? |  |  |  |
| Do you feel you have adequate input into the planning and prioritisation of your day-to-day work activities? |  |  |  |
| Do you feel you are able to air concerns about your work environment? |  |  |  |
| Do you feel you are provided with the opportunity to improve your skills and obtain adequate training to enable you to carry out your work effectively? |  |  |  |
| **Support** | **YES** | **NO** | **N/R** |
| Do you know how to access managerial support? |  |  |  |
| Do you feel you are able to access support promptly? |  |  |  |
| Do you feel there is support available when undertaking new tasks / activities, etc? |  |  |  |
| **Relationships** | **YES** | **NO** | **N/R** |
| Do you feel there are suitable lines of communication between yourself, colleagues, and line managers, to discuss work procedures and other work related issues? |  |  |  |
| Are you satisfied that you have no significant work related problems or concerns within your work area, etc? |  |  |  |
| Are you aware of how to report work related problems or concerns within your work area? |  |  |  |
| **Role** | **YES** | **NO** | **N/R** |
| Do you feel you received adequate induction training / information to help you carry out your work? |  |  |  |
| Do you feel you can manage conflicting work demands from different managers? |  |  |  |
| Do you have a clear, reasonably accurate and understood job description? |  |  |  |
| Do you generally have a clear idea of your day-to-day activities? |  |  |  |
| Are you aware of how your job fits into the running of the wider University? |  |  |  |
| **Change** | **YES** | **NO** | **N/R** |
| Do you feel suitably able to, or are supported to, cope with any significant changes which have or may occur to your work? |  |  |  |
| Do you feel there is adequate consultation within your area with regard to major changes to work or smaller changes that affect you directly? |  |  |  |
| Are you aware of support available to assist with any changes? |  |  |  |
| **Civility** | **YES** | **NO** | **N/R** |
| Is your team inclusive and welcoming? |  |  |  |
| Is respect shown to team members, clients and other teams? |  |  |  |
| Is sarcasm and gossip at acceptable levels and boundaries are respected? |  |  |  |
| Are you free from significant concerns about unfair or inappropriate treatment within your own workplace? |  |  |  |
| Are you free from significant concerns about harassment or excessive conflict within your own workplace? |  |  |  |
| **Work-Life Balance** | **YES** | **NO** | **N/R** |
| Are you able to maintain an acceptable work-life balance most of the time? |  |  |  |

| **Personal Factors**  **Where you have identified a 'NO' to any of the questions above, you may also wish to discuss issues with your doctor or with a counsellor through the** [**Employee Assistance Program**](https://www.deakin.edu.au/students/health-and-wellbeing/occupational-health-and-safety/employee-assistance-program) | | | |
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| **Health Factors** | **YES** | **NO** | **N/R** |
| Are you aware of the importance of keeping physically active? |  |  |  |
| Do you generally manage to incorporate physical exercise into each day/week? |  |  |  |
| Are you aware of the importance of a healthy balanced diet and incorporating fruit, vegetables and grains into your daily diet? |  |  |  |
| Do you generally manage to eat a healthy balanced diet? |  |  |  |
| Are you generally in good health? |  |  |  |
| Do you generally manage to have an adequate restful sleep pattern? |  |  |  |
| **Relationship Factors** | **YES** | **NO** | **N/R** |
| Do you generally feel you are able to create adequate quality time with family / friends? |  |  |  |
| Are you free from significant concerns regarding your close relationships (partner, relatives, friends, etc)? |  |  |  |
| **Financial Factors** | **YES** | **NO** | **N/R** |
| Are you free from significant concerns regarding your financial security /wellbeing? |  |  |  |