

## Stress – Self Assessment Exercise

Below are listed events that occur in the process of living. Place a check in the left hand column for each of those events that have happened to you during the last 18 months. Then add up your total STRESS point score.

<i>Life Event</i>	<i>Stress Points</i>
<input type="checkbox"/> Death of a parent or sibling	100
<input type="checkbox"/> Divorce in family	73
<input type="checkbox"/> Marital separation in family	65
<input type="checkbox"/> Jail term in family	63
<input type="checkbox"/> Death of a close relative	63
<input type="checkbox"/> Personal injury or illness	53
<input type="checkbox"/> Marriage	50
<input type="checkbox"/> Fired from work	47
<input type="checkbox"/> Marital reconciliation	45
<input type="checkbox"/> Retirement	45
<input type="checkbox"/> Change in family member's health	44
<input type="checkbox"/> Pregnancy	40
<input type="checkbox"/> Sexual difficulties	39
<input type="checkbox"/> Addition to family	39
<input type="checkbox"/> Business adjustment	39
<input type="checkbox"/> Change in financial status	38
<input type="checkbox"/> Death of a close friend	37
<input type="checkbox"/> Change to a different line of work/start work	36
<input type="checkbox"/> Change in number of marital/family arguments	35
<input type="checkbox"/> Mortgage or loan over \$10,000	31
<input type="checkbox"/> Foreclosure on mortgage or loan	30
<input type="checkbox"/> Change in work/school responsibilities	29
<input type="checkbox"/> Brother or sister leaving home	29
<input type="checkbox"/> Trouble with parents	29
<input type="checkbox"/> Outstanding personal achievement	28
<input type="checkbox"/> Spouse begins or stops work	26
<input type="checkbox"/> Starting or finishing school	26
<input type="checkbox"/> Change in living conditions	25
<input type="checkbox"/> Revision of personal habits	24
<input type="checkbox"/> Trouble with teachers	23
<input type="checkbox"/> Change in work hours, conditions	20
<input type="checkbox"/> Change in residence	20
<input type="checkbox"/> Change in schools	20
<input type="checkbox"/> Change in recreation habits	19
<input type="checkbox"/> Change in church activities	19
<input type="checkbox"/> Change in social activities	18
<input type="checkbox"/> Mortgage or loan under \$10,000	17
<input type="checkbox"/> Change in sleeping habits	16
<input type="checkbox"/> Change in number of family gatherings	15
<input type="checkbox"/> Change in eating habits	15
<input type="checkbox"/> Vacation	13
<input type="checkbox"/> Christmas season	12
<input type="checkbox"/> Minor violations of the law	11
	_____ Score

### Grading your Stress Level

If your total score is:

**0-150:** Your stress level is relatively low. However, you do need to reassess your current coping mechanisms to continue this trend.

**151-300:** Your stress level falls into the Moderate to Borderline range. Serious consideration should be given to altering your current coping mechanisms. It is also advisable that you minimize drastic changes through the next several months.

**301+:** Your stress level is High and demands immediate re-evaluation of your current coping skills and the formulation of new ones. No changes should be considered in the near future. A relaxation program is advised. Since there is a high correlation between increased stress and health problems, it is strongly recommended that you consult a physician regularly to monitor your status.