

DATE: _____

PARTICIPANT #: _____

LIFE EVENTS QUESTIONNAIRE*INTERVIEWER INSTRUCTIONS:

NEXT I AM GOING TO READ TO YOU A NUMBER OF EVENTS THAT SOMETIMES OCCUR IN PEOPLE'S LIVES. FOR EACH EVENT, I WANT YOU TO INDICATE IF THE EVENT OCCURRED ONE OR MORE TIMES DURING THE APPROXIMATE 1-YEAR PERIOD FROM _____ TO _____. IF THE EVENT OCCURRED MORE THAN ONCE, PLEASE INDICATE HOW MANY TIMES IT OCCURRED DURING THIS 1-YEAR PERIOD.

THEN, FOR EACH TIME THE EVENT OCCURRED, I WOULD LIKE YOU TO TRY TO REMEMBER WHEN IT OCCURRED. FOR SOME EVENTS, IT WILL BE EASY TO GIVE AN EXACT DATE, BUT FOR OTHERS, IT MAY BE QUITE DIFFICULT. IF YOU CAN'T REMEMBER THE EXACT DATE, WE CAN BOTH USE THE CALENDAR AND OTHER MEMORY AIDS TO TRY TO ESTABLISH AT LEAST A PERIOD OF TIME WITHIN WHICH YOU ARE SURE THE EVENT OCCURRED. PLEASE TAKE YOUR TIME AND DO NOT HESITATE TO USE THE MEMORY AIDS. ONCE AGAIN, THE TARGET PERIOD IS FROM _____ TO _____. .

****THE INTERVIEWER SHOULD HAVE THE RECALL CALENDARS COVERING THE 1-YEAR TARGET PERIOD IN FULL VIEW.****

For each event circle No or Yes. For all Yes responses, establish the date of occurrence or the dates of duration of the occurrence for each time the event occurred. Use the mid-point estimation method as necessary to date each event.

*Includes initial checklist and then a probe to be completed for each event reported.

LIFE EVENTS CHECKLIST

PARTICIPANT #: _____ DATE: _____ INTERVIEWER: _____

ATTENTION INTERVIEWER: You are responsible for making sure the correct year numbers are filled in on this form.

DATES COVERED BY INTERVIEW ARE: _____ TO _____

EVENTS RELATED TO WORK

1. N Y New job
 Y__ _____ DATES:
 Y__ _____ DATES:
2. N Y Fired from job
 Y__ _____ DATES:
 Y__ _____ DATES:
3. N Y Laid off from job
 Y__ _____ DATES:
 Y__ _____ DATES:
4. N Y Major or significant change of work hours
 Y__ _____ DATES:
 Y__ _____ DATES:
5. N Y Demoted at work
 Y__ _____ DATES:
 Y__ _____ DATES:
6. N Y Promoted at work
 Y__ _____ DATES:
 Y__ _____ DATES:
7. N Y Conditions at work got better
 Y__ _____ DATES:
 Y__ _____ DATES:
8. N Y Conditions at work got worse
 Y__ _____ DATES:
 Y__ _____ DATES:
9. N Y Did not get promoted after expecting to be
 Y__ _____ DATES:
 Y__ _____ DATES:
10. N Y Started a business or professional practice
 Y__ _____ DATES:
 Y__ _____ DATES:

11. N Y Suffered a business loss or failure
 Y___ DATES:
 Y___ DATES:
12. N Y Retired
 Y___ DATES:
 Y___ DATES:
13. N Y Got a pay raise at work
 Y___ DATES:
 Y___ DATES:
14. N Y Did not get an expected pay raise
 Y___ DATES:
 Y___ DATES:
15. N Y Did (Participant) experience any additional work events during this 1-year period? Description:

 Y___ DATES:
 Y___ DATES:

EVENTS RELATED TO RESIDENCE

16. N Y Moved to a better residence
 Y___ DATES:
 Y___ DATES:
17. N Y Moved to a worse residence
 Y___ DATES:
 Y___ DATES:
18. N Y Moved to a residence that was not better or worse
 Y___ DATES:
 Y___ DATES:
19. N Y Person(s) moved into residence
 Y___ DATES:
 Y___ DATES:
20. N Y Person(s) moved out of residence
 Y___ DATES:
 Y___ DATES:
21. N Y Built a home or had one built
 Y___ DATES:
 Y___ DATES:
22. N Y Remodeled a home
 Y___ DATES:
 Y___ DATES:

23. N Y Lost a home through fire or flood
 Y___ DATES:
 Y___ DATES:
24. N Y Did (Participant) experience any additional events related to his/her residence during this 1-year period? Description:
 Y___ DATES:
 Y___ DATES:

EVENTS RELATED TO MARRIAGE AND INTIMATE RELATIONS

25. N Y Marriage
 Y___ DATES:
 Y___ DATES:
26. N Y Marital Separation
 Y___ DATES:
 Y___ DATES:
27. N Y Divorce
 Y___ DATES:
 Y___ DATES:
28. N Y Marital Reconciliation
 Y___ DATES:
 Y___ DATES:
29. N Y Extramarital affair
 Y___ DATES:
 Y___ DATES:
30. N Y Started a new intimate/romantic relationship
 Y___ DATES:
 Y___ DATES:
31. N Y Relations with spouse or girlfriend/boyfriend changed for better
 Y___ DATES:
 Y___ DATES:
32. N Y Relations with spouse or girlfriend/boyfriend changed for worse
 Y___ DATES:
 Y___ DATES:
33. N Y Broke up with girlfriend/boyfriend
 Y___ DATES:
 Y___ DATES:
34. N Y Reconciliation with girlfriend/boyfriend
 Y___ DATES:
 Y___ DATES:

35. N Y Engagement
Y____ DATES:
Y____ DATES:
36. N Y Broken engagement
Y____ DATES:
Y____ DATES:
37. N Y Death of spouse or girlfriend/boyfriend
Y____ DATES:
Y____ DATES:
38. N Y Did (Participant) experience any additional events related to his/her marriage or intimate relations during this 1-year period? Description:

Y____ DATES:
Y____ DATES:

EVENTS RELATED TO FAMILY AND CHILDREN

39. N Y Found out that (Participant/Wife or girlfriend) became pregnant
Y____ DATES:
Y____ DATES:
40. N Y (Participant/Wife or girlfriend) had an abortion
Y____ DATES:
Y____ DATES:
41. N Y (Participant/Wife or girlfriend) had miscarriage or stillbirth
Y____ DATES:
Y____ DATES:
42. N Y Adopted a child
Y____ DATES:
Y____ DATES:
43. N Y Suffered the death of a child
Y____ DATES:
Y____ DATES:
44. N Y Told of serious illness or injury of family member
Y____ DATES:
Y____ DATES:
45. N Y Told of death of a family member
Y____ DATES:
Y____ DATES:
46. N Y Attended family member's funeral
Y____ DATES:
Y____ DATES:

47. N Y Major argument with family member
 Y___ DATES:
 Y___ DATES:
48. N Y Change in spouse's work outside of home
 Y___ DATES:
 Y___ DATES:
49. N Y Son or daughter left home
 Y___ DATES:
 Y___ DATES:
50. N Y Son or daughter married
 Y___ DATES:
 Y___ DATES:
51. N Y Did (Participant) experience any additional events related to his/her family and children during this 1-year period? Description:
 Y___ DATES:
 Y___ DATES:

EVENTS RELATED TO FRIENDSHIP AND SOCIAL ACTIVITIES

52. N Y Ended or curtailed relationship with friend
 Y___ DATES:
 Y___ DATES:
53. N Y Made new friend who had major or significant impact on your life
 Y___ DATES:
 Y___ DATES:
54. N Y Told of serious illness or injury to a close friend
 Y___ DATES:
 Y___ DATES:
55. N Y Told about death of close friend
 Y___ DATES:
 Y___ DATES:
56. N Y Went to friend's funeral
 Y___ DATES:
 Y___ DATES:
57. N Y Started or stopped a new hobby (specify hobby _____ and circle Started or Stopped)
 Y___ DATES:
 Y___ DATES:
58. N Y Started or stopped a social or recreational activity (specify which activity _____ and circle Started or Stopped)
 Y___ DATES:
 Y___ DATES:

59. N Y Major change in religious activity
 Y___ DATES:
 Y___ DATES:
60. N Y Did (Participant) experience any additional events related to friendship and social activities during this 1-year period? Description:
 Y___ DATES:
 Y___ DATES:

EVENTS RELATED TO FINANCES

61. N Y Took out a mortgage or loan (which?)
 Y___ DATES:
 Y___ DATES:
62. N Y Foreclosure of a mortgage or loan
 Y___ DATES:
 Y___ DATES:
63. N Y Went on welfare
 Y___ DATES:
 Y___ DATES:
64. N Y Suffered a significant financial loss or loss of property
 Y___ DATES:
 Y___ DATES:
65. N Y Had significant financial improvement
 Y___ DATES:
 Y___ DATES:
66. N Y Other major change in financial status (specify: _____)
 Y___ DATES:
 Y___ DATES:
67. N Y Did (Participant) experience any additional events related to finances during this 1-year period? Description:
 Y___ DATES:
 Y___ DATES:

