

## Mind For Life Life Stress Questionnaire

Have you had any of the following things happen to you during the past year? If so, simply note the number preceding each of those items then add the numbers together to make your total score.

Score only the items which apply to you.

Reference No. or Name: ..... Date: .....

<u><i>Point Value</i></u>	<u><i>Event</i></u>
15	Change in social activities
15	Change in sleeping habits
20	Change in residence
20	Change in work hours
25	Tension at work
25	Small children in the home
25	Change in living conditions
30	Outstanding personal achievement
30	Problem teenager(s) in the home
30	Trouble with in-laws
30	Difficulties with peer group
30	Son or daughter leaving home
30	Change in responsibilities at work
30	Taking over major financial responsibility
30	Foreclosure of mortgage or loan
35	Change in relationship with spouse
35	Change to different line of work
35	Loss of a close friend
40	Gain of a new family member
40	Sexual difficulties

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<u>Point Value</u>	<u>Event</u>
40	Pregnancy
45	Change in health of family member
45	Retirement
50	Loss of job
50	Change in quality of religious faith
50	Marriage
50	Personal injury or illness
60	Loss of self-confidence
60	Death of a close family member
60	Injury to reputation
65	Trouble with the law
65	Marital separation
75	Divorce
100	Death of a spouse
_____	<b>Grand total</b>

Your total score measures the amount of stress to which you have been subjected. Unless you learn to deal with all the changes in your life in a safe and healthy way it could lead to illness, and negative events in your life.

- A score of 150 or less is normal.
- With a score of 150-250, one-third of all persons will experience illness or accident.
- If you scored 250-300, you have a 50:50 chance of accident or illness.
- Above a score of 350, you may be 75 percent sure of trouble in the months ahead.