

# PREVENTIVE MEASURES' BRIEF STRESS INVENTORY

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Your answers to the questions below will be used to compile your *Stress Profile*, which will describe your stress levels and coping patterns. You can use your *Stress Profile* to improve your well-being and life satisfaction. Your *Stress Profile* will be most useful to you if you answer all questions as openly and honestly as possible. You may sometimes find it difficult to answer questions using rating scales. Don't be concerned that your answers can't include all situations related to each question. Simply give the answer that seems to most generally reflect your feelings or experiences in each case. It is extremely important that you answer all the questions.



**READ QUESTIONS CAREFULLY**



**ANSWER ALL QUESTIONS HONESTLY**



**DO NOT LEAVE ANY QUESTIONS BLANK**

**1. Your Name or Code Number** \_\_\_\_\_

(You may use your real name, a pseudonym, or a code number. Make a note somewhere else of the name or number you use so that you will be able to identify your *Stress Profile*.)

**2. Today's date** \_\_\_\_\_ **3. Your age** \_\_\_\_\_ **4. Your sex:**  Male  Female

**5. Your marital status:**  Single  Married, for the first time  Remarried  Divorced  
 Separated  Living with a lover  Widowed

**6. Are you currently involved in a primary or special relationship?**  Yes  No

**7. Your PRIMARY occupation (mark only one):**  Employed or self-employed  Retired  
 Caring for home & family  Volunteer Work  Student  Unemployed, looking for a job

**8. How many years of education have you had?** (Circle the appropriate number)

1 2 3 4 5 6 7 8 / 9 10 11 12 / 13 14 15 16 / 17 18 19 20 or more  
Elementary School High School College Graduate/Professional

**9. If you are married or in a romantic relationship, how many years of education has this person had?** (Circle the appropriate number)

1 2 3 4 5 6 7 8 / 9 10 11 12 / 13 14 15 16 / 17 18 19 20 or more  
Elementary School High School College Graduate/Professional.

**10. How would you describe your life during the past 2 - 6 months?**

**Circle one number**

- |                        |   |                           |
|------------------------|---|---------------------------|
| 1 Extremely fulfilling | 4 Neither fulfilling nor<br>dissatisfying | 5 Dissatisfying           |
| 2 Very fulfilling      |   | 6 Very dissatisfying      |
| 3 Somewhat fulfilling  |   | 7 Extremely dissatisfying |

**11. Think about your life over the last few months. How have you been feeling about each of the areas of your life listed below?**

<p><b>Circle one number for each area, using the following scale:</b></p> <p><b>1 = Delighted, extremely satisfied</b>  <b>2 = Very satisfied</b>  <b>3 = Somewhat satisfied</b></p>	<p><b>4 = Mixed (about equally satisfied and dissatisfied)</b>  <b>5 = Somewhat dissatisfied</b>  <b>6 = Very dissatisfied</b>  <b>7 = Unhappy, extremely dissatisfied</b></p>
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- Your job, career, or primary occupation (or lack of one)..... 1 2 3 4 5 6 7
- Your marriage or primary relationship (or lack of one)..... 1 2 3 4 5 6 7
- Your family relationships..... 1 2 3 4 5 6 7
- Your accomplishments..... 1 2 3 4 5 6 7
- Your finances..... 1 2 3 4 5 6 7
- Your physical health..... 1 2 3 4 5 6 7
- Your house, apartment or residence..... 1 2 3 4 5 6 7
- The level of physical activity in your life..... 1 2 3 4 5 6 7
- Your spiritual life or religious activity..... 1 2 3 4 5 6 7
- Your social life and relationships with friends..... 1 2 3 4 5 6 7
- Your physical appearance..... 1 2 3 4 5 6 7
- The way you manage your time..... 1 2 3 4 5 6 7
- Your life in general..... 1 2 3 4 5 6 7

**SAMPLE**

**12. How often have you experienced the following discomforts during the past 6 months?**

<p><b>Circle one number for each item, using the following scale:</b></p> <p><b>1 = Never or almost never</b>  <b>2 = Seldom, occasionally</b>  <b>3 = Sometimes</b>  <b>4 = Often, frequently</b>  <b>5 = Almost always</b></p>
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- |                                      |   |
|--------------------------------------|---|
| Headaches..... 1 2 3 4 5             | ↳ Tightness or tingling in scalp..... 1 2 3 4 5 |
| Tension..... 1 2 3 4 5               | Indigestion, stomach trouble..... 1 2 3 4 5     |
| Pains in back of neck..... 1 2 3 4 5 | Panic..... 1 2 3 4 5                            |
|                                      | Difficulty getting to sleep..... 1 2 3 4 5      |
|                                      | Fitful, disturbed sleep..... 1 2 3 4 5          |
|                                      | Getting tired during the day..... 1 2 3 4 5     |
|                                      | Crying easily..... 1 2 3 4 5                    |
|                                      | Loss of appetite..... 1 2 3 4 5                 |
|                                      | Nightmares..... 1 2 3 4 5                       |

