

Stress in the workplace: signs and causes Personal checklist

This checklist will help you identify the stress you are personally experiencing and determine the causes.

In this checklist, stress is understood to exclusively refer to a negative phenomenon that is experienced by the stressed person as inescapable, unrelenting pressure that hampers productivity, gives rise to tension and anxiety and severely impacts well-being and health in the long term. Challenges and high expectations that serve to motivate high-level performance (e.g. confronting challenging but solvable problems) are not included in this definition.

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Signs of stress

States of stress give rise to clearly perceptible signs in a person at the physical and behavioural level and should above all be taken seriously if they persist or arise often. Certain signs may be indications of debilitating stress.

Which of the signs of stress listed below have you noticed in yourself, and with what frequency, during the last three months in your working and/or private life?

Physical level

I have noticed the following signs of stress in the past three months:

	1	2	3	4	5
	Almost never	Rarely, i.e. about once a month	Sometimes, i.e. about once a week	Regularly, i.e. several times a week	Continuously
I perspire for no apparent reason.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I suffer from neck, shoulder or back pain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have stomach or digestive issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have headaches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have circulation problems (e.g. blood pressure, pulse).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel exhausted quickly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I generally feel tired.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have trouble falling asleep or sleeping through the night.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Psychological/emotional level

I have noticed the following signs of stress in the past three months:

I feel low/depressed.

I suffer from self-doubt.

I am anxious or irritable.

I am hypersensitive.

I feel useless.

I take a pessimistic view of things.

I find it hard to switch off after work.

I feel listless.

Mental level

I have noticed the following signs of stress in the past three months:

I struggle to concentrate.

I forget things/have a poor memory.

I struggle with anything new.

I find it hard to make decisions.

	1	2	3	4	5
	Almost never	Rarely, i.e. about once a month	Sometimes, i.e. about once a week	Regularly, i.e. several times a week	Continuously
I feel low/depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I suffer from self-doubt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am anxious or irritable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am hypersensitive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel useless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take a pessimistic view of things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it hard to switch off after work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel listless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1	2	3	4	5
	Almost never	Rarely, i.e. about once a month	Sometimes, i.e. about once a week	Regularly, i.e. several times a week	Continuously
I struggle to concentrate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I forget things/have a poor memory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I struggle with anything new.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it hard to make decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Behavioural level

I have noticed the following signs of stress in the past three months:

	1	2	3	4	5
	Almost never	Rarely, i.e. about once a month	Sometimes, i.e. about once a week	Regularly, i.e. several times a week	Continuously
I am neglecting my relationships/social life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am not taking any breaks at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am making silly mistakes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am not eating regularly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been involved in accidents or near-misses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I need to use more energy to maintain my level of performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I exercise regularly.*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not go to work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I no longer make any plans/I only think about the next item of work I have to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would like to change jobs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now review your scores of the potential signs of stress in the four different areas. Where you have ticked columns 3, 4 or 5, it may indicate that you are suffering from stress.* The greater the number of scores falling in this range and the greater the intensity with which you experience these signs of stress, the higher your personal stress level. Please now take the following action:

- Observe yourself for the potential signs of stress over the next several weeks. How do you feel when they occur?
- Work through the next section of the checklist with an eye to identifying possible reasons why you might be stressed. Talk to your colleagues, line managers and internal or external specialists.
- If you experience any of these signs as particularly strong and threatening, do not hesitate to seek medical advice.
- Your health is important!

* In contrast to the other statements, exercise is a positive behaviour. So, the interpretation of the scale should be reversed in this case: ticks in columns 1, 2 and 3 may indicate personal stress.

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Causes of stress

There are various potential reasons for stress, which sometimes interact and influence each other. Please rate the following statements on a scale of “disagree” to “agree entirely”.

Causes of stress in your personal life, general causes

	1	2	3	4	5
	Disagree	Mostly disagree	Agree to some extent	Mostly agree	Agree entirely
I am suffering following the death of a relative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am suffering after breaking up with my partner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am suffering because I have a serious illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am suffering because a loved one has suffered a serious illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am suffering from financial problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am suffering from problems in my relationship with relatives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My personal life is suffering because of the demands being placed on me professionally – I am struggling to find the right work-life balance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not have someone whom I can talk to openly about my real problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Causes of stress in your working/professional life

	1	2	3	4	5
	Disagree	Mostly disagree	Agree to some extent	Mostly agree	Agree entirely
The volume of work is overwhelming (not just lots of work).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I lack the time to plan and organise my work properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I lack the expertise for the targets and tasks I have been assigned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find my work boring.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My work does not correspond with my actual interests and preferences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued overleaf

There is too much routine and too few challenges in my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have no influence on how my work is planned and structured.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My work consists of isolated steps and is not a well-rounded whole.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not have enough decision-making independence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not receive support when I need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are unresolved tensions and conflicts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My line managers only communicate with me in a top-down manner. My proposals, suggestions and criticisms are not taken seriously.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not get any real feedback (lack of recognition and constructive criticism).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not have influence over my development/career.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I work under poor external working conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often interrupted when working.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consequences

Now go through the checklist again, review your assessments regarding signs of stress and potential causes of stress, and then please answer the following questions.

How much is your life currently affected by negative, debilitating stress?	1	2	3	4	5
	Not affected	Only slightly affected	Partially affected	Quite affected	Very affected
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you are affected by negative stress: does stress impact you negatively more in your personal or your professional life?	1	2	3	4	5
	Only my personal life	Mainly my personal life	My personal and professional life equally	Mainly my professional life	Only my professional life
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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If you are affected by negative stress: how important do you feel measures are for reducing your stress?

1	2	3	4	5	6	7
Totally unimportant	Unimportant	Somewhat unimportant	So, so	Rather important	Very important	Extremely important
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If measures to reduce stress are important to you: what do you think should be the top priority? WHO should do WHAT, HOW and WHEN?

For more information visit: helsana.ch/sme-toolbox