

# A JOURNEY TO REDUCING STRESS

In this exercise put a check next to the statements that apply to you.

<i>Description</i>	<i>Check</i>
1. Has a close family member passed away?	
2. Did your spouse or partner die?	
3. Did you get a divorce?	
4. Are you separated?	
5. Did you get married?	
6. Did you enter retirement?	
7. Are you, or were you recently pregnant?	
8. Did you welcome a child or did someone join your family?	
9. Did you experience the death of a close friend?	
10. Did your child leave home?	
11. Have you had trouble with your in-laws?	
12. Have you experienced a major personal achievement?	
13. Have you been arguing differently with your partner (either more or less than usual)?	
14. Has your partner either stopped working, or recently gone back to work?	
15. Have you had a major change in your personal habits?	
16. Has your family expanded or gotten smaller?	
17. Have you foreclosed on a mortgage or loan?	
18. Have you taken on a mortgage or loan less than \$10,000?	
19. Have you taken on a mortgage or loan of more than \$10,000?	
20. Have you experienced a change in your financial status?	
21. Have you had a change in living conditions?	
22. Have you moved to a difference residence?	
23. Have you changed your participation in recreational activities (either more or less involved)?	
24. Have you had a change in religious activities?	
25. Have you experienced a change in your sleeping habits?	
26. Has there been a change in your eating habits?	
27. Are you serving a jail term?	
28. Have you had parking tickets or other minor violations of the law?	
29. Were you fired or laid off?	
30. Has your business experienced setbacks?	
31. Have you changed to a different line of work?	
32. Have you had a change in responsibilities at work?	
33. Are you working different hours, or in different conditions?	
34. Are you having conflicts with your boss?	
35. Did you take a vacation?	
36. Did you celebrate Christmas (or other major holidays)?	
37. Did you begin or end school?	
38. Did you change schools?	
39. Were you injured or diagnosed with a serious illness?	
40. Was a family member injured or diagnosed with a serious illness?	
41. Have you experienced sexual difficulties?	

*Scores of 1-9 Few Hassles* (Make sure, that you are not trying so hard to avoid problems that you shy away from challenges.)

*Scores of 9-18 Pretty Good Control* (Work on the choices and habits that could still be causing you some unnecessary stress in your life)

*Scores of 18-27 Danger Zone.* Watch out! (You may very well be suffering stress-related symptoms and your relationships could be strained. Think carefully about choices you have made and take relaxation breaks every day.)

*Scores of 27+ Stressed Out.* You need help. (Emergency! You must stop now and re-think how you are living, change your attitude, and pay careful attention to diet, exercise, and relaxation.)

**\*\* This is a guide and your actual stress can vary greatly. Some people may become very stressed with only one item above (especially the major ones) while other people may be able to handle larger amounts of stress.**