

LIFE STRESSORS

NAME _____ TODAY'S DATE ____/____/____ ID# _____

List your five worst current stresses or problems:

- 1.
- 2.
- 3.
- 4.
- 5.

Describe your current level of stress:

Underline any of the following that ever occurred to you. **Circle** any of the following that have occurred in the last 12 months.

- | | | |
|-----------------------------|--------------------------|------------------------------------|
| Death in family | Divorce | Separation from family |
| Detention in jail | Hospitalization | Serious illness/injury in family |
| Being fired, laid-off | Marriage | Major business problems/Retirement |
| Sexual problems | Retirement | Major financial changes |
| Changing jobs | Pregnancy | Loss/Gain of family member at home |
| Taking a mortgage | Foreclosure/
Eviction | Beginning/Ceasing schooling |
| In-law problems | Psychotherapy | Outstanding personal achievement |
| Family gathering | Moving | Change in living conditions |
| Spouse starts/stops
work | Vacation | Change of sleeping habits |

Circle yes or no to any of the following:

- | | | |
|---|-----|----|
| I am blamed for things that are not my fault. | Yes | No |
| It is hard to change other people's minds. | Yes | No |
| The best way to handle a problem is not to think about it. | Yes | No |
| It's better to be lucky than to be smart. | Yes | No |
| Planning ahead usually makes things turn out better. | Yes | No |
| When a person gets angry at me, I can't change how they feel. | Yes | No |
| Bad things are going to happen no matter what I do. | Yes | No |
| Dreams and certain people can foretell the future. | Yes | No |
| I often feel on edge or irritable. | Yes | No |
| I feel as if "I just can't get things done." | Yes | No |
| I never rage or have temper outbursts. | Yes | No |
| I worry about being trapped or caught. | Yes | No |
| I usually hate to go to work. | Yes | No |
| I am disillusioned and resentful about people. | Yes | No |
| I never feel confused about what to do. | Yes | No |
| I feel inferior to others. | Yes | No |
| I cry easily. | Yes | No |
| I have not been feeling like myself at home. | Yes | No |