**Daily Inventory of Stressful Events**

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| **Type of Item** | **Item(s)** | **Scale** |
| Stressor Type | Which of the following types of stressors have you experience since the last assessment:  Argument or disagreement with anyone, work or school related event, home related event, discrimination on the basis of race/sex/age, close friend or relative event that was stressful for you, anything else that people would consider stressful? | Select all that apply |
| If argument or disagreement…Who was it with:  Spouse or partner, child or grandchild, parent, sibling, other relative, friend, neighbor, coworker or fellow student, boss or teacher, employee or supervisee, other (specify), stranger, religious group member, self-help group, client/customer/patient, groups, landlord or realtor, family, pets, doctors/nurses/health professionals, home related people? | Select the most stressful option |
| If discrimination…What as the basis for the discrimination you experienced:  Race, sex, age, other (specify), something else (specify)? |
| If close friend or relative event…Who was it with:  Spouse or partner, child or grandchild, parent, sibling, other relative, friend, neighbor, coworker or fellow student, boss or teacher, employee or supervisee, other (specify), stranger, religious group member, self-help group, client/customer/patient, groups, landlord or realtor, family, pets, doctors/nurses/health professionals, home related people? |
| Stressor Timing | When did that happen? | Yesterday, Today, Don’t Know |
| What time of day did this happen? | Hours and minutes |
| Stressor Intensity | How stressful was this for you? | 0 (*none at all*) to 3 (*very*) |
| Stressor Perceived Stress | How much control did you have over the situation? | 0 *(none at all*) to 3 (*a lot*) |
| Stressor Resolution | Is the issue resolved? | Yes/No |
| Stressor Primary Appraisals | How much did it disrupt your daily routine? | 0 *(none at all*) to 3 (*a lot*) |
| How much did it risk your financial situation? | 0 *(none at all*) to 3 (*a lot*) |
| How much did it risk the way you feel about yourself? | 0 *(none at all*) to 3 (*a lot*) |
| How much did it risk the way other people feel about you? | 0 *(none at all*) to 3 (*a lot*) |
| How much did it risk your physical health or safety? | 0 *(none at all*) to 3 (*a lot*) |
| How much did it risk the health or well-being of someone you care about? | 0 *(none at all*) to 3 (*a lot*) |
| How much did it risk your plans for the future? | 0 *(none at all*) to 3 (*a lot*) |