

Contemporary Stress [Put a check next to the stressors in your life]

<input type="checkbox"/> Death of a spouse or child	10	<input type="checkbox"/> Relationship problems	3
<input type="checkbox"/> Death of a parent	9	<input type="checkbox"/> Parent's divorce or remarriage	3
<input type="checkbox"/> Divorce	7	<input type="checkbox"/> Obesity	3
<input type="checkbox"/> Acute serious illness	7	<input type="checkbox"/> Poor living conditions	3
<input type="checkbox"/> Depression	7	<input type="checkbox"/> Long commute	3
<input type="checkbox"/> Birth of a grandchild	6	<input type="checkbox"/> Mortgage or loan over \$30,000	3
<input type="checkbox"/> Death of close family member	6	<input type="checkbox"/> Major personal achievement	3
<input type="checkbox"/> Caring for sick family member	6	<input type="checkbox"/> History of childhood abuse	3
<input type="checkbox"/> Personal injury	6	<input type="checkbox"/> No exercise	3
<input type="checkbox"/> Acute serious injury	6	<input type="checkbox"/> Sleep disorder	3
<input type="checkbox"/> Decreased income	6	<input type="checkbox"/> Poor eating habits	3
<input type="checkbox"/> Marital arguments	6	<input type="checkbox"/> New residence	3
<input type="checkbox"/> Fired from work	6	<input type="checkbox"/> Change in work hours	3
<input type="checkbox"/> Pregnancy	5	<input type="checkbox"/> Change in work responsibilities	3
<input type="checkbox"/> Miscarriage or abortion	5	<input type="checkbox"/> Son or daughter leaving home	2
<input type="checkbox"/> Chronic serious illness	5	<input type="checkbox"/> Difficult in-law	2
<input type="checkbox"/> Victim of crime	5	<input type="checkbox"/> Difficult stepparent	2
<input type="checkbox"/> Foreclosure on mortgage or loan	5	<input type="checkbox"/> Change of school or college	2
<input type="checkbox"/> Bankruptcy or investment crisis	5	<input type="checkbox"/> Spouse begins or stops working	2
<input type="checkbox"/> Jail term	5	<input type="checkbox"/> Starting or finishing school	2
<input type="checkbox"/> Divorced with young children	5	<input type="checkbox"/> Technology overload	2
<input type="checkbox"/> Death of a close friend	4	<input type="checkbox"/> Trouble with boss	2
<input type="checkbox"/> Retirement	4	<input type="checkbox"/> Increased income	2
<input type="checkbox"/> Caring for multiple young children	4	<input type="checkbox"/> Watching television violence	2
<input type="checkbox"/> Lack of job skills	4	<input type="checkbox"/> Threat of terrorism or war	2
<input type="checkbox"/> Lack of education	4	<input type="checkbox"/> No recreational activities	2
<input type="checkbox"/> Car or other accident	4	<input type="checkbox"/> Loud noise	2
<input type="checkbox"/> Change in family member's health	4	<input type="checkbox"/> Contending with traffic	2
<input type="checkbox"/> Addition to family	4	<input type="checkbox"/> Minor law violation	2
<input type="checkbox"/> Major life decision	4	<input type="checkbox"/> Christmas season	2
<input type="checkbox"/> Sexual difficulties	4	<input type="checkbox"/> Change in political beliefs	2

Stress Index [Add together all of your stressors]

Column 1 + Column 2 = YOUR STRESS INDEX