

The Stress Survey Schedule for Individuals with Autism and Other Pervasive Developmental Disabilities

Purpose

The purpose of the Stress Survey Schedule for Individuals with Autism and Other Pervasive Developmental Disabilities is to provide educators, therapists and parents with a tool to increase awareness of environmental stressors that affect the lives of persons with autism. Such a tool can be used to create programming aimed at modifying stress reactions in the population of persons with autism and in similar populations, thereby enhancing the quality of their lives and their overall physical and emotional well being.

Advantages

Some of the possible advantages of the Stress Survey Schedule include:

Use as a clinical tool to determine a student's needs in order to create programs geared toward modifying stress reactions.

Communication tool for direct care staff to increase their awareness of stressful situations and indicator's of stress so that they can more accurately and consistently implement programs for stress reaction modification.

Use in research concerning the cause and nature of stress reactions in persons with autism.

Proactive planning tool.

Communication tool for parents to increase their awareness and empathy that can serve as a motivator to be persistent in their attempts to stress reaction modification in the home setting.

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THE STRESS SURVEY SCHEDULE FOR PERSONS WITH AUTISM AND DEVELOPMENTAL DISABILITIES

The Groden Center, Inc.

Please rate the intensity of the stress
reaction to the following events by
filling in the appropriate circle:

	None to mild	Mild to Moderate	Moderate	Moderate to severe	Severe
1. Receiving a present.....	①	②	③	④	⑤
2. Having personal objects or materials out of order.....	①	②	③	④	⑤
3. Waiting to talk about desired topic.....	①	②	③	④	⑤
4. Having a change in schedule or plans.....	①	②	③	④	⑤
5. Being in the vicinity of noise or disruption by others.....	①	②	③	④	⑤
6. Waiting for preferred events.....	①	②	③	④	⑤
7. Having a cold.....	①	②	③	④	⑤
8. Being touched.....	①	②	③	④	⑤
9. Having personal objects or materials missing.....	①	②	③	④	⑤
10. Having a change in task to a new task with new directions.....	①	②	③	④	⑤
11. Going to the store.....	①	②	③	④	⑤
12. Being prevented from completing a ritual.....	①	②	③	④	⑤
13. Having a change in environment from comfortable to uncomfortable.....	①	②	③	④	⑤
14. Being prevented from carrying out a ritual.....	①	②	③	④	⑤
15. Moving from one location to the next.....	①	②	③	④	⑤
16. Playing with others.....	①	②	③	④	⑤
17. Having a change in environment from familiar to unfamiliar	①	②	③	④	⑤
18. Receiving activity reinforcement.....	①	②	③	④	⑤
19. Having something marked as correct.....	①	②	③	④	⑤
20. Being in the vicinity of bright lights.....	①	②	③	④	⑤
21. Following a diet.....	①	②	③	④	⑤
22. Having unstructured time.....	①	②	③	④	⑤
23. Being allowed to attend a party or favored event.....	①	②	③	④	⑤

Please rate the intensity of the stress reaction to the following events by filling in the appropriate circle:

	None to mild	Mild to Moderate	Moderate	Moderate to severe	Severe
24. Receiving a reprimand.....	①	②	③	④	⑤
25. Transitioning from preferred to non-preferred activity.....	①	②	③	④	⑤
26. Being told "no".....	①	②	③	④	⑤
27. Receiving criticism.....	①	②	③	④	⑤
28. Having something marked incorrect.....	①	②	③	④	⑤
29. Being interrupted while engaging in a ritual.....	①	②	③	④	⑤
30. Receiving hugs and affection.....	①	②	③	④	⑤
31. Having to engage in not-liked activity.....	①	②	③	④	⑤
32. Waiting in line.....	①	②	③	④	⑤
33. Being unable to communicate needs.....	①	②	③	④	⑤
34. Waiting at a restaurant.....	①	②	③	④	⑤
35. Going home (from school, to visit parents).....	①	②	③	④	⑤
36. Waiting for transportation.....	①	②	③	④	⑤
37. Being unable to assert oneself with others.....	①	②	③	④	⑤
38. Needing to ask for help.....	①	②	③	④	⑤
39. Participating in group activity.....	①	②	③	④	⑤
40. Having a change in staff, teacher or supervisor.....	①	②	③	④	⑤
41. Losing at a game.....	①	②	③	④	⑤
42. Waiting for reinforcement.....	①	②	③	④	⑤
43. Feeling crowded.....	①	②	③	④	⑤
44. Someone else making a mistake.....	①	②	③	④	⑤
45. Receiving tangible reinforcement.....	①	②	③	④	⑤
46. Waiting for food.....	①	②	③	④	⑤
47. Waiting for routine to begin.....	①	②	③	④	⑤
48. Having a conversation.....	①	②	③	④	⑤
49. Receiving verbal reinforcement.....	①	②	③	④	⑤

Please rate the intensity of the stress reaction to the following events by filling in the appropriate circle:

	None to mild	Mild to Moderate	Moderate	Moderate to severe	Severe
FEARS					
1. Fear of animals.....	①	②	③	④	⑤
2. Fear of water (pool, lake, ocean, etc).....	①	②	③	④	⑤
3. Fear of crowds.....	①	②	③	④	⑤
4. Fear of closed spaces.....	①	②	③	④	⑤
5. Fear of the dark.....	①	②	③	④	⑤
6. Fear of being left alone.....	①	②	③	④	⑤
LIFE STRESSORS					
1. Going to the doctor or dentist.....	①	②	③	④	⑤
2. Having seizures.....	①	②	③	④	⑤
3. Having a new sibling.....	①	②	③	④	⑤
4. Moving to a new house.....	①	②	③	④	⑤
5. Moving to a new school.....	①	②	③	④	⑤
6. Having parents get divorced.....	①	②	③	④	⑤
7. Having a parent re-marry.....	①	②	③	④	⑤

Please list any other stressors on the lines below:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Please transfer the intensity rating score of each item to the appropriate line below. The totals from each category will give an indication of problematic areas.

CHANGES

7. _____
10. _____
11. _____
13. _____
15. _____
17. _____
25. _____
31. _____
33. _____
38. _____
39. _____

Changes Total

POSITIVE

1. _____
16. _____
18. _____
19. _____
23. _____
45. _____
48. _____
49. _____

Positive Total

ANTICIPATION

4. _____
6. _____
22. _____
32. _____
35. _____
36. _____
47. _____

Anticipation Total

SENSORY/PERSONAL

5. _____
8. _____
30. _____
43. _____

Sensory/Personal Total

SOCIAL/ENVIR

20. _____
37. _____
44. _____

Social/Environmental Total

UNPLEASANT

3. _____
9. _____
21. _____
24. _____
26. _____
27. _____
28. _____
40. _____
41. _____

Unpleasant Total

FOOD RELATED

34. _____
42. _____
46. _____

Food Related Total

RITUALS

2. _____
12. _____
14. _____
29. _____

Rituals Total