EVENTS RELATED TO PHYSICAL HEALTH

68. N Y Had to be hospitalized because of illness or injury
 Y___ DATES:
 Y___ DATES:
69. N Y Had to see physician because of illness or injury except during a hospitalization
 Y___ DATES:

- Y__ DATES:
70. N Y Illness or injury not requiring a physician's attention, e.g. cold or flu
Y__ DATES:
Y__ DATES:
71. N Y Major change in sleep, eating, smoking, exercise, or other health habits (but not including drinking). Specify:

Y__ DATES:
Y__ DATES:
72. N Y Did (Participant) experience any additional events related to his/her health (other than any changes in his/her drinking) during this 1-year period?
Description:

Y__ DATES:
Y__ DATES:

EVENTS RELATED TO LEGAL MATTERS

73. N Y Accused of a crime and not arrested at that time
Y__ DATES:
Y__ DATES:
74. N Y Arrested
Y__ DATES:
Y__ DATES:
75. N Y Placed in jail
Y__ DATES:
Y__ DATES:
76. N Y Released from jail
Y__ DATES:
Y__ DATES:
77. N Y Involved in lawsuit or legal case
Y__ DATES:
Y__ DATES:
78. N Y Assaulted
Y__ DATES:
Y__ DATES:
79. N Y Robbed
Y__ DATES:
Y__ DATES:
80. N Y Did (Participant) experience any additional events related to legal matters during this 1-year period? Description:

Y__ DATES:

Y__ DATES:

OTHER EVENTS

81. N Y Started or graduated from school or training program
Y__ DATES:
Y__ DATES:
82. N Y Had problems in school or training program
Y__ DATES:
Y__ DATES:
83. N Y Terminated school or training program without graduating
Y__ DATES:
Y__ DATES:
84. N Y Took important exams, e.g. Certification/entrance exam, not class exam
Y__ DATES:
Y__ DATES:
85. N Y Failure in school or training program
Y__ DATES:
Y__ DATES:
86. N Y Outstanding personal achievement
Y__ DATES:
Y__ DATES:
87. N Y Loss of personally valued object
Y__ DATES:
Y__ DATES:
88. N Y Took a vacation
Y__ DATES:
Y__ DATES:
89. N Y Took a trip other than routine travel
Y__ DATES:
Y__ DATES:
90. N Y Got a new pet
Y__ DATES:
Y__ DATES:
91. N Y Pet died
Y__ DATES:
Y__ DATES:
92. N Y "Other" additional events (describe)

Y__ DATES:
Y__ DATES:

LIFE EVENTS PROBE

INTERVIEWER: The following questions are to be completed for each event occurrence answered YES on the Life Events Checklist. When the same event occurred more than once, fill out this probe for each occurrence and clearly indicate the date. Note also that participants may recall additional events or change their dates of events while completing the probes. Change the LE Checklist as needed.

LIFE EVENT NUMBER FROM LE CHECKLIST: _____

BRIEF WORDING OF EVENT: _____

DATE OF LIFE EVENT: _____

1. Are there any additional details about the event (other than as specified on the LE Checklist)?

2. When this event occurred, what kind of effect did it have on your life?
Use a rating scale from -5 = very bad effect on my life, 0 = no effect on my life, and +5 = very good effect on my life. RATING: _____

3. How long did this event have an effect on your life? _____
(Note to Interviewer: This is not the same as how long the event lasted.)

4. When this event occurred, what kind of relationship did it have with your actual drinking behavior? CHECK APPLICABLE CATEGORY(S):

- (1) _____ None, I wasn't drinking during this time.
 (2) _____ None, even though I was drinking during this time.
 (3) _____ My drinking started/increased (CIRCLE ONE) following the event.
 (4) _____ My drinking stopped/decreased (CIRCLE ONE) following the event.
 (5) _____ My drinking caused the event.

- (Note to Interviewer: If Participant responds with 5, s/he also needs to give another number 3-4.)

5. At the time this event occurred, how would you have rated its overall importance or significance in your life? Use a 7-point rating scale with 1 = not important at all, 4 = moderately important, and 7 = very important. RATING: _____