**13. Circle the category below that best describes your weight.**

- 1 At or about your recommended weight level
- 2 Five to nineteen pounds underweight
- 3 Five to nineteen pounds overweight
- 4 Twenty or more pounds underweight
- 5 Twenty or more pounds overweight

**14. How do you deal with problems or stress in your life?**

**For each item, circle one number to indicate how often you use the method listed to cope with stress or problems in your life.**

- 1 Never or almost never
- 2 Seldom, occasionally
- 3 Sometimes
- 4 Often, frequently
- 5 Almost always

- Solve the problem yourself..... 1 2 3 4 5
- Talk with someone close to you..... 1 2 3 4 5
- Drink alcohol..... 1 2 3 4 5
- Exercise physically..... 1 2 3 4 5
- Re-evaluate priorities..... 1 2 3 4 5
- Sleep..... 1 2 3 4 5
- Worry..... 1 2 3 4 5
- Find out more about the problem..... 1 2 3 4 5
- Use techniques like biofeedback or meditation..... 1 2 3 4 5
- Get professional help..... 1 2 3 4 5
- Engage in relaxing activity..... 1 2 3 4 5
- Take one day at a time..... 1 2 3 4 5
- Ignore the problem..... 1 2 3 4 5
- Look at the situation differently..... 1 2 3 4 5
- Stay away from the source of the stress..... 1 2 3 4 5
- Use tranquilizers, sleeping pills or other mood altering drugs..... 1 2 3 4 5

**15. How would you describe yourself?**

**Indicate how often each of the following statements applies to you, using the following scale:**

- 1 Never or almost never
- 2 Seldom, occasionally
- 3 Sometimes
- 4 Often, frequently
- 5 Almost always

- I feel like I am in charge of my life..... 1 2 3 4 5
- I worry about what other people think and say about me..... 1 2 3 4 5
- I feel sad..... 1 2 3 4 5
- I am disappointed in my friends..... 1 2 3 4 5
- I think I am uninteresting..... 1 2 3 4 5
- I feel that people really care about me.... 1 2 3 4 5
- I seem to be short of time to get everything done..... 1 2 3 4 5
- I think that people get bored when they are with me..... 1 2 3 4 5
- I enjoy my work or primary activity..... 1 2 3 4 5
- I find it difficult to invite a friend to do something with me..... 1 2 3 4 5
- I feel tired..... 1 2 3 4 5
- I think people enjoy being with me..... 1 2 3 4 5
- I feel lonely..... 1 2 3 4 5
- I find my daily schedule getting tighter and tighter..... 1 2 3 4 5
- I feel worried and anxious..... 1 2 3 4 5
- I'm afraid people won't like me..... 1 2 3 4 5
- I can count on my friends..... 1 2 3 4 5
- I feel worthless..... 1 2 3 4 5
- I feel my friends really care about me.... 1 2 3 4 5
- I think my friends understand me..... 1 2 3 4 5
- I wish I could be more like other people.. 1 2 3 4 5
- I have a lot of fun with my friends..... 1 2 3 4 5

**16. Your marriage or special relationship.** If you are not in such a relationship, write NA below and skip these items.

**17. Your job or primary activity (being a student or caring for home and family).** If you are retired or unemployed, write NA below and skip these items.

**Indicate how often each of the following statements applies to you, using the following scale:**

<b>1</b> Never or almost never	<b>3</b> Sometimes	<b>4</b> Often, frequently	
<b>2</b> Seldom, occasionally		<b>5</b> Almost always	

I think my partner and I have a good time together..... 1 2 3 4 5

I think my partner and I are happy with our relationship..... 1 2 3 4 5

I think my partner expresses enough affection..... 1 2 3 4 5

I think that we manage our arguments and agreements very well..... 1 2 3 4 5

My job or primary activity is too difficult and demanding for me to handle..... 1 2 3 4 5

