

Daily Inventory of Stressful Events (DISE)

Type of Item	Item(s)	Scale
Stressor Type	<p>Which of the following types of stressors have you experience since the last assessment:</p> <ul style="list-style-type: none"> • 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
	<p>If argument or disagreement...Who was it with:</p> <ul style="list-style-type: none"> • 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
	<p>If discrimination...What as the basis for the discrimination you experienced:</p> <ul style="list-style-type: none"> • Race • sex • age • other (specify), something else (specify)? 	
	<p>If close friend or relative event...Who was it with:</p> <p>Spouse or partner, child or grandchild, parent, sibling,</p>	

	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 (<i>none at all</i>) to 3 (<i>very</i>)
Stressor Perceived Stress	How much control did you have over the situation?	0 (<i>none at all</i>) to 3 (<i>a lot</i>)
Stressor Resolution	Is the issue resolved?	Yes/No
Stressor Primary Appraisals	How much did it disrupt your daily routine?	0 (<i>none at all</i>) to 3 (<i>a lot</i>)
	How much did it risk your financial situation?	0 (<i>none at all</i>) to 3 (<i>a lot</i>)
	How much did it risk the way you feel about yourself?	0 (<i>none at all</i>) to 3 (<i>a lot</i>)
	How much did it risk the way other people feel about you?	0 (<i>none at all</i>) to 3 (<i>a lot</i>)
	How much did it risk your physical health or safety?	0 (<i>none at all</i>) to 3 (<i>a lot</i>)
	How much did it risk the health or well-being of someone you care about?	0 (<i>none at all</i>) to 3 (<i>a lot</i>)
	How much did it risk your plans for the future?	0 (<i>none at all</i>) to 3 (<i>a lot</i>)

Source: Almeida, D. M., Wethington, E., & Kessler, R. C. (2002). The Daily Inventory of Stressful Experiences (DISE): An interview-based approach for measuring daily stressors. Assessment, 9, 41-55