

RECENT LIFE CHANGES QUESTIONNAIRE

Clinical Study of IPPB

Form     1-4

Date administered    5-10  
Mo Day Yr

Section A should be completed by a staff member.

**A. PATIENT IDENTIFICATION**

1. Treatment center number  11
2. Patient number     12-15
3. Date of birth     16-21  
Mo Day Yr
4. Month number (0-36)   22-23

BELOW IS A LIST OF LIFE CHANGES. PLEASE READ EACH ONE CAREFULLY. IF THE EVENT IN QUESTION HAS OCCURRED TO YOU WITHIN THE PAST 12 MONTHS, PUT A ✓ UNDER THE COLUMN MARKED 'YES' TO THE RIGHT OF THAT EVENT. IF THE EVENT HAS NOT OCCURRED IN THE PAST 12 MONTHS, PUT A ✓ UNDER THE COLUMN MARKED 'NO.'

**B. HEALTH**

- | Have you experienced in the past past 12 months:                | NO                       | YES                      |    |
|---|--------------------------|--------------------------|----|
| 1. an illness or injury which:                                  |                          |                          |    |
| a. kept you in bed a week or more, or took you to the hospital? | <input type="checkbox"/> | <input type="checkbox"/> | 30 |
| b. was less serious than described above?                       | <input type="checkbox"/> | <input type="checkbox"/> | 31 |
| 2. a major change in eating habits?                             | <input type="checkbox"/> | <input type="checkbox"/> | 32 |
| 3. a major change in sleeping habits?                           | <input type="checkbox"/> | <input type="checkbox"/> | 33 |
| 4. a change in your usual type and/or amount of recreation?     | <input type="checkbox"/> | <input type="checkbox"/> | 34 |
| 5. major dental work?   | <input type="checkbox"/> | <input type="checkbox"/> | 35 |

**C. WORK**

- Within the past 12 months have you:
1. changed to a new type of work?   36
2. changed your work hours or conditions?   37

- | 3. had a change in your responsibilities at work:                     | NO                       | YES                      |    |
|---|--------------------------|--------------------------|----|
| a. more responsibilities?   | <input type="checkbox"/> | <input type="checkbox"/> | 38 |
| b. less responsibilities?   | <input type="checkbox"/> | <input type="checkbox"/> | 39 |
| c. promotion?   | <input type="checkbox"/> | <input type="checkbox"/> | 40 |
| d. demotion?  | <input type="checkbox"/> | <input type="checkbox"/> | 41 |
| e. transfer?  | <input type="checkbox"/> | <input type="checkbox"/> | 42 |
| 4. experienced troubles at work:                                      |                          |                          |    |
| a. with your boss?  | <input type="checkbox"/> | <input type="checkbox"/> | 43 |
| b. with co-workers?   | <input type="checkbox"/> | <input type="checkbox"/> | 44 |
| c. with persons under your supervision?                               | <input type="checkbox"/> | <input type="checkbox"/> | 45 |
| d. other work troubles?   | <input type="checkbox"/> | <input type="checkbox"/> | 46 |
| 5. experienced a major business readjustment?                         | <input type="checkbox"/> | <input type="checkbox"/> | 47 |
| 6. retired?   | <input type="checkbox"/> | <input type="checkbox"/> | 48 |
| 7. experienced being:   |                          |                          |    |
| a. fired from work?   | <input type="checkbox"/> | <input type="checkbox"/> | 49 |
| b. laid off from work?  | <input type="checkbox"/> | <input type="checkbox"/> | 50 |
| 8. taken courses by mail or studied at home to help you in your work? | <input type="checkbox"/> | <input type="checkbox"/> | 51 |

**D. HOME AND FAMILY**

- Have you experienced in the past 12 months:
1. a change in residence:
- a. a move within the same town or city?   52
- b. a move to a different town, city or state?   53
2. a change in family "get-togethers"?   54
3. a major change in the health or behavior of a family member (illnesses, accidents, drug or disciplinary problems, etc.)?   55
4. major changes in your living conditions (home improvements or a decline in your home or neighborhood)?   56

	NO	YES	
5. the death of a spouse?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	57
6. the death of a:			
a. child?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	58
b. brother or sister?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	59
c. parent?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	60
d. other close family member?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	61
7. the death of a close friend?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	62
8. a change in the marital status of your parents:			
a. divorce?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	63
b. remarriage?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	64
(NOTE: QUESTIONS 9-20 CONCERN MARRIAGE, FOR PERSONS NEVER MARRIED, GO TO SECTION E.)			
9. marriage?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	66
10. a change in arguments with your spouse?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	67
11. in-law problems?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	68
12. a separation from spouse:			
a. due to work?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	69
b. due to marital problems?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	70
13. a reconciliation with spouse?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	71
14. a divorce?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	72
15. a gain of a new family member:			
a. birth of a child?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	73
b. adoption of a child?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	74
c. a relative moving in with you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	75
16. spouse beginning or ceasing work outside the home?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	76
17. wife becoming pregnant?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	77
18. a child leaving home:			
a. due to marriage?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	78
b. to attend college?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	79
c. for other reasons?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	80
19. wife having a miscarriage or abortion?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	81
20. birth of a grandchild?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	82

E. PERSONAL AND SOCIAL

Have you experienced in the past 12 months:

	NO	YES	
1. a major personal achievement?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	83
2. a change in your personal habits (your dress, friends, life-style, etc.)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	84
3. sexual difficulties?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	85
4. beginning or ceasing school or college?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	86
5. a change of school or college?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	87
6. a vacation?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	88
7. a change in your religious beliefs?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	89
8. a change in your social activities (clubs, movies, visiting)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	90
9. a minor violation of the law?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	91
10. legal troubles resulting in your being held in jail?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	92
11. a change in your political beliefs?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	93
12. a new, close, personal relationship?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	94
13. an engagement to marry?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	95
14. a "falling out" of a close personal relationship?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	96
15. girlfriend (or boyfriend) problems?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	97
16. a loss or damage of personal property?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	98
17. an accident?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	99
18. a major decision regarding your immediate future?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	100

F. FINANCIAL

Within the past 12 months have you:

1. taken on a moderate purchase, such as a T.V., car, freezer, etc.?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	101
2. taken on a major purchase or a mortgage loan, such as a home, business, property, etc.?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	102
3. experienced a foreclosure on a mortgage or loan?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	103
4. experienced a major change in finances:			
a. increased income?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	104
b. decreased income?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	105
c. credit rating difficulties?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	106

Patient # \_\_\_\_\_

Date \_\_\_\_\_

G. OTHER

Within the past 12 months  
have you:

	NO	YES	
1. been involved in any lawsuit?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	107
2. had to apply for disability payments?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	108
3. had trouble receiving disability payments?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	109
4. gained or lost a nonfamily household member?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	110
5. had difficulties in getting medical care?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	111
6. had difficulties in getting significant relief for medical problems?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	112