

Measurement of Maternal Life Experience Study

Stressful Life Events Schedule (Adult)

Interviewer: After I read each statement to you, please tell me whether the event occurred to you within the last year (12 months). Then please rate how much of an effect the event had on you based on the answer choices you see on the response card.

Study ID: _____

DATE: _____

EVENT		CHECK THE BOX IF PARTICIPANT ENDORSES THE EVENT			Low-None	Some	Moderate	Great
1.	I stopped going to school.	E1/E2	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
2.	I did not get accepted to a school.	E-4	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
3.	I had trouble with grades or school work.	E-5	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
4.	I did poorly on a major exam.	E-6	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
5.	I fought with a professor or administrator at school.	E-8	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
6.	I had conflicts with a classmate or neighbor.	E-9	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
7.	A family member dropped out of school.	E-10	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
8.	A family member did poorly on a major exam.	E-11	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
9.	A family member had problems at school.	E-12	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
10.	I had problems with someone at work.	W1/W2	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
11.	I had problems at my job.	W-3	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
12.	I was fired or dismissed from a job.	W-4	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
13.	I was sexually harassed at work.	W-5	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
14.	I testified in court concerning my work/job.	W-6	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
15.	My job affected other aspects of my life.	W-7	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
16.	I applied for a job and did not get hired.	W-8	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
17.	My spouse/partner had problems at work.	W-9	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
18.	My spouse/partner was not home because of work.	W-10	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
19.	My spouse/partner was fired from his/her job.	W-11	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

Public reporting burden for this collection of information is estimated to average 30 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.

EVENT		CHECK THE BOX IF PARTICIPANT ENDORSES THE EVENT			Low-None	Some	Moderate	Great
20.	My spouse/partner has been unemployed.	W-12	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
21.	I am not eligible for a job/career I want.	W-13	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
22.	I was off work due to a major strike, lay-off, and/or major medical illness/condition.	W-14	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
23.	My spouse/partner has been off work, but not unemployed.	W-15	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
24.	A family member or close friend was demoted at work.	W-16	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
25.	A family member or close friend was fired from his/her job.	W-17	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
26.	I quit my job and was unable to get another job.	W-18	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
27.	My spouse/partner quit his/her job and was unable to get another job.	W-19	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
28.	I started a new job.	W-20	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
29.	I had financial problems	M-1	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
30.	I had problems with my home (<i>overcrowding, needs to be fixed, insects, rodents, etc.</i>)	H-1	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
31.	I moved.	H-2	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
32.	I had problems buying or selling a house.	H-3	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
33.	My house was damaged by fire, flood, storm, tornado, or other event.	H-4	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
34.	My neighborhood was not safe (<i>violence, crimes, gangs</i>).	H-5	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
35.	I was evicted or received an eviction notice.	H-6	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
36.	I was evacuated from my home or workplace.	H-7	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
37.	I was a victim of a crime.	C-1	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
38.	I was caught committing a crime.	C-2	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
39.	A close friend or family member was a victim of a crime.	C-3	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
40.	A close friend or family member was caught committing a crime.	C-4	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
41.	I witnessed a crime or some other type of	C-5	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

EVENT		CHECK THE BOX IF PARTICIPANT ENDORSES THE EVENT			Low-None	Some	Moderate	Great
	violence.		<input type="checkbox"/>					
42.	I changed in physical appearance and did not like it.	HL-1	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
43.	I was in the hospital or had an operation.	HL-3	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
44.	I had a bad accident or health problems	HL-4	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
45.	I had long term health problems.	HL-5	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
46.	A close friend or family member was in the hospital or had an operation.	HL-6	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
47.	A close friend or family member was badly hurt.	HL-7	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
48.	A close friend or relative had health problems.	HL-8	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
49.	A close friend or family member received psychiatric or psychological treatment.	HL-9	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
50.	A close friend or family member tried to hurt or kill themselves.	HL-10	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
51.	I gave birth.	HL-11	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
52.	There have been major changes to my sleeping habits.	HL-12	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
53.	An immediate family member passed away.	D-1	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
54.	A close relative passed away.	D-2	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
55.	A close friend passed away.	D-3	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
56.	A pet died or ran away.	D-4	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
57.	I witnessed the death of a stranger	D-5	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
58.	I started dating someone or resumed a relationship.	RR-1	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
59.	I separated from my partner/spouse.	RR-2	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
60.	I had relationship problems with my partner/spouse.	RR-3	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
61.	I was abused by my partner/spouse.	RR-4	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
62.	I broke off an engagement.	RR-5	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
63.	I lived with my boyfriend/partner.	RR-6	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

EVENT		CHECK THE BOX IF PARTICIPANT ENDORSES THE EVENT			Low-None	Some	Moderate	Great
64.	I had sex for the first time.	RR-7	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
65.	I got pregnant.	RR-8	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
66.	I lost my baby (abortion, adoption, miscarriage, etc).	RR-10	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
67.	I told someone that I was bisexual or homosexual.	RR-11	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
68.	I (and/or my partner) experienced sexual difficulties.	RR-14	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
69.	My partner/spouse and I had problems with infertility or sterilization.	RR-15	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
70.	I got married.	RR-16	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
71.	I gained a new family member.	RR-17	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
72.	Someone new moved into my house.	O-1	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
73.	Someone moved out of my house.	O-2	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
74.	My parents divorced or separated.	O-5	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
75.	My mother or father remarried.	O-6	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
76.	I had an increase in arguments and/or relationship problems with a family member.	O-10	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
77.	There was domestic violence in my home.	O-11	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
78.	I was physically abused.	O-12	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
79.	I was sexually abused or touched by someone.	O-13	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
80.	I had an increase in arguments and/or relationship problems with a close friend.	O-14	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
81.	I stopped talking to a good friend.	O-16	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
82.	I got really bad news.	O-17	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
83.	I told someone really bad news.	O-18	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
84.	I had problems with family members, close friends, coworkers, or classmates.	O-20	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
85.	I had problems with my in-laws.	O-21	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
86.	My spouse had problems with my family.	O-21	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
87.	I had a major change in	O-22	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

EVENT		CHECK THE BOX IF PARTICIPANT ENDORSES THE EVENT			Low-None	Some	Moderate	Great
	activities (<i>church, social, recreational, etc.</i>)		<input type="checkbox"/>					
88.	My child had behavioral problems.	O-23	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
89.	I learned something important about a family member or close friend.	O-24	<input type="checkbox"/>	<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
90.	I was separated from my spouse because of work and/or travel.	O-25		<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
91.	Did any other problems occur or did any other important things happen?	AE-1	<input type="checkbox"/>					
	If yes, please describe:							
1.				<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
2.				<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
3.				<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
4.				<i>How did this affect you?</i>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4