

LIFE EVENTS QUESTIONNAIRE

\_\_\_ / \_\_\_ / \_\_\_  
exam date

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.

A. Since your last CARDIA exam, which was about two years ago, have any of these things happened to you?

		YES, BUT NOT IN LAST YEAR	YES IN LAST YEAR		
	1	2	3		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Started school or training program after not going to school for a long time.	B04STRSC
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Had problems in school or training program.	B04PRBSC
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Changed school or training program.	B04CHNSC
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Graduated from school or training program.	B04GRAD
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Started first, full-time permanent job.	B04JOB
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Started a business or profession.	B04BUSI
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Had a great deal of success at work.	B04SUCES
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Promoted at work.	B04PROM
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Took on a greatly increased work load.	B04LOAD
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Took a cut in wage or salary without a demotion.	B04WGCUT
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Got a large increase in wage or salary without a promotion.	B04WGINC
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Had troubles with your boss.	B04BOSS
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Demoted at work.	B04DEMOT
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Discriminated against on the basis of age, SEX, or color.	B04DISCR
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Quit a job.	B04QUIT
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Fired from a job.	B04FIRE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Laid off from a job.	B04LAID

	YES, BUT NOT IN LAST YEAR	YES IN LAST YEAR		
NO				
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	18. Had problems getting a new job.	
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	19. Stopped work for an extended period.	B04PROB
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	20. Changed jobs for a better one.	B04STOP
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	21. Changed jobs for a worse one.	B04CHGJB
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	22. Unable to move after expecting to be able to move.	B04WRSJB B04MOVE
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	23. Moved out of parents' home.	B04MVPRT
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	24. Moved to a better residence or neighborhood.	B04MVBTR
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	25. Moved to a worse residence or neighborhood.	B04MVWRS
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	26. Lost home through flood, fire, or other disaster.	
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	27. Went on welfare.	B04DISTR
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	28. Went off welfare.	B04WELFR
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	29. Took out a mortgage on a house.	B04WELOF
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	30. Started buying a car, furniture, or other large purchase on the installment plan.	B04MORTG
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	31. Took up a new hobby, sport, craft or recreational activity.	B04BUY
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	32. Increased church or synagogue, club, neighborhood, or other organized activities.	B04HOBBY
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	33. Changed in frequency of family get-togethers.	B04CHURC
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	34. Accused of something for which a person could be sent to jail.	B04FMLY
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	35. Was arrested.	B04ACCUS
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	36. Convicted or found guilty of a crime:	B04AREST
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	37. Went to jail.	B04CONVC
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	38. Physically assaulted or attacked, robbed, or burglarized.	B04JAIL
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	39. Major physical illness or injury.	B04ATTAC B04INJUR

	YES, BUT NOT IN LAST YEAR	YES IN LAST YEAR		
NO				
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	40. Problems from the use of alcohol.	B04ALCOH
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	41. Started a love affair.	B04LOVE
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	42. Ended a love affair.	B04ENDLV
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	43. Broke up with a close friend.	B04BROKE
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	44. Became engaged.	B04ENGAG
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	45. Engagement broken.	B04ENGBK
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	46. Got married	B04MARRY

B. At any time since your last CARDIA exam two years ago, were you married or living with someone in a marriage-like relationship ?

1  NO (SKIP TO SECTION E) B04MRLK

2  YES (ASK ALL QUESTIONS B,C,D & E)

B. During the past two years, did any of the following happen to you?

	YES, BUT NOT IN LAST YEAR	YES IN LAST YEAR		
NO				
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	47. Relations with spouse/mate changed for the worse, without separation or divorce.	B04RELAT
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	48. Married couple separated.	B04SEPRT
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	49. Became divorced.	B04DIVRC
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	50. (IF YES TO 49) Lost custody of child through divorce.	B04LSTCS

C. During the past two years, did any of these things happen to you or your spouse/mate?

	YES, BUT NOT IN LAST YEAR	YES IN LAST YEAR		
NO				
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	51. Found out that cannot have children.	B04NOKID
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	52. Became pregnant and wanted baby.	B04PREG

- |   | YES, BUT<br>NOT IN<br>LAST<br>YEAR | YES<br>IN LAST<br>YEAR   |   |  |
|---|------------------------------------|--------------------------|---|--|
| 1 | <input type="checkbox"/>           | <input type="checkbox"/> | 3 | <input type="checkbox"/> 53. Unwanted pregnancy. <span style="float: right;">B04PRGNO</span>             |
| 1 | <input type="checkbox"/>           | <input type="checkbox"/> | 3 | <input type="checkbox"/> 54. Miscarriage or stillbirth. <span style="float: right;">B04MISCR</span>      |
| 1 | <input type="checkbox"/>           | <input type="checkbox"/> | 3 | <input type="checkbox"/> 55. Abortion. <span style="float: right;">B04ABORT</span>                       |
| 1 | <input type="checkbox"/>           | <input type="checkbox"/> | 3 | <input type="checkbox"/> 56. Birth of first child. <span style="float: right;">B04BABY1</span>           |
| 1 | <input type="checkbox"/>           | <input type="checkbox"/> | 3 | <input type="checkbox"/> 57. Birth of second or later child. <span style="float: right;">B04BABY2</span> |
| 1 | <input type="checkbox"/>           | <input type="checkbox"/> | 3 | <input type="checkbox"/> 58. Gave up a child for adoption. <span style="float: right;">B04ADOPT</span>   |

D. During the past two years, did any of the following happen to your spouse/mate?

- |   | YES, BUT<br>NOT IN<br>LAST<br>YEAR | YES<br>IN LAST<br>YEAR   |   |  |
|---|------------------------------------|--------------------------|---|--|
| 1 | <input type="checkbox"/>           | <input type="checkbox"/> | 3 | <input type="checkbox"/> 59. Stopped work for an extended period of time. <span style="float: right;">B04STWRK</span>                |
|   | <input type="checkbox"/>           | <input type="checkbox"/> | 3 | <input type="checkbox"/> 60. Returned to work after not working for a long time. <span style="float: right;">B04RETRN</span>         |
| 1 | <input type="checkbox"/>           | <input type="checkbox"/> | 3 | <input type="checkbox"/> 61. Started full-time, permanent employment for the first time. <span style="float: right;">B04STRJB</span> |

E. The last five questions I am going to ask you may be painful, but please try to answer them anyway. Since your last CARDIA exam two years ago, did any of the following happen?

- |   | YES, BUT<br>NOT IN<br>LAST<br>YEAR | YES<br>IN LAST<br>YEAR   |   |   |
|---|------------------------------------|--------------------------|---|---|
| 1 | <input type="checkbox"/>           | <input type="checkbox"/> | 3 | <input type="checkbox"/> 62. Death of a close friend. <span style="float: right;">B04DTFRD</span>   |
| 1 | <input type="checkbox"/>           | <input type="checkbox"/> | 3 | <input type="checkbox"/> 63. Death of one of your children. <span style="float: right;">B04DTKID</span>                                     |
| 1 | <input type="checkbox"/>           | <input type="checkbox"/> | 3 | <input type="checkbox"/> 64. Death of your spouse/mate. <span style="float: right;">B04DTMAT</span>   |
| 1 | <input type="checkbox"/>           | <input type="checkbox"/> | 3 | <input type="checkbox"/> 65. Death of a parent. <span style="float: right;">B04DTPRT</span>   |
| 1 | <input type="checkbox"/>           | <input type="checkbox"/> | 3 | <input type="checkbox"/> 66. Death of a family member other than your spouse/mate/child/parent. <span style="float: right;">B04DTOTH</span> |