I can get all my work done without feeling rushed..... 1 2 3 4 5

I feel trapped in my present job or primary activity..... 1 2 3 4 5

All in all, I am satisfied with my job or primary activity..... 1 2 3 4 5

**18. How often do you experience frustrations or joys in your daily life?** Consider each of the experiences listed below and indicate how often you have experienced it **in the last 6 months.**

**Indicate how often you experienced each item below in the last 6 months, using the following scale:**

<b>1</b> Never or almost never
<b>2</b> Seldom, occasionally
<b>3</b> Sometimes
<b>4</b> Often, frequently
<b>5</b> Almost always

Feeling healthy..... 1 2 3 4 5

Relating well with friends..... 1 2 3 4 5

Concerns about your physical appearance..... 1 2 3 4 5

Being overloaded with family responsibility..... 1 2 3 4 5

Feeling that you are meeting your responsibilities..... 1 2 3 4 5

Spending pleasant time with family..... 1 2 3 4 5

Feeling lonely..... 1 2 3 4 5

Relating well with spouse or lover..... 1 2 3 4 5

Sense of accomplishment from completing a task..... 1 2 3 4 5

Problems with your children or parents..... 1 2 3 4 5

Getting enough sleep..... 1 2 3 4 5

Having fun..... 1 2 3 4 5

Worrying about your weight..... 1 2 3 4 5

Enjoying sex..... 1 2 3 4 5

Pleasure from music, movies, entertainment, etc..... 1 2 3 4 5

Having too much to do..... 1 2 3 4 5

Enjoying socializing (parties, eating with friends, etc.)..... 1 2 3 4 5

Enjoying your home, apartment, or residence..... 1 2 3 4 5

Health problems..... 1 2 3 4 5

Feeling that you have enough money... 1 2 3 4 5

Improving or gaining new skills..... 1 2 3 4 5

Feeling loved..... 1 2 3 4 5

SAMPLE

**19. Maintaining healthy habits.**

Circle Y for yes or N for no to each question below

- Do you exercise regularly?..... Y N
- Do you eat a variety of nutritious foods each day? Y N
- Do you often skip meals?..... Y N
- Do you snack on sweets between meals more than 3 times a week?..... Y N
- Do you often eat “on the run”?..... Y N
- Do you occasionally lose your appetite due to tension?..... Y N
- Do you often eat while working or conduct business over meals?..... Y N
- Do you often feel heavy or sleepy after meals?..... Y N

**20. How often do you feel you are in charge of the important events in your life? Circle one number**

- 1 Almost all the time
- 2 Much of the time
- 3 About half the time
- 4 Little of the time
- 5 Hardly ever

**21. How responsible do you feel for the way your adult life has turned out so far? Circle one number**

- 1 Totally responsible
- 2 Very responsible
- 3 Somewhat responsible
- 4 Slightly responsible
- 5 Not at all responsible

**22. How would you rate the amount of stress you are experiencing in major areas of your life?**

Indicate the amount of stress you are currently aware of in each of the 3 areas listed, using the following scale:

- 1 Almost none
- 2 A little
- 3 Some, a moderate amount
- 4 Quite a bit
- 5 Very much, an extreme amount

- Your life overall..... 1 2 3 4 5
- Your work or primary activity..... 1 2 3 4 5
- Your personal life..... 1 2 3 4 5

**23. How has your stress level changed in the last year?**

Indicate the amount of change in your stress level in the last year in each of the 3 areas listed, using the following scale:

- 1 Great decrease
- 2 Slight decrease
- 3 The same
- 4 Slight increase
- 5 Great increase

- Your life overall..... 1 2 3 4 5
- Your work or primary activity..... 1 2 3 4 5
- Your personal life..... 1 2 3 4 5

**24. How often does personal stress, including relationships, affect your work or professional life?**

- 1 Never or almost never
- 2 Seldom, occasionally
- 3 Sometimes
- 4 Often, frequently
- 5 Almost always

**25. How often does professional or work stress affect your personal life?**

- 1 Never or almost never
- 2 Seldom, occasionally
- 3 Sometimes
- 4 Often, frequently
- 5 Almost always

**26. Making changes to cope with your stress.**

Indicate how much you agree or disagree with each statement below, using this scale:

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree

- When I try to change myself, I feel like I'm trying to be someone I'm not..... 1 2 3 4 5
- I am a person who changes slowly..... 1 2 3 4 5
- I really don't know how to begin making changes in my life..... 1 2 3 4 5
- Making changes is confusing because it is hard to know what will be best..... 1 2 3 4 5
- I worry that if I make changes I might feel worse rather than better..... 1 2 3 4 5