Life Stress Questionnaire

Name		Date		
	wo years, have you had any of the following things happen items (and only those items that apply to you). Circle only 7.			
		POINT		
		VALUE		
	LIFE EVENT			-
Example:	a	Slight	Moderate	Great
	Change in social activities	4.0		• •
	Change in sleeping habits	10	15	20
	Change in residence	10	15	20
1		- 10	15	20
1.	Change in social activities	10	1.5	20
2.	Change in sleeping habits	10	15	20
3.	Change in residence	10	15	20
4.	Change in work hours	10	20	30
5.	Change in church activities	15	20	25 25
6.	Tension at work	15	20	25
7. 8.	Small children in the home	20 20	25 25	30
	Change in living conditions			30
9. 10	Outstanding personal achievement	20 25	25 30	30 35
10. 11.	Problem teenager(s) in the home	25 25	30	35
11.		25 25	30	35 35
13.	Difficulties with peer group	25 25	30	35 35
13. 14.	Son or daughter leaving home	25 25	30	35
15.		25 25	30	35
15. 16.	Taking over a major financial responsibility	25 25	30	35
10. 17.	Foreclosure of mortgage of loan	25 25	30	35
18.	Change in relationship with spouse	30	35	40
19.	Loss of a close friend	30	35	40
20.	Gain of a new family member	30	35	40
20.	Sex difficulties	35	40	45
22.	Pregnancy	35 35	40	45
23.	Change in health of family member	35	40	45
24.	Retirement	40	45	50
25.	Loss of job	40	45	50
26.	Change in quality of religious faith	45	50	55
27.	Marriage	45	50	55
28.	Personal injury or illness	45	50	55
29.	Loss of self confidence	45	50	55
30.	Death of a close family member	55	60	65
31.	Injury to reputation	50	60	70
32.	Trouble with the law	50	60	70
33.	Marital separation	55	65	75
34.	Divorce	55	65	75 75
35.	Death of spouse	65	76	85
36.	Other (invalid in family; drug or	80	100	120
50.	alcohol problem, etc):	50	100	120
	mooner proofering one,			
37.	Other:			

Total of three columns

Scoring System:

- (1) Greater than 300, highly significant life stress
- (2) 200-300, significant life stress
- (3) 150-200, moderate life stress
- (4) Less than 150, low life stress