

Stress



Scale

Stress scale

Core topic: Stress and Pressure

Identify Problem: Many students need help to recognize what can be causing them stress in their day to day life. By recognizing what is causing stress they are more likely to deal with it properly.

Materials Needed: The stress scale for youth

Exercise: Have the students fill out the stress scale by marking an **X** by each of the events that have occurred or are occurring in their life. Once the student is finished have them add up the total at the bottom.

It is not necessary for the students to share what stressors they have in their life unless they wish to.

Questions and Discussion:

- Did you have more or less stress than you anticipated?
- Were there some things that you did not think were causing you stress that you placed an X by?
- Were there things on the list that you don't believe are stress causes? How might they cause some stress and anxiety?
- What are some appropriate ways to deal with some of these stressors? (*pick stressors from the list that you feel apply to the group as a whole and have them discuss ways to deal or avoid stress in the situation*)

Identify Skills: Identify stress
Cope with stress
Recognize situations that can be stressful



Stress Scale for Youth

	Event	Value
<input type="checkbox"/>	Death of spouse, parent, boyfriend/girlfriend	100
<input type="checkbox"/>	Divorce (of yourself or your parents)	65
<input type="checkbox"/>	Puberty	65
<input type="checkbox"/>	Pregnancy (or causing pregnancy)	65
<input type="checkbox"/>	Marital separation or breakup with boyfriend/girlfriend	60
<input type="checkbox"/>	Jail term or probation	60
<input type="checkbox"/>	Death of other family member (other than spouse, parent or boyfriend/girlfriend)	60
<input type="checkbox"/>	Broken engagement	55
<input type="checkbox"/>	Engagement	50
<input type="checkbox"/>	Serious personal injury or illness	45
<input type="checkbox"/>	Marriage	45
<input type="checkbox"/>	Entering college or beginning next level of school (starting junior high or high school)	45
<input type="checkbox"/>	Change in independence or responsibility	45
<input type="checkbox"/>	Any drug and/or alcohol use	45
<input type="checkbox"/>	Fired at work or expelled from school	45
<input type="checkbox"/>	Change in alcohol or drug use	45
<input type="checkbox"/>	Reconciliation with mate, family or boyfriend/girlfriend (getting back together)	40
<input type="checkbox"/>	Trouble at school	40
<input type="checkbox"/>	Serious health problem of a family member	40
<input type="checkbox"/>	Working while attending school	35
<input type="checkbox"/>	Working more than 40 hours per week	35
<input type="checkbox"/>	Changing course of study	35
<input type="checkbox"/>	Change in frequency of dating	35
<input type="checkbox"/>	Sexual adjustment problems (confusion of sexual identity)	35
<input type="checkbox"/>	Gain of new family member (new baby born or parent remarries)	35
<input type="checkbox"/>	Change in work responsibilities	35
<input type="checkbox"/>	Change in financial state	30
<input type="checkbox"/>	Death of a close friend (not a family member)	30

<input type="checkbox"/>	Change to a different kind of work	30
<input type="checkbox"/>	Change in number or arguments with mate, family or friends	30
<input type="checkbox"/>	Sleep less than 8 hours per night	25
<input type="checkbox"/>	Trouble with in-laws or boyfriend's or girlfriend's family	25
<input type="checkbox"/>	Outstanding personal achievement (awards, grades, etc.)	25
<input type="checkbox"/>	Mate or parents start or stop working	20
<input type="checkbox"/>	Begin or end school	20
<input type="checkbox"/>	Change in living conditions (visitors in the home, remodeling house, change in roommates)	20
<input type="checkbox"/>	Change in personal habits (start or stop a habit like smoking or dieting)	20
<input type="checkbox"/>	Chronic allergies	20
<input type="checkbox"/>	Trouble with the boss	20
<input type="checkbox"/>	Change in work hours	15
<input type="checkbox"/>	Change in residence	15
<input type="checkbox"/>	Change to a new school (other than graduation)	10
<input type="checkbox"/>	Presently in pre-menstrual period	15
<input type="checkbox"/>	Change in religious activity	15
<input type="checkbox"/>	Going in debt (you or your family)	10
<input type="checkbox"/>	Change in frequency of family gatherings	10
<input type="checkbox"/>	Vacation	10
<input type="checkbox"/>	Presently in winter holiday season	10
<input type="checkbox"/>	Minor violation of the law	5

Total= _____

A score of 250 or more is considered high. Persons with a low stress tolerance may find themselves overstressed with a score of 150.

Your score means:

150 or less: **37%** chance of becoming seriously ill.

Between 150 to 300 it jumps to **51%**.

Over 300: **80%** chance of serious illness in the next 2 years.