

LIFE STRESS SCALE

This widely reprinted index lists **43 stressful life events** and the **value** of each in "stress units."

Instructions: **First**, check the box for events that have happened to you within the past 1-1½ years. After completing instruction two, add up the number of "stress units" to acquire **Your Total Score**.

Second, use the blank lines between items to include your own life-stress events, and assign an appropriate number of points you determine by comparing it to the events ranked in the chart.

Notice: "positive" events (Outstanding personal achievement, Vacation, Christmas) can be as stressful as "negative" ones. *Reflect on unlisted experiences in your life that generate stress*, such as, estrangement from a child, running in a marathon, having an affair, buying a new car, being overweight, experiencing a miscarriage, becoming sleep deprived, loss of or acquiring a pet, adopting a child, taking major travel trips, etc.

Holmes and Rahe, who developed the **Life Stress Scale**, found in their research that: **A score of 150** for events occurring within the last year gives you a **50% chance of developing an illness (medical or mental)**; **A score of 300+** gives you a **90% chance**.

<u>LIFE EVENT</u>	<u>YOUR VALUE SCORE</u>
<input type="checkbox"/> Death of spouse	100 _____
<input type="checkbox"/> Divorce	73 _____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> Marital Separation	65 _____
<input type="checkbox"/> Jail term	63 _____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> Death of close family member	63 _____
<input type="checkbox"/> Personal injury or illness	53 _____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> Becoming married	50 _____
<input type="checkbox"/> Fired from work	47 _____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> Marital reconciliation	45 _____
<input type="checkbox"/> Retirement	45 _____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> Change in health of family member	44 _____
<input type="checkbox"/> Pregnancy	40 _____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> Sexual Difficulties	39 _____
<input type="checkbox"/> Gain of new family member	39 _____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> Business readjustment	39 _____
<input type="checkbox"/> Change in financial state	38 _____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> Death of close friend	37 _____
<input type="checkbox"/> Change to different line of work	36 _____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> Change in number of arguments with spouse	35 _____
<input type="checkbox"/> Mortgage over \$10,000	31 _____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> Foreclosure of mortgage/loan	30 _____
<input type="checkbox"/> Change in responsibilities at work	29 _____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> Son/daughter leaving home	29 _____

<u>LIFE EVENT</u>	<u>YOUR VALUE SCORE</u>
<input type="checkbox"/> Trouble with in-laws	29 _____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> Outstanding personal achievement	28 _____
<input type="checkbox"/> Spouse begins or stops work	28 _____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> Begin or end school	26 _____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> Change in living conditions	25 _____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> Revision of personal habits	24 _____
<input type="checkbox"/> Trouble with boss	23 _____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> Change in work hours or conditions	20 _____
<input type="checkbox"/> Change in residence	20 _____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> Change in schools	20 _____
<input type="checkbox"/> Change in recreation	19 _____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> Change in church activities	19 _____
<input type="checkbox"/> Change in social activities	18 _____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> Mortgage/loan less than \$10,000	17 _____
<input type="checkbox"/> Change in sleeping habits	16 _____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> Change in number of family get-togethers	15 _____
<input type="checkbox"/> Change in eating habits	15 _____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> Vacation	13 _____
<input type="checkbox"/> Christmas	12 _____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> Minor violations of the law	11 _____
<input type="checkbox"/> _____	_____

YOUR TOTAL SCORE

YOUR NAME _____

Date _____

This **Life Stress Scale** was reformatted by **Chaplain Roy B. Nash**, M. Div., LMFT, LCPC, AAPC, APA, IABMCP and APC, a Marriage & Family Therapist and Pastoral Psychotherapist: **Belief-focused Care & Healing**, Springfield, IL. www.roynash.com. The original source is Holmes and Rahe, Stress Researchers. Permission is granted for unlimited reproduction of this **LSC**. Reformatted: 2001, 2006.