

**Schedule of Recent Experience  
Part A**

*Instructions.* Think back on each possible life event listed below, and decide if it happened to you within the last year. If the event did happen, check the box next to it.

	<i>Check here if event happened to you</i>	<i>Mean value (use for scoring later)</i>
1. A lot more or a lot less trouble with the boss.	_____	_____
2. A major change in sleeping habits (sleeping a lot more or a lot less, or change in part of day when asleep).	_____	_____
3. A major change in eating habits (a lot more or a lot less food intake, or very different meal hours or surroundings).	_____	_____
4. A revision of personal habits (dress, manners, associations, etc.).	_____	_____
5. A major change in your usual type and/or amount of recreation.	_____	_____
6. A major change in your social activities (clubs, dancing, movies, visiting, etc.).	_____	_____
7. A major change in church activities (a lot more or a lot less than usual).	_____	_____
8. A major change in number of family get-togethers (a lot more or a lot less than usual).	_____	_____
9. A major change in financial state (a lot worse off or a lot better off than usual).	_____	_____
10. In-law troubles.	_____	_____
11. A major change in the number of arguments with spouse (a lot more or a lot less than usual regarding child-rearing, personal habits, etc.).	_____	_____
12. Sexual difficulties.	_____	_____

	<i>Number of times</i>	×	<i>Mean value</i>	=	<i>Your score</i>
30. Major change in responsibilities at work (promotion, demotion, lateral transfer).	_____		_____		_____
31. Being fired from work.	_____		_____		_____
32. Major change in living conditions (building a new home, remodeling, deterioration of home or neighborhood).	_____		_____		_____
33. Wife beginning or ceasing work outside the home.	_____		_____		_____
34. Taking on a mortgage greater than \$25,000 (purchasing a home, business, etc.).	_____		_____		_____
35. Taking on a mortgage or loan of less than \$25,000 (purchasing a car, TV, freezer, etc.).	_____		_____		_____
36. Foreclosure on a mortgage or loan.	_____		_____		_____
37. Vacation.	_____		_____		_____
38. Changing to a new school.	_____		_____		_____
39. Changing to a different line of work.	_____		_____		_____
40. Beginning or ceasing formal schooling.	_____		_____		_____
41. Marital reconciliation with mate.	_____		_____		_____
42. Pregnancy.	_____		_____		_____
			<i>Your total score</i>		_____

**Scoring**

The "Mean values" for each life event are listed below. Write in the mean values for those events that happened to you. For items in Part B, multiply the mean value by the number of times an event happened, and enter the result in "Your score." Add up the mean values in Part A and your scores in Part B to get your total score.

**Schedule of Recent Experience  
Part B**

*Instructions.* In the space provided, indicate the *number of times* that each applicable event happened to you within the last two years.

	<i>Number of times</i>	× <i>Mean value</i>	=	<i>Your score</i>
13. Major personal injury or illness.	_____	_____	_____	_____
14. Death of a close family member (other than spouse).	_____	_____	_____	_____
15. Death of spouse.	_____	_____	_____	_____
16. Death of a close friend.	_____	_____	_____	_____
17. Gaining a new family member (through birth, adoption, oldster moving in, etc.).	_____	_____	_____	_____
18. Major change in the health or behavior of a family member.	_____	_____	_____	_____
19. Change in residence.	_____	_____	_____	_____
20. Detention in jail or other institution.	_____	_____	_____	_____
21. Minor violations of the law (traffic tickets, jaywalking, disturbing the peace, etc.).	_____	_____	_____	_____
22. Major business readjustment (merger, reorganization, bankruptcy, etc.).	_____	_____	_____	_____
23. Marriage.	_____	_____	_____	_____
24. Divorce.	_____	_____	_____	_____
25. Marital separation from spouse.	_____	_____	_____	_____
26. Outstanding personal achievement.	_____	_____	_____	_____
27. Son or daughter leaving home (marriage, attending college, etc.).	_____	_____	_____	_____
28. Retirement from work.	_____	_____	_____	_____
29. Major change in working hours or conditions.	_____	_____	_____	_____

## Symptoms Checklist

The major objective of this workbook is to help you achieve symptom relief using relaxation and stress reduction techniques. So that you can determine exactly which symptoms you want to work on, complete the following checklist. This symptoms checklist will tell you a great deal about how you respond to stress. Depending on the nature of the stress in your life and your unique response to it, different techniques will be more helpful to you than others.

After you have used this workbook to master the stress reduction techniques that work best for you, return to this checklist and use it to measure your symptom relief.

Rate your stress-related symptoms below for the degree of discomfort they cause you, using this 10-point scale:

<i>Slight Discomfort</i>			<i>Moderate Discomfort</i>				<i>Extreme Discomfort</i>		
1	2	3	4	5	6	7	8	9	10

<i>Symptom</i>	<i>Degree of discomfort (1-10) now</i>	<i>Degree of discomfort (1-10) after mastering relaxation &amp; stress reduction techniques</i>
<i>(Disregard those you don't experience)</i>		
<b>Anxiety in specific situations</b>		
Tests .....	_____	_____
Deadlines .....	_____	_____
Interviews .....	_____	_____
Other _____	_____	_____
<b>Anxiety in personal relationships</b>		
Spouse .....	_____	_____
Parents .....	_____	_____
Children .....	_____	_____
Other _____	_____	_____
<b>Anxiety, general—regardless of the situation or the people involved</b>		
Depression .....	_____	_____
Hopelessness .....	_____	_____
Powerlessness .....	_____	_____
Poor self esteem .....	_____	_____

<i>Symptom</i>	<i>Degree of discomfort (1-10) now</i>	<i>Degree of discomfort (1-10) after mastering relaxation &amp; stress reduction techniques</i>
Hostility .....	_____	_____
Anger .....	_____	_____
Irritability .....	_____	_____
Resentment .....	_____	_____
Phobias .....	_____	_____
Fears .....	_____	_____
Obsessions, unwanted thoughts .....	_____	_____
Muscular tension .....	_____	_____
High blood pressure .....	_____	_____
Headaches .....	_____	_____
Neckaches .....	_____	_____
Backaches .....	_____	_____
Indigestion .....	_____	_____
Irritable bowel .....	_____	_____
Ulcers .....	_____	_____
Chronic constipation .....	_____	_____
Chronic diarrhea .....	_____	_____
Muscle spasms .....	_____	_____
Tics .....	_____	_____
Tremors .....	_____	_____
Fatigue .....	_____	_____
Insomnia .....	_____	_____
Sleeping difficulties .....	_____	_____
Obesity .....	_____	_____
Physical weakness .....	_____	_____
Job stress .....	_____	_____
Other _____	_____	_____

**Important:** Physical symptoms may have purely physiological causes. You should have a medical doctor eliminate the possibility of such physical problems before you proceed on the assumption that your symptoms are completely stress-related.