

LIFE_EVENTS_QUESTIONNAIRE

I'm going to ask you about experiences that people have. Some of these things happen to most people at one time or another while some of these things happen only to a few.

I'm going to ask you about experiences that you have had since (MONTH/YEAR) which is one year ago.

During the past year, have any of these things happened to you?

NO	YES		
1 []	2 []	Started school or training program after not going to school for a long time.	A04STRSC
1 []	2 []	Had problems in school or training program.	A04PRBSC
1 []	2 []	Changed school or training program.	A04CHNSC
1 []	2 []	Graduated from school or training program.	A04GRAD
1 []	2 []	Started first, full-time permanent job.	A04JOB
1 []	2 []	Started a business or profession.	A04BUSI
1 []	2 []	Had a great deal of success at work.	A04SUCES
1 []	2 []	Promoted at work.	A04PROM
1 []	2 []	Took on a greatly increased work load.	A04LOAD
1 []	2 []	Took a cut in wage or salary without a demotion.	A04WGCUT
1 []	2 []	Got a large increase in wage or salary without a promotion.	A04WGINC
1 []	2 []	Had troubles with your boss.	A04BOSS
1 []	2 []	Demoted at work.	A04DEMOT
1 []	2 []	Discriminated against on the basis of age, sex, or color.	A04DISCR
1 []	2 []	Quit a job.	A04QUIT
1 []	2 []	Fired from a job.	A04FIRE
1 []	2 []	Laid off from a job.	A04LAID
1 []	2 []	Had problems getting a new job.	A04PROB
1 []	2 []	Stopped work for an extended period.	A04STOP

NO	YES				
1	<input type="checkbox"/>	2	<input type="checkbox"/>	Changed jobs for a better one.	A04CHGJB
1	<input type="checkbox"/>	2	<input type="checkbox"/>	Changed jobs for a worse one.	A04WRSJB
1	<input type="checkbox"/>	2	<input type="checkbox"/>	Unable to move after expecting to be able to move.	A04MOVE
1	<input type="checkbox"/>	2	<input type="checkbox"/>	Moved out of parents' home.	A04MVPRT
1	<input type="checkbox"/>	2	<input type="checkbox"/>	Moved to a better residence or neighborhood.	A04MVSTR
1	<input type="checkbox"/>	2	<input type="checkbox"/>	Moved to a worse residence or neighborhood.	A04MVWRS
1	<input type="checkbox"/>	2	<input type="checkbox"/>	Lost home through flood, fire, or other disaster.	A04DISTR
1	<input type="checkbox"/>	2	<input type="checkbox"/>	Went on welfare.	A04WELFR
1	<input type="checkbox"/>	2	<input type="checkbox"/>	Went off welfare.	A04WELOF
1	<input type="checkbox"/>	2	<input type="checkbox"/>	Took out a mortgage on a house.	A04MORTG
1	<input type="checkbox"/>	2	<input type="checkbox"/>	Started buying a car, furniture, or other large purchases on the installment plan.	A04BUY
1	<input type="checkbox"/>	2	<input type="checkbox"/>	Took up a new hobby, sport, craft or recreational activity.	A04HOBBY
1	<input type="checkbox"/>	2	<input type="checkbox"/>	Increased church or synagogue, club, neighborhood, or other organized activities.	A04CHURC
1	<input type="checkbox"/>	2	<input type="checkbox"/>	Change in frequency of family get-togethers.	A04FMLY
1	<input type="checkbox"/>	2	<input type="checkbox"/>	Accused of something for which a person could be sent to jail.	A04ACCUS
1	<input type="checkbox"/>	2	<input type="checkbox"/>	Was arrested.	A04AREST
1	<input type="checkbox"/>	2	<input type="checkbox"/>	Convicted or found guilty of a crime.	A04CONVC
1	<input type="checkbox"/>	2	<input type="checkbox"/>	Went to jail.	A04JAIL
1	<input type="checkbox"/>	2	<input type="checkbox"/>	Physically assaulted or attacked, robbed, or burglarized.	A04ATTAC
1	<input type="checkbox"/>	2	<input type="checkbox"/>	Major physical illness or injury.	A04INJUR
1	<input type="checkbox"/>	2	<input type="checkbox"/>	Problems from the use of alcohol.	A04ALCOH
1	<input type="checkbox"/>	2	<input type="checkbox"/>	Started a love affair.	A04LOVE
	<input type="checkbox"/>	2	<input type="checkbox"/>	Ended a love affair.	A04ENDLV
1	<input type="checkbox"/>	2	<input type="checkbox"/>	Broke up with a close friend.	A04BROKE
1	<input type="checkbox"/>	2	<input type="checkbox"/>	Became engaged.	A04ENGAG
1	<input type="checkbox"/>	2	<input type="checkbox"/>	Engagement broken.	A04ENGBK

NO YES

1 2 Got married (IF YES, SKIP TO B AND ASK ALL REMAINING QUESTIONS B, C, D, & E.) A04MARRY

A. For any part of the past year, since (MONTH/YEAR), were you married or living with someone in a marriage-like relationship? A04MRLK

NO (SKIP TO SECTION E)
 YES (ASK ALL QUESTIONS B, C, D, & E)

B. Since (MONTH/YEAR), did any of the following happen to you?

NO YES

1 2 Relations with spouse/mate changed for the worse, without separation or divorce. A04RELAT

1 2 Married couple separated. A04SEPRT

1 2 Became divorced. A04DIVRC

1 2 IF YES: Lost custody of child through divorce. A04LSTCS

C. Since (MONTH/YEAR) did any of these things happen to you or your spouse/mate?

NO YES

1 2 Found out that cannot have children. A04HOKID

1 2 Became pregnant and wanted baby. A04PREG

1 2 Unwanted pregnancy. A04PRGNO

1 2 Miscarriage or still birth. A04MISCR

1 2 Abortion. A04ABORT

1 2 Birth of first child. A04BABY1

1 2 Birth of second or later child. A04BABY2

1 2 Gave up a child for adoption. A04ADOPT

Since (MONTH/YEAR) did any of the following happen to your spouse/mate?

- | NO | YES | | |
|--------------------------|-------------------------------------|---|----------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Stopped work for an extended period of time. | A04STWRK |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Returned to work after not working for a long time. | A04RETRN |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Started full-time, permanent employment for the first time. | A04STRJB |

The last five questions I am going to ask you may be painful, but please try to answer them anyway. Since (MONTH/YEAR) did any of the following happen:

- | NO | YES | | |
|--------------------------|-------------------------------------|--|----------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Death of a close friend. | A04DTFRD |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Death of one of your children. | A04DTKID |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Death of your spouse/mate. | A04DTMAT |
| | <input checked="" type="checkbox"/> | Death of a parent. | A04DTPRT |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Death of a family member other than your spouse/mate/child/ or parent. | A04DTOTH |

INTERVIEWER ID _ _ _ _

A04IVID