

Stress Evaluation Questionnaire

Name: _____ Date: _____ DOB: _____ Circle One
Female Male

This questionnaire is intended to be a subjective assessment of stressors and related symptoms and complaints. The questions have assigned scores / point values. Add the scores of each section and return this paper to your Doctor for evaluation.

Part I

For score, multiply points from Column 2 (symptom) by points from Columns 3, 4 or 5 (duration)

ADRENAL RELATED PROBLEM	POINTS	DURATION (YEARS)			SCORE
		½ Year (x ½)	1 Year (x 1)	2 Years (x 2)	
Excessive Fatigue	10				
Dry & thin skin	10				
Nervousness / Irritability	9				
Low body temperature	8				
Pre-menstrual tension	8				
Inability to concentrate	8				
Mental Depression	8				
Food Allergies & Sensitivities	7				
Craving for Sweets	7				
Headaches	6				
Alcohol Intolerance	6				
Poor Memory	5				
Heart Palpation	5				

TOTAL SCORE:

Part II

Do you have chronic pain?: YES NO

Stress Evaluation Questionnaire

Part III**

Circle "Yes" or "No" to each life event in this list that happened in the last twelve months (see following note).

N.B.*:If you have been sick for some time, please consider the life events as far back as twelve to twenty-four months PRIOR to your becoming ill or in the past 12 months. When done, total the score and enter in the box below.

<u>LIFE EVENT</u>	<u>ANSWER</u>		<u>POINT VALUE</u>	<u>YOUR SCORE</u>
Death of spouse	YES	NO	100	_____
Divorce	YES	NO	75	_____
Marital Separation	YES	NO	65	_____
Jail Term	YES	NO	63	_____
Death of close family member	YES	NO	63	_____
Personal injury or illness	YES	NO	53	_____
Marriage	YES	NO	50	_____
Fired from work	YES	NO	47	_____
Marital Reconciliation	YES	NO	45	_____
Retirement	YES	NO	45	_____
Change in family member's health	YES	NO	44	_____
Pregnancy	YES	NO	40	_____
Sex difficulties	YES	NO	39	_____
Addition to family	YES	NO	39	_____
Business readjustment	YES	NO	39	_____
Change in financial status	YES	NO	38	_____
Death of close friend	YES	NO	36	_____
Change in line of work	YES	NO	35	_____
Change in number of marital arguments	YES	NO	35	_____
Mortgage or loan over \$10,000	YES	NO	31	_____
Foreclosure of mortgage or loan	YES	NO	30	_____
Change in work responsibilities	YES	NO	29	_____
Son or daughter leaving home	YES	NO	29	_____
Trouble with in-laws	YES	NO	29	_____
Outstanding personal achievement	YES	NO	28	_____
Spouse begins or stops work	YES	NO	26	_____
Starting or finishing school	YES	NO	26	_____
Change in living conditions	YES	NO	25	_____
Revision of personal habits	YES	NO	24	_____
Trouble with Boss	YES	NO	23	_____
Change in work hours, conditions	YES	NO	20	_____
Change in residence	YES	NO	20	_____
Change in schools	YES	NO	20	_____
Change in recreational habits	YES	NO	19	_____
Change in church activities	YES	NO	18	_____
Mortgage or loan under \$10,000	YES	NO	18	_____
Change in sleeping habits	YES	NO	16	_____
Change in number of family gatherings	YES	NO	15	_____
Change in eating habits	YES	NO	15	_____
Vacation	YES	NO	13	_____
Christmas Vacation	YES	NO	12	_____
Minor violation of the law	YES	NO	11	_____
			TOTAL SCORE:	=====

150 or less: 37% chance of getting sick within the next two years. Roughly one in three.
 151-299: 50% chance of illness within the next two years.
 300 or above: 80% chance of illness within the next two years.

** Holmes, TH and Rahe, RH Booklet for Schedule of Recent Experiences (SRE) Seattle, University of Washington, 1967 (modified)