

## The Holmes-Rahe Life Stress Inventory

### The Social Readjustment Rating Scale

**INSTRUCTIONS:** Mark down the point value of each of these life events that has happened to you during the previous year. Total these associated pointed.

| Life Event   |     |
|--|-----|
| 1. Death of spouse   | 100 |
| 2. Divorce   | 73  |
| 3. Marital Separation from mate  | 65  |
| 4. Detention in jail or other institution  | 63  |
| 5. Death of a close family member  | 63  |
| 6. Major personal injury or illness  | 53  |
| 7. Marriage  | 50  |
| 8. Being fired at work   | 47  |
| 9. Marital reconciliation with mate  | 45  |
| 10. Retirement from work   | 45  |
| 11. Major change in the health or behavior of a family member                                | 44  |
| 12. Pregnancy  | 40  |
| 13. Sexual Difficulties  | 39  |
| 14. Gaining a new family member (i.e. birth, adoption, older adult moving in, etc.)          | 39  |
| 15. Major business adjustment  | 39  |
| 16. Major change in financial state (i.e. a lot worse or better than usual)                  | 38  |
| 17. Death of a close friend  | 37  |
| 18. Changing to a different line of work   | 36  |
| 19. Major change in number of arguments with spouse (i.e. a lot more or less)                | 35  |
| 20. Taking on a mortgage (for home, business, etc.)  | 31  |
| 21. Foreclosure on a mortgage or loan  | 30  |
| 22. Major change in responsibilities at work (i.e. promotion, demotion, etc.)                | 29  |
| 23. Son or daughter leaving home (marriage, college, military, etc.)                         | 29  |
| 24. In-law troubles  | 29  |
| 25. Outstanding personal achievement   | 28  |
| 26. Spouse beginning or ceasing work outside the home  | 26  |
| 27. Beginning or ceasing formal schooling  | 26  |
| 28. Major change in living condition (i.e. new home, remodeling, deterioration, etc.)        | 25  |
| 29. Revision of personal habits (i.e. dress, associations, quit smoking, etc.)               | 24  |
| 30. Troubles with the boss   | 23  |
| 31. Major changes in working hours or conditions   | 20  |
| 32. Changes in residence   | 20  |
| 33. Changing to a new school   | 20  |
| 34. Major change in usual type and/or amount of recreation                                   | 19  |
| 35. Major change in church activity (i.e. a lot more or less)                                | 19  |
| 36. Major change in social activities (i.e. clubs, movies, visiting, etc.)                   | 18  |
| 37. Taking on a loan (i.e. car, tv, freezer, etc.)   | 17  |
| 38. Major change in sleeping habits (i.e. a lot more or less)                                | 16  |
| 39. Major change in number of family get-togethers (i.e. a lot more or less)                 | 15  |
| 40. Major change in eating habits (i.e. a lot more or less, eating hours, surroundings, etc) | 15  |
| 41. Vacation   | 13  |
| 42. Major holidays   | 12  |
| 43. Minor violations of the law (i.e. traffic tickets, jaywalking, etc.)                     | 11  |

**Now, add up all the points you have to find your score.**

**150pts or less** means a relatively low amount of life change and a low susceptibility to stress-induced health problems.

**150 to 300pts** implies about a 50% chance of a major stress-induced health problem in the next 2 years.

**300pts or more** raises the odds to about 80%, according to the Holmes-Rahe prediction model.

# Self-Care Assessment

Adapted from Saakvitne, Pearlman, & Staff of TSI/CAAP (1996). *Transforming the pain: A workbook on vicarious traumatization*. Norton.

The following worksheet for assessing self-care is not exhaustive, merely suggestive. Feel free to add areas of self-care that are relevant for you and rate yourself on how often and how well you are taking care of yourself these days.

When you are finished, look for patterns in your responses. Are you more active in some areas of self-care but ignore others? Are there items on the list that make you think, "I would never do that"? Listen to your inner responses, your internal dialogue about self-care and making yourself a priority. Take particular note of anything you would like to include more in your life.

