

HOLMES-RAHE SOCIAL READJUSTMENT SCALE

What stressors have you had in the past one year?

Death of spouse	100	Trouble with In-laws	29
Divorce	73	Outstanding personal achievement	28
Marital separation from mate	65	Spouse beginning or ceasing to	
Detention in jail, other institution	63	work outside the home	26
Death of a close family member	63	Beginning or ceasing formal schooling	26
Major personal injury or illness	53	Major change in living conditions	25
Marriage	50	Revision of personal habits	
Fired from work	47	<i>(lifestyle, dress, manners, associations, etc.)</i>	24
Marital reconciliation	45	Trouble with boss	23
Retirement	45	Major change in working hours or conditions	20
Major change in the health or		Change in residence	20
behavior of a family member	44	Change to a new school	20
Pregnancy	40	Major change in usual type and/or	
Sexual difficulties	39	amount of recreation	19
Gaining a new family member	39	Major change in church activities	
(e.g., through birth, adoption, oldster moving, etc.)		(a lot more or less than usual)	19
Major business re-adjustment		Major change in social activities	
(e.g., merger, reorganization, bankruptcy)	39	(clubs, dancing, movies, visiting)	18
Major change in financial status	38	Taking out a mortgage or loan for a lesser	
Death of close friend	37	purchase (e.g., for a car, TV, freezer, etc.)	17
Change to different line of work	36	Major change in sleeping habits	16
Major change in the number of		Major change in the number of	
arguments with spouse	35	family get-togethers	15
Taking out a mortgage or loan		Major change in eating habits	15
for a major purchase	31	Vacation	13
Foreclosure on a mortgage or loan	30	Christmas season	12
Major change in responsibilities at work	29	Minor violations of the law	
Son or daughter leaving home		(e.g., traffic tickets, etc.)	11
(e.g., marriage, attending college)	29	TOTAL _____	

- A score of 100 or above is enough to bring on adrenal fatigue.
- 150 - 299 life change units = 50% chance of illness
- Over 300 life change units = 80% chance of illness

Patient Signature: _____

Date _____