

# Life Stress Questionnaire

Name \_\_\_\_\_

Date \_\_\_\_\_

During the past two years, have you had any of the following things happen to you? If so, simply circle one of the numbers following those items (and **only those items** that apply to you). Circle only one number after each event which has occurred in your life recently.

		<b>POINT VALUE</b>		
		<b>Slight</b>	<b>Moderate</b>	<b>Great</b>
Example:	<b>LIFE EVENT</b>			
	Change in social activities .....			
	Change in sleeping habits .....	10	15	20
	Change in residence .....	10	15	20
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	1. Change in social activities .....	-----	-----	-----
	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
	6. Tension at work .....	15	20	25
	7. Small children in the home .....	20	25	30
	8. Change in living conditions .....	20	25	30
	9. Outstanding personal achievement .....	20	25	30
	10. Problem teenager(s) in the home .....	25	30	35
	11. Trouble with in-laws .....	25	30	35
	12. Difficulties with peer group .....	25	30	35
	13. Son or daughter leaving home .....	25	30	35
	14. Change in responsibilities at work .....	25	30	35
	15. Taking over a major financial responsibility .....	25	30	35
	16. Foreclosure of mortgage of loan .....	25	30	35
	17. Change in relationship with spouse .....	25	30	35
	18. Change to different line of work .....	30	35	40
	19. Loss of a close friend .....	30	35	40
	20. Gain of a new family member .....	30	35	40
	21. Sex difficulties .....	35	40	45
	22. Pregnancy .....	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
	35. Death of spouse .....	65	76	85
	36. Other (invalid in family; drug or alcohol problem, etc):	80	100	120
	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