Rate the following areas according to how well you think you are doing:

- 3 = I do this well (e.g., frequently)
- 2 = I do this OK (e.g., occasionally)
- 1 = I barely or rarely do this
- 0 = I never do this
- ? = This never occurred to me

## Physical Self-Care

- Eat regularly (e.g. breakfast, lunch, and dinner)
- Eat healthily
- Exercise
- Get regular medical care for prevention
- Get medical care when needed
- Take time off when sick
- Get massages
- Dance, swim, walk, run, play sports, sing, or do some other fun physical activity
- Take time to be sexual - with myself, with a partner
- Get enough sleep
- Wear clothes I like
- Take vacations
- Other:

## Psychological Self-Care

- Take day trips or mini-vacations
- Make time away from telephones, email, and the Internet
- Make time for self-reflection
- Notice my inner experience - listen to my thoughts, beliefs, attitudes, feelings
- Have my own personal psychotherapy
- Write in a journal
- Read literature that is unrelated to work
- Do something at which I am not expert or in charge
- Attend to minimizing stress in my life
- Engage my intelligence in a new area, e.g., go to an art show, sports event, theatre
- Be curious

- Say no to extra responsibilities sometimes
- Other:

### **Emotional Self-Care**

- Spend time with others whose company I enjoy
- Stay in contact with important people in my life
- Give myself affirmations, praise myself
- Love myself
- Re-read favorite books, re-view favorite movies
- Identify comforting activities, objects, people, places and seek them out
- Allow myself to cry
- Find things that make me laugh
- Express my outrage in social action, letters, donations, marches, protests
- Other:

### **Spiritual Self-Care**

- Make time for reflection
- Spend time in nature
- Find a spiritual connection or community
- Be open to inspiration
- Cherish my optimism and hope
- Be aware of non-material aspects of life
- Try at times not to be in charge or the expert
- Be open to not knowing
- Identify what is meaningful to me and notice its place in my life
- Meditate
- Pray
- Sing
- Have experiences of awe
- Contribute to causes in which I believe
- Read inspirational literature or listen to inspirational talks, music
- Other:

### **Relationship Self-Care**

- Schedule regular dates with my partner or spouse
- Schedule regular activities with my children
- Make time to see friends
- Call, check on, or see my relatives
- Spend time with my companion animals
- Stay in contact with faraway friends
- Make time to reply to personal emails and letters; send holiday cards
- Allow others to do things for me
- Enlarge my social circle
- Ask for help when I need it
- Share a fear, hope, or secret with someone I trust
- Other:

### **Workplace or Professional Self-Care**

- Take a break during the workday (e.g., lunch)
- Take time to chat with co-workers
- Make quiet time to complete tasks
- Identify projects or tasks that are exciting and rewarding
- Set limits with clients and colleagues
- Balance my caseload so that no one day or part of a day is "too much"
- Arrange work space so it is comfortable and comforting
- Get regular supervision or consultation
- Negotiate for my needs (benefits, pay raise)
- Have a peer support group
- (If relevant) Develop a non-trauma area of professional interest

### **Overall Balance**

- Strive for balance within my work-life and work day
- Strive for balance among work, family, relationships, play, and rest

### **Other Areas of Self-Care that are Relevant to You**

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[http://www.ballarat.edu.au/aasp/student/sds/self\\_care\\_assess.shtml](http://www.ballarat.edu.au/aasp/student/sds/self_care_assess.shtml) and adapted by Lisa D.  
Butler, Ph.D.)

## Finding Your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often or very often ...  
Swear at you, insult you, put you down, or humiliate you?  
or  
Act in a way that made you afraid that you might be physically hurt?  
Yes      No      If yes, enter 1      \_\_\_\_\_
2. Did a parent or other adult in the household often or very often ...  
Push, grab, slap, or throw something at you?  
or  
Ever hit you so hard that you had marks or were injured?  
Yes      No      If yes, enter 1      \_\_\_\_\_
3. Did an adult or person at least 5 years older than you ever ...  
Touch or fondle you or have you touch their body in a sexual way?  
or  
Attempt or actually have oral, anal, or vaginal intercourse with you?  
Yes      No      If yes, enter 1      \_\_\_\_\_
4. Did you often or very often feel that ...  
No one in your family loved you or thought you were important or special?  
or  
Your family didn't look out for each other, feel close to each other, or support each other?  
Yes      No      If yes, enter 1      \_\_\_\_\_
5. Did you often or very often feel that ...  
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?  
or  
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?  
Yes      No      If yes, enter 1      \_\_\_\_\_
6. Were your parents ever separated or divorced?  
Yes      No      If yes, enter 1      \_\_\_\_\_
7. Was your mother or stepmother:  
Often or very often pushed, grabbed, slapped, or had something thrown at her?  
or  
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?  
or  
Ever repeatedly hit at least a few minutes or threatened with a gun or knife?  
Yes      No      If yes, enter 1      \_\_\_\_\_
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?  
Yes      No      If yes, enter 1      \_\_\_\_\_
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?  
Yes      No      If yes, enter 1      \_\_\_\_\_
10. Did a household member go to prison?  
Yes      No      If yes, enter 1      \_\_\_\_\_

Now add up your "Yes" answers: \_\_\_\_\_ This is your ACE Score.