

Life Experiences Survey¹

Listed below are some things that might have occurred to you **since you became pregnant**.

Please circle **yes** for those items you have experienced **since you became pregnant**, and circle **no** if you have not experienced the item.

If you circle **yes**, then circle one of the next numbers to show whether you think this had a **negative or bad impact**, or a **positive or good impact**.

For example, circle -3 if it was an extremely negative or bad impact. Circle 0 if you thought there was no impact. Circle +3 to indicate an extremely positive impact.

			Negative/Bad or Positive/Good Impact on your life?						
			---Negative/Bad---				---Positive/Good---		
	SINCE YOU BECAME PREGNANT, HAVE YOU:		extremel y negative	moderate ly negative	somewha t negative	no impac t	somewhat positive	moderate ly positive	extremely positive
1	Gotten married?	no → yes	-3	-2	-1	0	+1	+2	+3
2	Been in jail or similar institution?	no → yes	-3	-2	-1	0	+1	+2	+3
3	Had your husband or boyfriend die?	no → yes	-3	-2	-1	0	+1	+2	+3
4	Had a major change in sleeping habits (much more sleep or much less sleep)?	no → yes	-3	-2	-1	0	+1	+2	+3
5	Experienced the death of a close family member (your child, father, mother, sister, brother, grandparent or other)?	no → yes	-3	-2	-1	0	+1	+2	+3
6	Had a major change in your eating habits (ate much more or less food)?	no → yes	-3	-2	-1	0	+1	+2	+3
7	Experienced a foreclosure on a mortgage or a loan?	no → yes	-3	-2	-1	0	+1	+2	+3
8	Experienced the death of a close friend?	no → yes	-3	-2	-1	0	+1	+2	+3

¹ Sarason IG, Johnson JH, Siegel JM. *Assessing the impact of the life experiences survey. J Consult Clin Psychol 1978;46:932-46.*

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-xxxx*). Do not return the completed form to this address.

			Negative/Bad or Positive/Good Impact on your life?						
SINCE YOU BECAME PREGNANT, HAVE YOU:			---Negative/Bad---				---Positive/Good---		
			extremel y negative	moderate ly negative	somewha t negative	no impac t	somewhat positive	moderate ly positive	extremely positive
9	Had an outstanding personal achievement?	no → yes	-3	-2	-1	0	+1	+2	+3
10	Had a minor law violation (such as a traffic ticket or disturbing the peace)?	no → yes	-3	-2	-1	0	+1	+2	+3
11	Changed your work situation (such as a different work responsibility, a major change in working conditions or working hours)?	no → yes	-3	-2	-1	0	+1	+2	+3
12	Started a new job?	no → yes	-3	-2	-1	0	+1	+2	+3
13	Had one of your close family members have a serious illness or injury (your husband/boyfriend, child, father, mother, sister, brother, grandparent or other)?	no → yes	-3	-2	-1	0	+1	+2	+3
14	Had sexual difficulties?	no → yes	-3	-2	-1	0	+1	+2	+3
15	Had trouble with your boss (such as you were in danger of losing your job, being suspended, or demoted)?	no → yes	-3	-2	-1	0	+1	+2	+3
16	Had trouble with your in-laws?	no → yes	-3	-2	-1	0	+1	+2	+3
17	Had a major change in your financial status (a lot better off or a lot worse off)?	no → yes	-3	-2	-1	0	+1	+2	+3
18	Had a major change in closeness of family members (increased or decreased closeness)?	no → yes	-3	-2	-1	0	+1	+2	+3
19	Gained a new family member (through adoption, or a family member moving in, <u>not</u> including your pregnancy)?	no → yes	-3	-2	-1	0	+1	+2	+3
20	Moved to a new place?	no → yes	-3	-2	-1	0	+1	+2	+3
21	Had a separation from your husband or boyfriend because you were not getting along?	no → yes	-3	-2	-1	0	+1	+2	+3

			Negative/Bad or Positive/Good Impact on your life?						
			---Negative/Bad---				---Positive/Good---		
	SINCE YOU BECAME PREGNANT, HAVE YOU:		extremely negative	moderately negative	somewhat negative	no impact	somewhat positive	moderately positive	extremely positive
2 2	Had a major change in church activities (increased or decreased attendance)?	no → yes	-3	-2	-1	0	+1	+2	+3
2 3	Gotten back together with your husband or boyfriend after a separation?	no → yes	-3	-2	-1	0	+1	+2	+3
2 4	Had a major change in number of arguments you have with your husband or boyfriend (a lot more or a lot fewer arguments)?	no → yes	-3	-2	-1	0	+1	+2	+3
2 5	Had a change in your husband's or boyfriend's work (he lost his job or started a new job)?	no → yes	-3	-2	-1	0	+1	+2	+3
2 6	Had a major change in usual type and/or amount of recreation?	no → yes	-3	-2	-1	0	+1	+2	+3
2 7	Borrowed more than \$15,000 (such as buying a home or business)?	no → yes	-3	-2	-1	0	+1	+2	+3
2 8	Borrowed less than \$15,000 (such as buying car or getting a school loan)?	no → yes	-3	-2	-1	0	+1	+2	+3
2 9	Been fired from a job?	no → yes	-3	-2	-1	0	+1	+2	+3
3 0	Had a major personal illness or injury?	no → yes	-3	-2	-1	0	+1	+2	+3
3 1	Had a major change in social activities, such as parties, movies, visiting, either increased or decreased?	no → yes	-3	-2	-1	0	+1	+2	+3
3 2	Had a major change in living conditions of your family (built a new home, remodeled, had your home or neighborhood decline)?	no → yes	-3	-2	-1	0	+1	+2	+3
3 3	Gotten a divorce?	no → yes	-3	-2	-1	0	+1	+2	+3
3 4	Had a close friend with a serious injury or illness?	no → yes	-3	-2	-1	0	+1	+2	+3
3 5	Had a son or daughter leave home because of a marriage or school?	no → yes	-3	-2	-1	0	+1	+2	+3

			Negative/Bad or Positive/Good Impact on your life?						
			---Negative/Bad---				---Positive/Good---		
SINCE YOU BECAME PREGNANT, HAVE YOU:			extremel y negative	moderate ly negative	somewha t negative	no impac t	somewhat positive	moderate ly positive	extremely positive
3 6	Dropped out or graduated from school?	no → yes	-3	-2	-1	0	+1	+2	+3
3 7	Had a separation from your husband or boyfriend because of work, travel, or family needs?	no → yes	-3	-2	-1	0	+1	+2	+3
3 8	Gotten engaged to be married?	no → yes	-3	-2	-1	0	+1	+2	+3
3 9	Left home for the first time?	no → yes	-3	-2	-1	0	+1	+2	+3